Patient Safety Friendly Hospital Standards
Second edition

World Health Organization

Patient safety
assessment manual
Second edition

**World Health
Organization**

Regional Office for the Eastern Mediterranean

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► Foreword

A fundamental principle of quality is the right to safe care. Patient safety is an integral part of the health care system, and a major domain of quality service provision. The results of a landmark study conducted in 2009 in six countries of the Eastern Mediterranean Region to assess the prevalence of adverse events in developing countries showed that up to 18% of hospital admissions were associated with patient harm that was the result of medical interventions. Moreover, these adverse events were associated with a high rate of serious harm in the form of death and permanent disability. There is good reason to believe that the situation has not significantly improved. This is acceptable neither to Member States nor to development partners.

WHO is targeting interventions that will improve the quality and safety of health care in the Region. One such intervention is the Patient Safety Friendly Hospital Initiative. This is an initiative developed by WHO in the Region and aimed at enhancing the visibility and implementation of patient safety practices in health care facilities. An important tool for this initiative is a comprehensive set of standards that specifically target patient safety. The initiative provides a framework through which hospitals can deliver safer patient care. It assesses hospitals from a patient safety perspective; builds the capacity of staff in patient safety; and involves patients and communities in improving health care safety.

The challenges to quality and safer care are many, but we can seek to build on the lessons learnt so that patient safety becomes institutionalized within the delivery of health care services throughout the countries of the Region. I hope that this second edition of the Patient safety assessment manual, together with the patient safety improvement tool kit published in 2015, will become a valuable reference and provide support to ministries of health, as well as academic institutions and professional associations, in building their technical capacity.

Dr Ala Alwan
WHO Regional Director for the Eastern Mediterranean

▶ Preface to the second edition

The *Patient safety assessment manual* was first published in 2011. The manual comprises a set of standards that cover the different domains of patient safety. The information on the standards is collected on a continuous basis and reflects current health care practice and the best practice evidence-based interventions. The corresponding standards are revised every three to four years.

In this second edition, the total number of standards (140) is the same as the first edition. Similar requirements have been combined into single standards and the wording of some standards has been modified. Other standards have been added based on their importance for patient outcomes and with consideration to their alignment with WHO initiatives to promote patient safety. The full set of amendments is detailed in Table 1.

This manual is the result of collaborative work between WHO Regional Office for the Eastern Mediterranean and regional experts.

▶ Introduction

Overview

Patient safety is a global health concern, affecting patients in all health care settings, whether in developed or developing countries. Research studies have shown that an estimated average of 10% of all inpatient admissions result in a degree of unintended patient harm[1]. It is estimated that up to 75% of these lapses in health care delivery are preventable. In addition to human suffering, unsafe health care exacts a heavy economic toll. Indeed, it is estimated that 5–10% of expenditure on health is due to unsafe practices that result in patient harm. Most of this is due to system failures rather than the actions of individuals[2].

WHO has recognized the importance of patient safety and prioritized it as a public health concern. World Health Assembly resolution WHA55.18 outlined the various responsibilities of WHO in providing technical support to Member States in developing reporting systems and reducing risk, framing evidence-based policies, promoting a culture of safety and encouraging research into patient safety. In response to the pressing need for the development of interventions that address lapses in patient safety, the WHO Regional Office for the Eastern Mediterranean launched the patient safety friendly hospital initiative.

This initiative involves the implementation of a set of patient safety standards in hospitals. Compliance with the standards ensures that patient safety is accorded the necessary priority and that facilities and staff implement best practice. The standards were first published in 2011. They were developed and reviewed by a group of regional and international experts. The initiative was pilot-tested in seven countries of the Region (Egypt, Jordan, Morocco, Pakistan, Sudan, Tunisia and Yemen) and experts were trained to conduct initial baseline assessment, based on the standards and implementation guidelines, in one pilot hospital in each of the countries. The second edition updates the standards to bring them into line with current best practice and WHO guidance (see Table 1).

Patient safety friendly hospital assessment

Patient safety standards are a set of requirements that are critical for the establishment of a patient safety programme at hospital level. They provide a framework that enables hospitals to assess patient care from a patient safety perspective, build capacity of staff in patient safety, and involve consumers in improving health care safety. Patient safety friendly hospital assessment is a mechanism developed to assess patient safety in hospitals. It provides institutions with a means to determine the level of patient safety; whether for the purpose of initiating a patient safety programme or as part of an on-going programme. The assessment is voluntary and is conducted through an external, measurement-based evaluation. It started with the WHO Regional Advisory Group on Patient Safety as the primary assessment team. The group assessed hospitals to determine whether or not they complied with the WHO patient safety standards and patient safety performance indicators, followed by capacity building of national country teams as patient safety external assessment teams. Assessment has several benefits for hospitals. It demonstrates to the public commitment and accountability regarding patient safety. It offers a key benchmarking tool, identifies opportunities for improvement, and encourages improvement to attain standard targets. Finally, it provides motivation for staff to participate in improving patient safety. The ultimate goal of the initiative is to improve the level of patient safety in hospitals by creating conditions that lead to safer care, thus protecting the community from avoidable harm and reducing adverse events in hospital settings.

