



SE07

IN-PATIENT CARE

The healthcare facility optimizes patient care by coordinating patient admissions, ward rounds, handovers, discharge and referrals. Staff are orientated on protocols and equipment in providing resuscitation when needed. Sufficient (emergency) medication is readily available at all times, and clinical guidelines are used to safeguard the right patients receive the right treatment in the right dose at the right time. Sufficient resources are available for effective prevention of infection, such as hand washing stations, personal protective equipment (PPE) for staff, and bins for transporting soiled linen or waste. To facilitate effective communication and speedy recovery, patients and families are actively involved in their own care by staff who is recognizable (e.g. badge) and is specifically assigned to them.

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.

7.1 MANAGEMENT AND STAFFING

7.1.1 The inpatient services are managed and staffed by qualified care providers.

STANDARD INTENT:

It is important that the clinical unit defines staffing requirements (desired education, skills, knowledge and any other requirements for individual positions) to the services provided and needs of the patient. This includes a designated, qualified individual to manage the inpatient services.

To perform well, a new staff member needs a general orientation to the healthcare facility and a specific orientation to the job, to understand his or her role in the healthcare facility. Training in infection control should be included in this orientation. Qualifications of the staff members need to match their responsibilities and a duty roster needs to be available, which demonstrates adequate medical cover for the healthcare facility and shows which external experts can be called when needed after hours.

MEASURABLE ELEMENTS:

- 7.1.1.1** A duty roster for the relevant caregivers, including weekends and public holidays and after hours is available and known by the inpatient staff members.
- 7.1.1.2** A designated qualified staff member is responsible for managing the in-patient services.
- 7.1.1.3** The number and qualifications of the inpatient staff members correspond with the scope of services provided and needs of the patients.
- 7.1.1.4** New inpatient staff members are oriented to the healthcare facility and to their job.

7.1.2 Routine care processes are performed in a coordinated manner.

STANDARD INTENT:

Patient admissions, ward rounds and handovers should be structured in a way that optimizes patient care. There should be a system to admit patients, which controls that (within 24hrs of admission) a patient has an individual plan of care. A plan of care consists of the medical status, nursing needs and social needs, and needs to be updated during the ward round to facilitate adequate information sharing between healthcare workers. Handovers should be a standard practice at the start and end of each shift and should minimally include diagnosis, a summary of care, response to treatment and a future care plan, based on the results of the diagnostic tests.

The person admitting the patient develops a high level plan of care, including the desired results, for instance by defining discharge criteria.

MEASURABLE ELEMENTS:

- 7.1.2.1** Regular ward rounds lead to an appropriate re-assessment of patients and an update of the care plan, and both are documented.
- 7.1.2.2** There is an organized system to screen and admit patients.
- 7.1.2.3** Patient's assessments lead to an individual plan of care which is reviewed and documented within 24 hours of admission.
- 7.1.2.4** Relevant medical information of each patient is documented and exchanged during handovers at the start and end of each shift.

7.1.3 Patient and staff identification promotes effective communication.

STANDARD INTENT:

It should be clear at all times who is responsible for the nursing care of a patient and who is the treating clinician. In order to be clearly recognizable, staff should wear appropriate uniforms and name badges for easy identification. Patient safety is enhanced by adequate communication measures such as a standard way to identify patients before medical procedures and an effective nurse call system.

Specific points of attention:

- *Ensure that the identification of patients is harmonized (2 identifier system);*
- *Ensure that all the staff is recognizable (e.g. badge);*
- *Ensure that specific staff is assigned to specific patients and that that is known;*
- *Ensure that patients have access to a nurse call system.*

MEASURABLE ELEMENTS:

- 7.1.3.1** Identification of patients prior to medical procedures is standardized.
- 7.1.3.2** All staff wear uniforms and has ID/name badges for easy identification.
- 7.1.3.3** Nurses are allocated to patients and patients know who is allocated to them.
- 7.1.3.4** Each patient confined to bed has access to an effective nurse call system at all times.

