



SE01

GOVERNANCE & MANAGEMENT

The healthcare facility operates under a valid license and is governed in accordance with organizational policies. The provided services fulfill the facility's mission and meet the needs of the community. Facility leaders work collaboratively to develop, coordinate and integrate quality improvement and patient safety programs.

The SafeCare standards cover the full range of clinical services and management functions for healthcare facilities in 13 Service Elements. These Service Elements contain a number of standards that relate to specific services or functions. The rationale of each standard is explained by the standard intent and gives you an idea what the standard really entails.

Each standard contains measurable elements, also called criteria. Measurable elements are related to specific processes, assets or documents (e.g. process for triage, resuscitation equipment or a job description for the lab manager). Compliance to each measurable element is assessed, and scores awarded are either Fully Compliant (FC), Partially Compliant (PC), Non-Compliant (NC) or Not Applicable (NA). The combined scores of the underlying measurable elements reflect the level of compliance to the whole standard.

1.1 GOVERNANCE OF THE HEALTHCARE FACILITY

1.1.1 The governance structure as well as responsibilities and accountability of the governing body are documented and are known to the healthcare facility managers.

STANDARD INTENT:

Healthcare facilities will have different forms of governance depending on if they are public, private or faith based. A governing body is usually the highest and most accountable level of governance. Daily operation of the healthcare facility is the responsibility of managers and other leaders.

The following governance structures or levels can be identified:

- 1. Public facilities: governed on two levels, namely on district/county level and on national level (Ministry of Health);*
- 2. Faith based facilities: governed within their network (possibly regional or national);*
- 3. Private facilities: generally governed by a Board (with the exception of facilities owned and run by a single person).*



In (almost) all structures mentioned above, there is a governing body responsible for overseeing the healthcare facility's operation and accountable for providing quality healthcare services to its community or to the population that seeks care. It is important that this entity's structure, responsibilities, and accountabilities are described in a document(s) and that this document is known to the staff. This can be done in an organizational chart or other document that shows lines of authority and accountability. The individuals represented on the chart are identified by title or name.

MEASURABLE ELEMENTS:

- 1.1.1.1** The governance structure is documented (organogram/chart).
- 1.1.1.2** The relationship between the healthcare facility managers and leaders and governance is documented in the governance structure.
- 1.1.1.3** The governance structure, accountabilities and responsibilities are known to managers.
- 1.1.1.4** Regional or district managers (if applicable) perform regular supervisory visits.

1.1.2 The responsibilities of the governing entity for the operation of the healthcare facility are carried out in accordance with organizational policy.

STANDARD INTENT:

The governing entity has important responsibilities that must be carried out for the healthcare facility to have clear leadership, to operate efficiently, and to provide high-quality healthcare services. A strategic plan needs to be in place that describes the long term objectives, defines the mission, value statements and defines the code of behavior. The governing entity's responsibilities are documented and clearly describe how they are to be carried out. These responsibilities are primarily at the approval level and include:

- *approving the healthcare facility's various strategic and operational plans and the policies and procedures needed to operate the facility on a daily basis;*
- *approving and periodically reviewing the healthcare facility's mission and ensuring that the public is aware of the mission;*



- *approving or providing operating budget(s) and other resources required to operate the healthcare facility and to meet the healthcare facility's mission statement and strategic plan, in which the value statements and the codes of behavior are defined;*
- *appointing or approving the healthcare facility manager or leadership team, and providing for an annual evaluation of the individual's performance using organizational policy or process. During the annual evaluation or performance monitoring processes the progress in the strategic plan are reviewed. Specific points of attention in these evaluation processes are e.g. expansion of the healthcare facility and services, the review of the defined quality performance indicators (QPI's) and the implementation of quality improvement activities.*

MEASURABLE ELEMENTS:

- 1.1.2.1** Those responsible for governance define, approve and monitor the healthcare facility's strategic plans, mission statement, operational plans and policies.
 - 1.1.2.2** Those responsible for governance approve or provide the healthcare facility's operating budget(s) required to meet the healthcare facility's mission.
 - 1.1.2.3** Those responsible for governance appoint and periodically evaluate the healthcare facility manager.
 - 1.1.2.4** Those responsible for governance approve, (periodically) review and make public the healthcare facility's mission statement.
- 1.1.3 The healthcare facility complies with national laws and regulations and operates under a valid current license.**

STANDARD INTENT:

It is important that a healthcare facility complies with all applicable national laws and regulations regarding the provision of healthcare services and operates legally. The laws and regulations are country dependent. When national laws are not defined international laws and regulations are applicable.

Licensing requirements for private, faith-based and public healthcare facilities are country specific and are assessed in the applicable context. In East-African countries the term 'gazettement' is used to define that a healthcare facility is considered to be compliant to national law and regulation.



Apart from valid licenses for both the healthcare facility as a whole as well as any specialized services for which a separate license is required, it is required that healthcare facilities have a system in place to ensure timely renewal of these licenses for continuous compliance to the standard.

MEASURABLE ELEMENTS:

- 1.1.3.1** The healthcare facility has a current license, issued by an acknowledged healthcare licensing authority, to operate as a healthcare facility.
- 1.1.3.2** The healthcare facility has valid licenses for specific services (e.g. pharmacy, diagnostic imaging, laboratory, dental) issued by an acknowledged authority, according to local legislation.
- 1.1.3.3** There is a process that ensures that licenses are renewed within the required timeframe.
- 1.1.3.4** There is a dedicated file that has all the license related documentation.

**1.2
MANAGEMENT OF
THE HEALTHCARE
FACILITY**

- 1.2.1 A healthcare facility leader(s), a manager or a leadership team, is responsible for operating the healthcare facility and complying with applicable laws and regulations.**

STANDARD INTENT:

It is important that a competent healthcare facility leader(s) is appointed or recognized by the governing body of the healthcare facility to operate the facility.

The healthcare facility leader(s) works (if applicable collectively and collaboratively) to develop the programs, policies, and services needed to provide safe healthcare services and fulfill the healthcare facility's mission.

When the mission and policy framework are set by owners or agencies (governance) outside the healthcare facility, the healthcare facility leader(s) work collaboratively to carry out the mission and policies and ensure compliance with laws and regulations.



MEASURABLE ELEMENTS:

- 1.2.1.1** A healthcare facility leader(s) is appointed and is responsible for operating the healthcare facility and carrying out the healthcare facility's mission.
- 1.2.1.2** The healthcare facility leader(s) has the education and experience to carry out his/her responsibilities.
- 1.2.1.3** The healthcare facility leader(s) is responsible for creating and carrying out of the policies and procedures to support the activities of the healthcare facility and guide staff, patients and visitors.
- 1.2.1.4** The healthcare facility leader(s) ensures compliance with policies, applicable laws and regulations.

- 1.2.2** **The healthcare facility leader(s) identifies and plans for the type of services required to meet the mission and the needs of the patients served by the healthcare facility.**

STANDARD INTENT:

Patient care services are planned and designed to respond to the needs of the patient population. The care and services (as well as scope and intensity) to be provided are documented and are consistent with the healthcare facility's mission and comply with national rules and regulations. Planning patient care services also involves healthcare facility leaders defining its communities and patient populations, identifying community needs for services, and planning ongoing communication with those key community stakeholder groups. The communications may be directly to individuals or through public media and through agencies within the community or third parties. The healthcare facility leader(s) are aware of and utilize the capacity of relevant healthcare providers in the area for effective referral of patients and continuity of care.

MEASURABLE ELEMENTS:

- 1.2.2.1** The healthcare facility leader(s) defines the care and services to be provided, compliant with national rules and regulations, and documents this in a service charter.
- 1.2.2.2** A regular needs assessment is performed to ensure that the services provided are consistent with the healthcare facility's mission and needs of the population served.