[1] Brennan TA et al. Incidence of adverse events and negligence in hospitalized patients: results of Harvard Medical Practice Study. *New England Journal of Medicine,* 1991, 324(6): 370–7.

[2] *To err is human: building a safer health system.* Washington DC. Institute of Medicine, 2000.

Role of WHO

The patient safety friendly hospital initiative is a WHO initiative aimed at assisting institutions within countries to launch a comprehensive patient safety programme. Ultimately, it is hoped that this initiative will be owned by the institutions and ministries of health. This manual provides the necessary tools for professional associations; regulatory, accrediting or oversight bodies; and ministries of health to improve patient safety. Award of a certificate or award of achievement is at the discretion of the national supervising body, such as the Ministry of Health. However, hospitals can benefit directly from this initiative for benchmarking and self-improvement.

The patient safety standards were developed through:
- systematic review of literature on patient safety;
- review of relevant WHO clinical guidelines;
- review of regional accreditation standards;
- review of the League of Arab States quality in health care accreditation standards;
- review of patient safety initiatives and activities in countries of the Region;
- review of research studies published in peer-reviewed journals;
- peer review in several regional meetings;
- expert panel review and finalization of the first draft in a consultation meeting in Cairo, Egypt.

Structure and organization of the manual

The manual is organized into two sections: (1) patient safety standards; and (2) patient safety friendly hospital assessment tools.

Section 1 comprises five domains divided into 24 subdomains. It also includes guidelines for the evaluator, including documents to be reviewed for each standard, relevant interviews, an observation guide, and scoring guidelines.

Section 2 comprises a set of tools to facilitate the assessment process, including a suggested agenda for the assessment visit, interview questionnaires collated by interviewee, and a complete list of all documents required from the hospital.

The five domains under which the standards are organized are: A. Leadership and management; B. Patient and public involvement; C. Safe evidence-based clinical practice; D. Safe environment; and E. Lifelong learning. Each domain comprises several subdomains – 24 in total. A set of critical, core and developmental standards are distributed among the five domains (Fig. 1).

Domains	Critical standards	Core standards	Developmental standards	Total standards in each domain
A. Leadership and management (6 subdomains: A1–A6)	7	19	6	32
B. Patient and public involvement (7 subdomains: B1–B7)	2	16	10	28
C. Safe evidence-based clinical practice (6 subdomains: C1–C6)	9	32	9	50
D. Safe environment (2 subdomains D1–D2)	2	18	0	20
E. Lifelong learning (3 subdomains: E1–E3)	0	4	5	9
Total	**20**	**89**	**30**	**139**

Fig. 1. Domains and contributing standards

Critical standards are compulsory standards with which a hospital has to comply to become enrolled in the patient safety friendly hospital initiative.

Core standards are an essential set of standards with which a hospital should comply to become safe for patients. It is not compulsory to meet 100% of the core standards in order for a hospital to be enrolled in the patient safety friendly hospital initiative. However, the percentage of standards complied with determines the level that the hospital attains. Furthermore, the percentage of core standards fulfilled is important for internal benchmarking, to document improvement over time.

Developmental standards are the requirements that a hospital should attempt to comply with, based on its capacity and resources, to enhance safe care.

All patient safety subdomains and standards follow the same format. Each subdomain has a title, which explains the areas it covers, followed by a measurement statement which details the subdomain, a rationale which explains why it was selected, and the standards listed under the specific subdomain that contributes to the composite domain (Fig. 2).

The WHO Regional Advisory Group on Patient Safety reviews and updates the WHO regional patient safety standards and patient safety performance indicators every 3 years.

A.1	Subdomain title	Leadership and governance	Key respondent	Final score
	Measurement statement			
	Critical standard			
	Core standard			

Fig. 2. Format of patient safety standards. Example from Domain A: Leadership and governance

How to use the manual

Section 1 of the manual contains the patient safety standards divided among the five domains already described. For each standard, a set of critical, core and developmental standards are used to indicate compliance with the standard. Against each criterion is a column that indicates the key respondent from whom information on the criterion will be obtained. Section 2 provides a set of structured interviews comprising all standards relevant to one interviewee. For example, all the standards that can be determined by asking the infection control specialist are collated in the interview form for the infection control specialist.