**7.2
INFRASTRUCTURE
AND SUPPLIES**

7.2.1 The infrastructure/layout is adequate for providing safe care to patients in the ward.

STANDARD INTENT:

In order to provide safe patient care, each unit requires adequate space and resources, including measures to ensure privacy of patients in the wards. The physical facilities required include adequate office

accommodation for the staff, separate designated areas for clean and soiled materials and disposal of waste and adequate storage space for clean linen. In order to prevent infections, it should be possible to separate highly contagious patients from others.

Ensure that there are settings that allow for the isolation of patients, when required.

MEASURABLE ELEMENTS:

7.2.1.1 There is adequate space and privacy for patients in the wards.

7.2.1.2 There is a separate area (scullery/sluice room) for patients' eliminations, waste and laundry.

7.2.1.3 There is adequate space for staff (e.g. for handovers, administration).

7.2.1.4 There's a designated area for highly contagious patients, or those with compromised immune systems, in order to isolate them from others.

7.2.2 There are adequate non-medical resources for providing safe care to patients in the ward.

STANDARD INTENT:

The healthcare facility needs to provide a sufficient number of beds, mattresses, bed linen and mosquito nets in order to deliver safe care in the wards. For patients confined to bed, the healthcare facility should provide hygiene materials such as washing bowls, kidney dishes, bed pans, etc. Patients and family should be adequately informed about which personal hygiene materials are provided for by the healthcare facility and which items to bring themselves.

MEASURABLE ELEMENTS:

7.2.2.1 Number of beds, mattresses and bed linen meets the patient needs.

7.2.2.2 Patients are informed about which personal hygiene materials to bring themselves.

7.2.2.3 Hygiene materials for patients confined to bed meet the patient needs.

7.2.2.4 - Number of bed nets are adequate to meet the patient needs.

7.2.3 There is adequate access to pharmaceuticals for providing safe care to patients in the ward.

STANDARD INTENT:

Wards should have a system that ensures 24hr availability of pharmaceuticals for in-patients. If drugs are not kept in the ward, there should be a system to obtain pharmaceuticals from the pharmacy. If drugs are kept in a drug cabinet in the ward, adequate stock management should be in place and access should be limited to authorized staff only.

MEASURABLE ELEMENTS:

- 7.2.3.1** There is 24-hour access for staff to pharmaceuticals within the healthcare facility.
- 7.2.3.2** Drug cabinets in the ward are locked and only accessible to authorized staff.
- 7.2.3.3** Pharmaceuticals, vaccines and medical consumables stocked meet the patient care needs.
- 7.2.3.4** Drug cabinets in the ward are routinely (re)stocked and expiry dates are checked.

**7.3
INFECTION
PREVENTION
AND CONTROL
(IPC)**

7.3.1 Staff and patients are guided in prevention of person to person transmission of infections.

STANDARD INTENT:

Hand hygiene is fundamental for proper infection prevention and control and thus handwashing facilities need to be available in all areas where patients are assessed, in sanitary facilities and in all areas where staff manages contaminated material or infectious waste. Water, soap, disinfectants and hand drying facilities (e.g. paper towels) should be available in those areas. If no water and soap is available, a disinfectant agent (e.g. gel or sanitizer) should be used. Staff needs to be educated and reminded of proper handwashing and hand-disinfection methods. Barrier techniques, such as the use of personal protective equipment (PPE) are fundamental tools for proper infection prevention and control and thus need to be available at any site of care at which they could be needed. Sanitary and bathing facilities for the number of patients in the ward should be adequate.

MEASURABLE ELEMENTS:

- 7.3.1.1** Handwashing facilities, including soap and (paper) towels, or alternatives e.g. gel or sanitizers, are available.
- 7.3.1.2** Guidelines for hand hygiene are available and reminders (posters) are available at relevant sites.
- 7.3.1.3** Adequate PPE is available for staff (gloves, aprons, masks, etc.) and are used correctly.
- 7.3.1.4** Sanitary and washing facilities are available in the ward for the patients.

7.3.2 Staff is guided in management of contaminated equipment and infectious waste.

STANDARD INTENT:

The proper management of sharps, waste, laundry and soiled equipment can result in reduced infection risk. Adequate equipment and guidelines on disposal of waste/equipment are available and implemented. Cleaning, disinfection, and sterilization should take place in a sterilization area, which has adequate space to handle and store soiled, clean and sterile equipment and manage sterile packs.