- 1.2.2.3 The healthcare facility leader(s) communicates information about its patient care services with key stakeholders in the community.
- 1.2.2.4 The healthcare facility leader(s) is aware of services that are provided by other provider facilities operating in the area and has a current referral list available.

1.2.3 The healthcare facility leader(s) ensures that supplies and provisions are ordered, received, safely stored and provided to the clinical care units in time to meet the patient needs.

STANDARD INTENT:

Supply chain management is an important process in order to ensure that necessary supplies are available on time, but also to prevent drugs, medical technology, and supplies that are contaminated, fake, or from diverted sources reaching the healthcare facility's patients. Although there is no single global standard for supply chains, or even national standards in many countries, it is the responsibility of healthcare facility leadership to ensure that a system is implemented to protect the integrity of supplies and assets used.

The available storage facilities should be adequate for the needs of the healthcare facility. The storage needs of the healthcare facility are dependent on the type of the product (to be refrigerated or dangerous), on the size of the healthcare facility, the number of services and the number of patients.

MEASURABLE ELEMENTS:

- 1.2.3.1 A qualified or experienced individual is designated for supply chain management.
 - 1.2.3.2 There is a system for ensuring that equipment and supplies are ordered, available, monitored for quality, correctly stored and distributed/dispensed.
 - 1.2.3.3 Adequate secure storage facilities are available.
 - 1.2.3.4 There is a system regarding the 'first expired first out' principle for stock.
- 1.2.4 The healthcare facility leader(s) plans, develops and implements a quality improvement and patient safety program.**



STANDARD INTENT:

If a healthcare facility is to successfully initiate and maintain quality improvement and reduce risks to patients and staff, leadership and planning are essential.

Healthcare facility leaders are responsible for establishing and providing ongoing support for an organizational commitment to quality. They develop the quality and patient safety program and determine how the program will be directed and managed on a daily basis, such as by establishing a quality team, and ensures that the program has adequate resources to be effective.

The healthcare facility leaders also implement a structure and process for the overall monitoring and coordination of the program throughout the healthcare facility.

Regular communication of information about the quality improvement and patient safety program to staff (as well as feedback to the governing entity) is essential. This flow of quality communications is through effective channels, e.g. newsletters, staff meetings, and human resources processes. The frequency of sharing information is dependent on the size of the healthcare facility and the number of stakeholders and staff. A standard frequency is bi-weekly or monthly. It is important to keep minutes of the meetings.

MEASURABLE ELEMENTS:

- 1.2.4.1** The program is directed or managed by a designated individual or quality team.
- 1.2.4.2** The healthcare facility leader(s) plans, develops and implements a quality improvement and patient safety program with an appropriate structure and adequate resources.
- 1.2.4.3** Corrective and preventive actions (CAPA) are defined and implemented.
- 1.2.4.4** The leadership team communicates quality improvement and patient safety information to all stakeholders concerned on a regular basis

- 1.2.5 Books of accounts, utilization data and budgets are kept and used as a source of management information.**



STANDARD INTENT:

Effective management requires timely insight into actual financial performance (books of accounts), clinical performance (utilization data) in keeping with an annual budget. The performance overviews are an important source of information for management to improve the healthcare facility's financial and clinical performance. By benchmarking the data to external data sources (e.g. from the MoH), to targets or to previous years, management is able to decide upon measures to improve performance, where and when needed.

MEASURABLE ELEMENTS:

- 1.2.5.1** Books of accounts are kept in a manner that is appropriate for the size and complexity of the healthcare facility and external financial reporting meets national bookkeeping standards.
- 1.2.5.2** There is a system for gathering utilization data of all (clinical) units.
- 1.2.5.3** There is an annual budgeting cycle, whereby budgets have an adequate level of detail, based on prudent assumptions regarding projected income and expenditures.
- 1.2.5.4** Books of accounts, budgets and utilization data are systematically and integrally reported and analyzed and used as a management information tool.