Each standard is followed by an evaluator guide, which details the steps the evaluator needs to take to determine compliance with each of the standard. These steps include the measurable elements, the documents to be reviewed by the evaluator for each standard, the interview questions, the observations if relevant, and the scoring guidelines. Section 2 provides the documents a hospital needs to prepare for assessment.

Finally, there is a scoring guide at the end of each standard to assist the evaluator in determining the score for each criterion (depending on whether the score is totally met, partially met, not met, or not applicable) (Box 1).

Each criterion receives a score of 1 if it is met, 0.5 if partially met, and 0 if not met. If the standard does not comply with national laws and regulations, then not applicable is scored, and the standard is not considered after evaluator review of the national law or regulation.

Box 1. Format of the standards

- Subdomain and standards
- Documents to be reviewed for compliance
- List of relevant interviews
- Scoring guide

Scoring requires adequate experience on the part of the assessment team (Box 2).

Box 2. Scoring

0   Criteria not met
0.5 Criteria met for structure and process
1   Criteria met for structure, process and output

Levels of compliance with patient safety standards

Hospitals are scored as patient safety friendly based on four levels of compliance, with Level 4 representing the highest attainable level (Fig. 3).

Hospital level	Critical standards	Core standards	Developmental standards
Level 1	100%	Any	Any
Level 2	100%	60–89%	Any
Level 3	100%	≥90%	Any
Level 4	100%	≥90%	≥80%

Fig. 3. Levels of compliance with patient safety standards

The assessment process

- The on-site assessment team and agenda will vary according to the profile of the hospital (e.g. size, services and location). The team will comprise a mix of national and international evaluators initially, and subsequently national evaluators. The team will be composed   of at least a physician, a nurse and an administrator. Hospital staff will be trained to evaluate their hospital internally for patient safety. The team will use a set of patient safety indicators and standards to ensure that WHO patient safety standards are being met.

- The report and recommendations for improvement in patient safety given by the team to the senior managers of the hospital will be confidential and constructive. The results of

the evaluation may be made public or remain confidential at the discretion of the hospital management.

- A hospital attaining Level 4 must inform the Regional Office of any deviation in compliance with the standards.
- Internal evaluation is suggested to be on a quarterly basis and external evaluation is suggested on a 2-year basis for Level 1 and 2 hospitals and every 3 years for Level 3 and 4 hospitals.

Criteria for selection of evaluators

In the current phase of the study, evaluators will initially be selected by the Regional Office, and may later be selected by the Ministry of Health or other national agencies. The following are suggested criteria for selection of evaluators:

- experts in the field with a minimum of 10 years working experience and postgraduate studies (medicine, administration and nursing);
- knowledge of the patient safety friendly hospital assessment standards and methodology for evaluation; and
- knowledge of performance improvement and patient safety methods.

Expansion at national level

Following the initial baseline assessment of one hospital, selected by the Ministry of Health, the following steps are suggested for national expansion.

- The Ministry of Health expresses commitment to and ownership of the initiative and selects 10 hospitals to participate in a launch and training workshop. Each hospital is approached by the Ministry of Health with a briefing on the initiative and a description of the process, with emphasis on its key objective, which is to advance patient safety.
- Hospital management assigns a task force for the initiative, including a physician, nurse and administrator.
- A workshop on the initiative is held.
- The baseline assessment in each of the 10 hospitals is initiated. Evaluators from the patient safety task force in one hospital perform the assessment in another hospital.
- The results of the baseline assessment are summarized in a report for each hospital (prepared by the evaluating team). Reports are shared with policy-makers at the Ministry of Health.
- The results are shared with each hospital and the hospital is provided with the key suggestions and recommendations for improvement. Technical support materials can also be provided by the Regional Office. The hospitals are notified that they will be re- assessed after 9 months and are assisted in drafting an action plan for the initiative.
- A workshop is held at a national level to share the results and raise more interest nationwide.

Section 1. Patient Safety Friendly Hospital Standards

Section 1 includes a table of the subdomains in each of the five main domains, along with the number of critical, core and developmental standards for each subdomain.

Each subdomain is detailed individually, with each of its standards in a separate table, which also contains a description of the key respondent for each standard (the person who would be interviewed to determine compliance with the standard). There is also a space next to each standard to allow the user to fill a final score.

To assist in the evaluation process, each detailed standard is followed by its measurable elements, a list of the documents required to verify compliance, questions for interviews, a list of observation exercises (in some cases), and scoring guidelines to standardize scoring by users.