MEASURABLE ELEMENTS:

- 7.3.2.1** There is a guideline for the handling and processing of contaminated materials and infectious waste.
- 7.3.2.2** Adequate materials for proper handling of contaminated materials and disposal of infectious waste are available (e.g. body fluids, contaminated linen).
- 7.3.2.3** There is (access to) sterilization equipment (autoclave or equivalent) which is functional and sufficient for the workload.
- 7.3.2.4** Staff is aware of correct wrapping, handling and checking sterility of packs.

7.4
CARE PROCESSES
AND GUIDING
DOCUMENTS

7.4.1 Staff is guided in adequate monitoring of vital signs.

STANDARD INTENT:

Monitoring vital signs is one of the core activities in the ward. There should be a written schedule for the routine monitoring of vital signs, the norms and what to do in case of vital signs outside the reference ranges. Often, a patient will exhibit early warning signs (for example, a worsening of vital signs or a subtle change in neurological status) shortly before experiencing significant clinical decline, resulting in a major event. Guidelines help staff to identify these patients early and request additional assistance from specialized individuals.

MEASURABLE ELEMENTS:

- 7.4.1.1 Vital signs are regularly monitored, recorded and signed.
- 7.4.1.2 Equipment for monitoring patients' vital signs is available.
- 7.4.1.3 There is a document that guides staff in early recognition of deteriorating vital parameters.
- 7.4.1.4 Staff can explain 'how to call for assistance'.

7.4.2 Staff is guided in identifying patients who need special care.

STANDARD INTENT:

The healthcare facility needs to be aware of/has identified patients who need special care, such as patients in pain, patients with altered cognitive state (delirium), conditions that need psychology/psychiatric care and patients who need additional nutritional treatment. Patients in pain should be recognized, appropriately assessed and managed as unrelieved pain has adverse physical and psychological effects. A delirium, or acute confused state, should be recognized as it results from an underlying cause such as infection or medication. Patients with mental disorders should have access to psychological/psychiatric treatment. On initial assessment, patients are screened to identify those patients who may be at nutritional risk. When it is determined that a patient is at nutritional risk, a plan for nutrition therapy should be developed and carried out.

MEASURABLE ELEMENTS:

- 7.4.2.1** There is a document that guides staff in the assessment and management of pain.
- 7.4.2.2** Staff can explain how to recognize and manage altered cognitive state (e.g. delirium) and mental disorders.
- 7.4.2.3** Staff can explain how to recognize patients at risk for nutritional problems and how to obtain nutrition assessment and therapy for the patient.
- 7.4.2.4** Staff is orientated on how to identify patients who require special care.

7.4.3 Staff is guided in the provision of invasive procedures.

STANDARD INTENT:

Protocols or checklists for invasive procedures can lead to a higher quality of care provision. It is important that these are available for common procedures that could harm or damage the patient if executed wrongly. For example, nasogastric intubation, inserting an IV catheter or inserting urine catheters. Adequate equipment should be available to conduct these procedures safely and staff should be trained in performing these procedures as part of their professional development. (expanding skill set within their scope of practice).

MEASURABLE ELEMENTS:

- 7.4.3.1** Nurses follow protocols/checklists for invasive procedures.
- 7.4.3.2** Equipment for the provision of invasive procedures meet the patient care needs.
- 7.4.3.3** The staff is trained in performing invasive procedures and guidelines on professional development are available.
- 7.4.3.4** Wound care standard operating procedures (SOPs) are available.

7.4.4 Staff is guided in resuscitation to provide safe patient care in the ward.

STANDARD INTENT:

Essential to providing critical interventions in case of a cardiac or respiratory arrest is the quick availability of standardized medical technology,

medications for resuscitation, and staff properly trained in resuscitation. The healthcare facility should describe the level of resuscitation offered (basic vs advanced life support) and ensure that the required equipment and supplies are readily available. Resuscitation guidelines and instruction documentation should be available to guide the staff and outcomes of resuscitation should be monitored and evaluated to improve processes where needed.