1.2.6 The healthcare facility manages its money in an effective manner.

STANDARD INTENT:

Cash is the lifeblood of any business. A lack of internal 'rules and regulations' about how to handle and manage cash and claims/invoices, inevitably leads to leakage and pilferidge. Therefore it is important to have proper cash management and banking practices in place, to maintain an effective system for claims submission/invoicing, to actively monitor claims/invoice payments and to actively monitor cash flows.

MEASURABLE ELEMENTS:

- 1.2.6.1** The healthcare facility has developed and implemented appropriate cash management practices in Standard Operating Procedures.
- 1.2.6.2** The healthcare facility implements standardized banking practices.



1.2.6.3 There is an effective system for claims submission/invoicing to insurance companies/corporate clients and the monitoring of claims/invoices to ensure that the level of debtors is kept to a minimum.

1.2.6.4 The healthcare facility actively monitors its cash flows.

1.2.7 There is evidence that the healthcare facility keeps track of fixed assets and related maintenance activities.

STANDARD INTENT:

Fixed assets can be defined as assets which are generally used longer than one year, such as a generator, a delivery bed or a microscope. Assets which last less than one year are generally referred to as current assets. These are seen as part of an inventory. A fixed asset register (FAR) is a way of recording and tracking all the fixed assets that an organization owns. This helps to identify loss of assets through theft or carelessness, provides a place where depreciation can be calculated and details of insurance can be recorded and can serve as a maintenance planning list.

In healthcare facilities the FAR mainly consists of office furniture and (medical) equipment (as noted above) which are held for the purpose of rendering services. The healthcare facility needs to define in writing how often the fixed assets are crosschecked with the FAR register for accountability purposes and how frequent the FAR register is being updated (e.g. is this event based or are there set periods for updates). A fixed asset register must be kept in order to be in compliance with in-country legislation and where applicable, requirements of governing bodies. As a rule of thumb, the format/details to be provided in a FAR generally depend upon the following factors:

- *Basic asset list containing things like, general name, supplier, manufacturer, model/type, procurement date, procurement cost, location;*
- *Define if the fixed assets are in a maintenance program, specify cost;*
- *Extent of owned, and assets taken on lease / hire purchase & insurance details where applicable;*
- *Identification number/tagging of fixed assets;*
- *Status of asset (working, in repair, replaced, disposed, planned replacement, etc.).*



MEASURABLE ELEMENTS:

- 1.2.7.1** There is a Fixed Asset Register (FAR) which contains the relevant information for all fixed assets in the healthcare facility.
- 1.2.7.2** There is a designated staff member who is responsible for the FAR.
- 1.2.7.3** There is a maintenance program in place that ensures that fixed assets are kept in good condition and work as designed.
- 1.2.7.4** There is a guideline describing the frequency of crosschecks of fixed assets and the FAR, including how and when to update the FAR.

1.2.8 The healthcare facility regularly monitors (audits) key processes and healthcare services provided in order to continuously improve medical, financial and managerial performance.

STANDARD INTENT:

In order to enable appropriate management of activities and sustained quality of services, it is important to monitor adherence to particular processes and guidelines applicable within the healthcare facility. Healthcare facility leadership should therefore identify which core processes should be monitored, how often this should be done, by whom and how to follow-up on findings in order to improve performance. Performing these monitoring cycles by using auditing templates will facilitate a standardized approach for setting and monitoring KPIs (Key Performance Indicators).

MEASURABLE ELEMENTS:

- 1.2.8.1** The healthcare facility leader(s) has defined which processes and services require auditing.
- 1.2.8.2** There are auditing templates available to guide staff in the different auditing processes.
- 1.2.8.3** Regular audits of specified guidelines and processes take place.
- 1.2.8.4** The audit outcomes are recorded, discussed and corrective actions defined to improve performance.