Domain A: Leadership and management

Domains	Subdomains	No. of standards		
		Critical	Core	Developmental
A. Leadership and management standards	A.1 The leadership and governance are committed to patient safety.	3	3	0
	A.2 The hospital has a patient safety programme.	2	5	2
	A.3 The hospital uses data to improve safety performance.	0	2	2
	A.4 The hospital has essential functioning equipment and supplies to deliver its services.	1	3	1
	A.5 The hospital has technically competent staff for safer patients round the clock to deliver safe care.	1	5	1
	A.6 The hospital has policies, guidelines, and standard operating procedures for all departments and supporting services.	0	1	0
		7	19	6

A.1	Title	Leadership and governance	Key respondent	Final score
	Measurement statement	Leadership and governance are committed to patient safety		
	Critical standard	A.1.1.1 The hospital has patient safety as a strategic priority. This strategy is being implemented through a detailed action plan.	Senior patient safety hospital staff member/hospital manager	
		A.1.1.2 The hospital has a designated qualified senior staff member with responsibility, accountability and authority for patient safety.	Senior patient safety hospital staff member/ hospital manager	
		A.1.1.3 The leadership conducts regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.	Senior patient safety hospital staff member/hospital manager Nurse Physician	
	Core standard	A.1.2.1 The hospital has an annual budget for patient safety activities based on detailed action plan.	Senior patient safety hospital staff member/hospital manager	
		A.1.2.2 The hospital follows a code of ethics.	Senior patient safety hospital staff member/hospital manager Physician	
		A.1.2.3 The leadership assesses patient safety culture regularly on a quarterly basis.	Patient safety staff/ hospital manager Nurse Physician	

A.1.1.1 The hospital has patient safety as a strategic priority. This strategy is being implemented through a detailed action plan.

Suggested evidences

- Document demonstrating patient safety strategy and/or hospital strategy.
- Translating self-assessment and/or external assessment using WHO assessment manual findings into action plan for improvement of patient safety.
- Patient safety action plan is detailed and has a monitoring strategy.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Document demonstrating patient safety strategy and/or hospital strategy • Patient safety self-assessment and/or external assessment reports • Patient safety action plan at both hospital and department levels
Interviews	• Is there evidence of a document demonstrating a patient safety strategy and/or hospital strategy? • Is there evidence of patient safety self-assessment and/or external assessment reports? • Is there evidence of patient safety action plan? • Is there evidence that patient safety action plan is monitored on regular basis and revised?
Observation	• Not applicable

A.1.1.2 The hospital has a designated qualified senior staff member with responsibility, accountability and authority for patient safety.

Suggested evidences

• Notification letter for appointment of senior patient safety staff member with responsibility, accountability and authority for patient safety.
• Terms of reference of senior patient safety staff member with responsibility, accountability and authority for patient safety.
• A qualified senior staff member guides the implementation of the hospital plan for patient safety improvement, and manages the activities needed to carry out an effective programme of continuous quality improvement and patient safety within the hospital.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Notification letter for appointment of senior patient safety staff member • Terms of reference of senior patient safety staff member
Interviews	• Is there evidence of appointment of senior patient safety staff member? • What is the role of the senior patient safety staff member?
Observation	• Not applicable

A.1.1.3 The leadership conducts regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.

Suggested evidences

- Reports of patient safety executive walk-rounds on regular basis.
- Evidence of patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities;
- Improvements are made based on findings.
- Feedback sent to staff that suggests improvement or identifies an opportunity for improvement.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Stratified random samples of patient safety executive walk-round reports • Stratified random samples of reports showing improvements are made based on findings of patient safety executive walk-rounds • Stratified random samples of feedback letters/or emails to staff showing that their suggested improvements were taken into consideration and implemented
Interviews	• Is there evidence of conducting patient safety executive walk-rounds?
Observation	• Not applicable

A.1.2.1 The hospital has an annual budget for patient safety activities based on a detailed action plan.

Suggested evidences

- Resources are allocated for patient safety activities based on a detailed action plan.

> **Evaluation process**
> - Review the documents listed below.
> - Confirm data through interviews.
> - Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Annual budget for patient safety activities based on a detailed action plan
Interviews	• Is there evidence of assigned budget line for all patient safety action plans?
Observation	• Not applicable

A.1.2.2 The hospital follows a code of ethics.

Suggested evidences

- Code of ethics, for example, in relation to research, resuscitation, consent and confidentiality.
- Process of monitoring compliance with the code of ethics.
- Policies and procedures for implementing the code of ethics.
- Training records of staff trained in policies and procedures for implementing the code of ethics.

> **Evaluation process**
> - Review the documents listed below.
> - Confirm data through interviews.
> - Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Code of ethics, for example, in relation to research, resuscitation, consent and confidentiality • Reports that include monitoring of compliance with code of ethics • Policies and procedures for implementing the code of ethics • Training records of staff trained in policies and procedures for implementing the code of ethics
Interviews	• Relevant staff: is there evidence that the hospital follows a code of ethics, for example, in relation to research, resuscitation, consent and confidentiality, through regular ethics committee meeting reports and as evident in the hospital code of ethics?
Observation	• Not applicable

A.1.2.3 The leadership assesses patient safety culture regularly on a quarterly basis.