MEASURABLE ELEMENTS:

- 7.4.4.1** Resuscitation equipment and supplies meets the patient care needs and is regularly checked.
- 7.4.4.2** There is a document guiding staff in the usage of resuscitation equipment and when/how to alert trained staff.
- 7.4.4.3** Staff is trained on the usage of resuscitation guidelines.
- 7.4.4.4** Implementation of guidelines and outcomes is monitored and evaluated to improve processes where needed.

7.4.5 Staff is guided in safe administration of oxygen to patients in the ward.

STANDARD INTENT:

In-country requirements may apply as to which healthcare facilities should have oxygen. Generally, all healthcare facilities with inpatients and/or delivery rooms should have oxygen available. If oxygen therapy is delivered, the healthcare facility needs to ensure it is done appropriately, including putting in place safety precautions for storage of oxygen. There are several ways of delivering oxygen (piped, by cylinder or by oxygen concentrator), and staff members administering oxygen to patients should be qualified and orientated on specific guidelines describing when and how to use oxygen. Pulse oximetry is recommended when considering oxygen therapy.

MEASURABLE ELEMENTS:

- 7.4.5.1** There is a document guiding staff how to administer oxygen.
- 7.4.5.2** Oxygen supplies in the ward meet the patient care needs and are stored in accordance with local safety standards.
- 7.4.5.3** Cylinder pressures (i.e. contents) are constantly monitored while patients are receiving oxygen.
- 7.4.5.4** Correct implementation of guidelines can be observed in the ward.

7.4.6 A system is used to ensure that medications are administered correctly to the right patient at the right time.

STANDARD INTENT:

Administering medication to treat a patient requires specific knowledge and experience. Each healthcare facility is responsible for identifying those individuals with the appropriate knowledge and experience and who are also permitted by licensure, certification, laws, or regulations to administer medications. A healthcare facility may place limits on medication administration by an individual, such as for controlled substances or radioactive and investigational medications. Adverse medication reactions are reported to the healthcare facility staff and when appropriate to outside agencies according to national requirements in order to ensure that the patient care is improved.

Before medications are administered, it is important to properly identify the patient and verify all aspects of the prescription to avoid medication errors.

MEASURABLE ELEMENTS:

- 7.4.6.1** Patients are identified before the medications are administered.
- 7.4.6.2** Only those permitted by the healthcare facility and by relevant laws and regulations administer medications.
- 7.4.6.3** Medications are verified against the prescription (including name, dosage, route of administration).
- 7.4.6.4** Adverse medication reactions are monitored and reported in the patient's record and in the healthcare facility according to the national requirements.

7.4.7 Patient care is guided by clinical practice guidelines.

STANDARD INTENT:

In order to provide good clinical services, it is important that up to date (clinical) guidelines are present for all of the services that are offered in the healthcare facility. These can be National Guidelines, WHO guidelines or guidelines provided by a recognized health institute. The relevant guidelines can be used for care and treatment activities and can be used as reference and training materials for all the staff in the healthcare facility. The guidelines need to be available where they are needed and care is provided in order to enhance frequent and consistent usage. Reasons for not using

the guidelines due to drug or equipment shortages or other barriers must be identified to ensure acceptable alternatives are identified. Staff need to be orientated on which clinical guidelines are present and how/when to use them effectively. Correct implementation of clinical guidelines should be monitored as part of continuous quality improvement.

MEASURABLE ELEMENTS:

- 7.4.7.1** Clinical practice guidelines, from recognized sources, are present and used to guide care for the services provided by the healthcare facility.
- 7.4.7.2** Staff is orientated and can explain how and when to use the clinical guidelines.
- 7.4.7.3** Guidelines are reviewed and kept current and new guidelines reviewed and adopted.
- 7.4.7.4** Actual guideline use is monitored and the results used for continuous improvement in clinical services.