Suggested evidences

- Process to assess patient safety culture using a questionnaire, for example, the Agency for Healthcare Research and Quality (AHRQ) questionnaire for the assessment of patient safety culture.
- Process to assess patient safety culture before and during patient safety programme implementation. It could be either assessed by safety attitudes and patient safety questionnaires or qualitative approaches.
- Process to analyse data collected and implementation of an action plan for improvement.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Questionnaire to assess the culture of patient safety of staff • Results of patient safety culture surveys and actions taken towards gathered data

Interviews	• Relevant staff: is there evidence that the leadership assesses patient safety culture of staff on a quarterly basis?
Observation	• Not applicable

A.2	Title	Patient safety programme	Key respondent	Final score
	Measurement statement	The hospital has a patient safety programme		
	Critical standard	A.2.1.1 The hospital conducts regular monthly morbidity and mortality meetings.	Patient safety officer/ hospital manager	
		A.2.1.2 A designated qualified person co-ordinates patient safety and risk management activities (middle management).	Patient safety officer/ hospital manager	
	Core standard	A.2.2.1 Patient safety is reflected in the organizational structure of the hospital.	Patient safety officer/ hospital manager	
		A.2.2.2 Risk is managed reactively.	Patient safety officer/ hospital manager	
		A.2.2.3 The hospital audits its safety practices on a regular basis.	Patient safety officer/ hospital manager	
		A.2.2.4 The hospital has a multidisciplinary patient safety internal body or any other committee, whose members meet regularly to ensure an overarching patient safety programme.	Patient safety officer/ hospital manager/ patient safety internal body member	
		A.2.2.5 The hospital regularly develops reports on different patient safety activities and disseminates them internally every quarter.	Patient safety officer/ hospital manager	
	Developmental standard	A.2.3.1 The hospital regularly develops reports on different patient safety activities and disseminates them externally.	Patient safety officer/ hospital manager	
		A.2.3.2 Patient safety-related risk is managed proactively.	Patient safety officer/ hospital manager	

A.2.1.1 The hospital conducts regular monthly morbidity and mortality meetings.

Suggested evidences

- Morbidity and mortality committee or equivalent terms of reference.
- Morbidity and mortality committee or equivalent minutes of meetings.
- Regular meetings at least on monthly basis.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Morbidity and mortality committee or equivalent terms of reference • Morbidity and mortality committee or equivalent minutes of meetings
Interviews	• Relevant staff: is there evidence that the hospital conducts regular monthly morbidity and mortality meetings?
Observation	• Not applicable

A.2.1.2 A designated qualified person coordinates patient safety and risk management activities (middle management).

Suggested evidences

- Terms of reference for patient safety coordinator or equivalent.
- Notification letter for patient safety coordinator or equivalent.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Terms of reference for patient safety coordinator or equivalent • Notification letter for patient safety coordinator or equivalent
Interviews	• Relevant staff: is there evidence of a designated person coordinating patient safety and risk management activities (middle management)?
Observation	• Not applicable

A.2.2.1 Patient safety is reflected in the organizational structure of the hospital.

Suggested evidences

- Patient safety is reflected in the organizational structure of the hospital.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Organizational structure of the hospital
Interviews	• Relevant staff: is there evidence of patient safety reflected in the organizational structure of the hospital?
Observation	• Not applicable

A.2.2.2 Risk is managed reactively.

Suggested evidences

- At least four retrospective analyses that have been carried out on a yearly basis.
- Improvements that are implemented based on findings.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• At least four reports that include retrospective analyses of adverse events carried out on a yearly basis • Improvements are implemented based on recommendations of the root cause analysis
Interviews	• Relevant staff: is there evidence of risk being managed reactively?
Observation	• Not applicable

A.2.2.3 The hospital audits its safety practices on a regular basis.

Suggested evidences

- Patient safety audit using WHO assessment manual on a quarterly basis.
- Process to assess safety practices before and during patient safety programme implementation.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Patient safety audit reports
Interviews	• Relevant staff: is there evidence that the hospital audits its safety practices on a regular basis?
Observation	• Not applicable

A.2.2.4 The hospital has a multidisciplinary patient safety internal body or any other committee, whose members meet regularly to ensure an overarching patient safety. programme

Suggested evidences

- Terms of reference for multidisciplinary patient safety internal body or equivalent.
- Minutes of meeting of multidisciplinary patient safety internal body or equivalent.

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Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

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Survey process

Documents to be reviewed	• Terms of reference for multidisciplinary patient safety internal body or equivalent • Minutes of meeting of multidisciplinary patient safety internal body or equivalent
Interviews	• Relevant staff: is there evidence that the hospital has a multidisciplinary patient safety internal body or any other committee, whose members meet regularly to ensure an overarching patient safety programme?
Observation	• Not applicable

A.2.2.5 The hospital regularly develops reports on different patient safety activities and disseminates them internally every quarter.

Suggested evidences

- Quarterly reports delivered to hospital board.
- Reports that include actions accomplished in patient safety action plan, bottlenecks faced, new patient safety issues that need to be addressed, statistics on frequency of iatrogenic harm and lessons learnt.
- Staff access to patient safety reports.

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Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

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Survey process

Documents to be reviewed	• Reports on different patient safety activities
Interviews	• Relevant staff: is there evidence that the hospital regularly develops reports on different patient safety activities and disseminates them internally every quarter?
Observation	• Not applicable

A.2.3.1 The hospital regularly develops reports on different patient safety activities and disseminates them externally.

Suggested evidences

• Reports on different patient safety activities, disseminated externally to Ministry of Health, WHO and/or patient safety organizations (whenever available at the national level) at least on annual basis.
• Reports that may include actions accomplished in patient safety action plan, bottlenecks faced, new patient safety issues that need to be addressed, and statistics on frequency of iatrogenic harm, and communicate lessons learnt.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Reports on different patient safety activities, disseminated externally to Ministry of Health, WHO and/or patient safety organizations
Interviews	• Relevant staff: is there evidence that the hospital regularly develops reports on different patient safety activities and disseminates them externally?
Observation	• Not applicable

A.2.3.2 Patient safety-related risk is managed proactively.

Suggested evidences

- At least one failure mode and effect analysis (FMEA) that has been carried out on a yearly basis.
- The team may consider "Never events" to be included for the proactive assessment of the risk. These never events are "adverse events that are serious, largely preventable, and of concern to both the public and health care providers for the purpose of public accountability". These include a list of serious medical errors or adverse events (for example, wrong site surgery or hospital-acquired pressure ulcers). that should never happen to a patient.
- Improvements that are implemented based on findings.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Reports of proactive patient safety improvement projects, for example, addressing patient safety international goals • Explicit documents with specific focus on never events • FMEA documents mentioning the proactive study of potential patient incidents • Report that shows subsequent corrective measures that were directed towards preventing risk proactively
Interviews	• Relevant staff: is there evidence of proactive patient safety improvement projects?
Observation	• Not applicable

A.3	Title	Data to improve safety performance	Key respondent	Final score
	Measurement statement	The hospital uses data to improve safety performance		
	Core standard	A.3.2.1 The hospital sets and reviews targets related to patient safety goals.	Patient safety officer/ hospital manager Monitoring and evaluation staff	
		A.3.2.2 The hospital has a set of process and output measures that assess performance with a special focus on patient safety.	Patient safety officer/ hospital manager Monitoring and evaluation staff	
	Development Standard	A.3.3.1 The hospital compares its process and outcome patient safety indicator data over time, and/ or with other patient safety friendly hospitals, and/or desirable known practices or standards.	Monitoring and evaluation staff/ hospital manager	
		A.3.3.2 The hospital acts on benchmarking results through an action plan and patient safety improvement projects.	Patient safety officer/ hospital manager	

A.3.2.1 The hospital sets and reviews targets related to patient safety goals.

Suggested evidences

- Qualified staff.
- Patient safety goals.
- Targets related to patient safety goals.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Review of responsible staff resumés and qualifications • Reports include setting patient safety goals • Reports include reviewing targets related to patient safety goals
Interviews	• Relevant staff: is there evidence that the hospital sets and reviews targets related to patient safety goals?
Observation	• Not applicable

A.3.2.2 The hospital has a set of process and output measures that assess performance with a special focus on patient safety.

Suggested evidences

• Performance measurement reports.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Performance measurement reports
Interviews	• Relevant staff: is there evidence the hospital has a set of process and output measures that assess performance with a special focus on patient safety?
Observation	• Not applicable

A.3.3.1 **The hospital compares its process and outcome patient safety indicator data over time, and/or with other patient safety friendly hospitals, and/or desirable known practices or standards.**

Suggested evidences

- Process by which the hospital compares its process and outcome patient safety indicators data over time (e.g. before and after implementation of a safety improvement programme), with other patient safety friendly hospitals, and with desirable known practices (e.g. zero rate of ventilator-acquired pneumonia) and standards (e.g. WHO hand hygiene guidelines).
- Benchmark reports.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Benchmark reports
Interviews	• Relevant staff: is there evidence that the hospital compares its process and outcome indicator data with those of other patient safety friendly hospitals?
Observation	• Not applicable