7.4.8 Patients and their family are actively involved in their care and recovery process.

STANDARD INTENT:

Health education to patients and their family is standardized during the inpatient care and recovery process. This is important in the active involvement of patients and their family in many aspects of the care and recovery process. Patients who have to pay for treatment should be informed about financial consequences of staying in the inpatient department or starting treatment. Patients and families need to receive education about the safe use of medication and medical equipment, and medicine/food interactions. Furthermore, staff needs to explain the risks and benefits of the planned procedure; identification of potential complications; and alternatives to the treatment/procedure offered. The patient and family need to be taught in a language and format that they can understand, so that they are able to give informed consent for the planned procedure. To ensure continuity of care for the individual patients, it is important to keep record of all information and education provided to each patient for future reference.

MEASURABLE ELEMENTS:

- 7.4.8.1** Patients and their families are educated about financial implications of their decisions.
- 7.4.8.2** The patient and their family are actively involved in care decisions and are educated on the health implications of their decisions.
- 7.4.8.3** Information regarding the condition or relevant high health risk is given to the patient and family in an understandable manner.
- 7.4.8.4** Information given to the patient and family and their active involvement in care decisions is recorded and signed in the patient's record.

- 7.4.9 Safe mobility of the patient is facilitated where possible to enable a speedy recovery.**

STANDARD INTENT:

Immobility of patients can lead to slow recovery and further complications like stiffness or pressure (bed) sores. In addition, being able to change position in bed, or around the ward, independently increases the feeling of well-being of patients. Standard measures to prevent patients from falling should thus be implemented by the healthcare facility and equipment for mobilization should be in place. Guidance for staff to promote patient mobility should be available, including clear processes for accessing professional physiotherapy services, if required.

MEASURABLE ELEMENTS:

- 7.4.9.1** Number and availability of devices for facilitating patients' mobility meet the patient needs.
- 7.4.9.2** Number and availability of devices to prevent patients' falling meet the patient needs.
- 7.4.9.3** There is a guideline that describes how to promote mobility of patients in order to prevent complications.
- 7.4.9.4** Patients receive professional physiotherapy care and assistance with rehabilitation if required.

7.4.10 There is an organized process for appropriately discharging patients.

STANDARD INTENT:

Referring or discharging a patient outside the healthcare facility, either to another care setting, or home/family, is based on the patient's health status and needs for continuing care or services. The patient's physician or individual responsible for his or her care must determine readiness for discharge or when to refer to another care setting. In order to ensure continuity of care, guidelines for referral and discharge processes need to be available to guide the staff. If the patient is being discharged, the patient's family should be included in the planning, and instructions for follow-up visits must be clearly communicated and provided in writing to the patient and family.

MEASURABLE ELEMENTS:

- 7.4.10.1** Adequate follow-up instructions are recorded on the discharge note upon discharge by the medical practitioner.
- 7.4.10.2** There is a documented process for appropriately discharging patients.
- 7.4.10.3** There is a list of referral facilities and staff can explain how continuation of care is organized.
- 7.4.10.4** The patient (and their families when appropriate) understand the follow-up instructions upon discharge.

7.4.11 Staff is guided in measures to deal with deceased patients.

STANDARD INTENT:

The healthcare facility should have a policy in place how to deal with deceased patients and should describe the roles and responsibilities of healthcare staff. The hospital morgue unit should serve as an area for the viewing and/or identification of a body and the temporary holding/storage of bodies prior to transfer to a mortuary. To meet the needs of hospital staff and relatives of deceased, the lay out of the unit should provide a safe and private environment. There should be direct access from the hospital for the delivery of the body and the unit should secure bodies and personal belongings of the deceased. Sufficient infection control measures should be in place, that ensures an adequate PPE, appropriate method of storage (i.e. refrigerated cabinets, cool room), and adequate facilities for hand hygiene, sterilization and disposal of infectious equipment/waste.

MEASURABLE ELEMENTS:

- 7.4.11.1** There is a policy or guideline on how to deal with deceased patients.
- 7.4.11.2** Where there is a morgue unit, it has enough body storage capacity and it has direct access from the healthcare facility.
- 7.4.11.3** Where there is a morgue unit, it has sufficient infection control measures.
- 7.4.11.4** Where there is a morgue unit, it offers adequate security for bodies and personal belongings of the deceased.