A.3.3.2 **The hospital acts on benchmarking results through an action plan and patient safety improvement projects**

Suggested evidences

- Action plan based on benchmarking results.
- Patient safety improvement projects.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Benchmarking results • Action plan and patient safety improvement projects reports. • Lessons learnt reports/emails
Interviews	• Relevant staff: is there evidence of the hospital acting on benchmarking results through an action plan and patient safety improvement projects?
Observation	• Not applicable

A.4	Title	Equipment and supplies	Key respondent	Final score
	Measurement statement	The hospital has essential functioning equipment and supplies to deliver its services		
	Critical standard	A.4.1.1 The hospital ensures availability of essential functioning equipment.	Nurse manager/ head nurse Nurse	
	Core standard	A.4.2.1 The hospital undertakes regular preventive maintenance of equipment, including calibration.	Nurse manager/ head nurse Biomedical engineer	
		A.4.2.2 The hospital undertakes regular repair or replacement of broken (malfunctioning) equipment.	Nurse Biomedical engineer	
		A.4.2.3 The hospital ensures that staff receive appropriate training for available equipment.	Human resources manager Nurse Physician	
	Developmental standard	A.4.3.1 The hospital trains relevant staff on appropriate and safe use of all infusion pumps.	Nurse manager/ head nurse	

A.4.1.1 The hospital ensures availability of essential functioning equipment.

Suggested evidences

- Process to identify and maintain essential functioning equipment according to services offered and patient needs.
- Availability of resuscitation equipment for basic and advanced life support and distribution according to patient needs.
- Process to evaluate whether equipment is functioning on an on-going basis.
- Process to measure availability of and compliance with essential functioning equipment standards.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Lists of essential functioning equipment • Reports that include measurement of availability of and compliance with essential functioning equipment standards
Interviews	• Relevant staff: is there evidence that the hospital ensures availability of essential functioning equipment?
Observation	• Essential functioning equipment

A.4.2.1 The hospital undertakes regular preventive maintenance of equipment, including calibration.

Suggested evidences

- Preventive equipment maintenance reports.
- Relevant preventive maintenance for equipment, including calibration policies and procedures.
- Training records of staff trained in policies and procedures for preventive maintenance of equipment, including calibration.
- Process to measure compliance with policies and procedures for preventive maintenance of equipment, including calibration.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Preventive equipment maintenance reports/records • Policies and procedures for preventive equipment maintenance • Training records of staff trained in policies and procedures for preventive equipment maintenance • Reports that include measuring compliance with policies and procedures for preventive equipment maintenance
Interviews	• Relevant staff: is there evidence that the hospital undertakes regular preventive maintenance of equipment, including calibration?

Observation	• Compliance with policies and procedures for preventive maintenance of equipment, including calibration

A.4.2.2 The hospital undertakes regular repair or replacement of broken (malfunctioning) equipment.

Suggested evidences

- Policies and procedures for corrective equipment maintenance.
- Training records of staff trained in policies and procedures for corrective equipment maintenance.
- Process to measure compliance with policies and procedures for corrective equipment maintenance.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for corrective equipment maintenance. • Training records of staff trained in policies and procedures for corrective equipment maintenance • Reports that include measuring compliance with policies and procedures for corrective equipment maintenance • Corrective equipment maintenance records
Interviews	• Relevant staff: is there evidence that the hospital undertakes regular repair or replacement of broken (malfunctioning) equipment?
Observation	• Compliance with policies and procedures for corrective equipment maintenance • Broken (malfunctioning) equipment

A.4.2.3 The hospital ensures that staff receive appropriate training for available equipment.

Suggested evidences

- Process to ensure staff receive appropriate training for existing and new equipment.
- Training records of staff trained in existing and new equipment.
- Process to measure compliance with and staff receive appropriate training for existing and new equipment standards.

> ### Evaluation process
>
> - Review the documents listed below.
> - Confirm data through interviews.
> - Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Training records of staff trained in relevant policies and procedures • Reports that include measuring compliance with and whether staff receive appropriate training for existing and new equipment standards
Interviews	• Relevant staff: is there evidence that the hospital ensures that staff receive appropriate training for available equipment?
Observation	• Not applicable

A.4.3.1 The hospital trains relevant staff on appropriate and safe use of all infusion pumps.

Suggested evidences

- Training records of staff trained in use of all infusion pumps.

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Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

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Survey process

Documents to be reviewed	• Training records of staff trained in use of all infusion pumps
Interviews	• Relevant staff: is there evidence that the hospital trains relevant staff on appropriate and safe use of all infusion pumps?
Observation	• Use of infusion pumps

A.5.	Title	Technically competent staff for safer patients	Key respondent	Final score
	Measurement statement	The hospital has technically competent staff for safer patients round the clock to deliver safe care		
	Critical standard	A.5.1.1 Qualified clinical staff, both permanent and temporary, are registered to practise with an appropriate body.	Hospital manager	
	Core standard	A.5.2.1 Clinical staffing levels reflect patient needs at all times.	Nurse manager/head nurse	
		A.5.2.2 Sufficient, trained and appropriate non-clinical support staff are available to meet patient needs at all times.	Hospital manager	
		A.5.2.3 Staff are allowed sufficient rest breaks to practise safely and adhere to national labour laws.	Hospital manager	
		A.5.2.4 Students and trainees work within their competencies and under appropriate supervision.	Hospital manager	
		A.5.2.5 An occupational health programme is implemented for all staff.	Occupational health staff member	
	Development standard	A.5.3.1 The hospital has a workplace violence prevention programme.	Hospital manager	

A.5.1.1 Qualified clinical staff, both permanent and temporary, are registered to practise with an appropriate body.

Suggested evidences

- Staff qualifications and licenses (registration to practise within appropriate body).
- Policies and procedures for staff qualifications and licenses.
- Training records of staff trained in policies and procedures for staff qualifications and licenses.
- Process to measure compliance with policies and procedures for staff qualifications and licenses.
- Personnel files with evidence of orientation to the staff qualifications and licenses (registration to practise within appropriate body).

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for staff qualifications and licenses • Training records of staff trained in policies and procedures for staff qualifications and licenses • Reports that include measuring compliance with policies and procedures for staff qualifications and licenses • Personnel files with evidence of staff qualifications and licenses (registration to practise within appropriate body)
Interviews	• Relevant staff: is there evidence of qualified clinical staff, both permanent and temporary, being registered to practise with an appropriate body?
Observation	• Random selection of several records

A.5.2.1 Clinical staffing levels reflect patient needs at all times.

Suggested evidences

• Duty rosters for clinical staff.
• Policies and procedures for clinical staffing levels.
• Training records of staff trained in policies and procedures for clinical staffing levels.
• Process to measure compliance with policies and procedures for clinical staffing levels.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Duty rosters for clinical staff • Policies and procedures for clinical staffing levels • Training records of staff trained in policies and procedures for clinical staffing levels • Reports that include measuring compliance with policies and procedures for clinical staffing levels
Interviews	• Relevant staff: is there evidence of clinical staffing levels reflecting patient needs at all times?
Observation	• Not applicable

A.5.2.2 Sufficient, trained and appropriate non-clinical support staff are available to meet patient needs.

Suggested evidences

- Duty rosters for non-clinical support staff.
- Policies and procedures for non-clinical support staff.
- Training records of staff trained in policies and procedures for non-clinical support staff.
- Process to measure compliance with policies and procedures for non-clinical support staff.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Duty rosters for non-clinical support staff • Policies and procedures for non-clinical support staff • Training records of staff trained in policies and procedures for non-clinical support staff • Reports that include measuring compliance with policies and procedures for non-clinical support staff
Interviews	• Relevant staff: is there evidence of sufficient, trained and appropriate non-clinical support staff being available to meet patient needs?
Observation	• Not applicable

A.5.2.3 Staff are allowed sufficient rest breaks to practise safely and adhere to national labour laws.

Suggested evidences

- Compliance with national labour laws and regulations.
- Policies and procedures for sufficient rest breaks to practise safely.

- Training records of staff trained in policies and procedures for sufficient rest breaks to practise safely.
- Process to measure compliance with policies and procedures for sufficient rest breaks to practise safely.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for sufficient rest breaks to practise safely • Training records of staff trained in policies and procedures for sufficient rest breaks to practise safely • Reports that include measuring compliance with policies and procedures for sufficient rest breaks to practise safely
Interviews	• Relevant staff: is there evidence that staff are allowed sufficient rest breaks to practise safely and adhere to national labour laws?
Observation	• Not applicable

A.5.2.4 Students and trainees work within their competencies and under appropriate supervision.

Suggested evidences

- Policies and procedures for students and trainees to work within their competencies and under appropriate supervision.
- Training records of staff trained in policies and procedures for students and trainees to work within their competencies and under appropriate supervision.
- Process to measure compliance with policies and procedures for students and trainees to work within their competencies and under appropriate supervision.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for students and trainees to work within their competencies and under appropriate supervision • Training records of students and trainees trained in policies and procedures to work within their competencies and under appropriate supervision • Reports that include measuring compliance of students and trainees with policies and procedures to work within their competencies and under appropriate supervision
Interviews	• Relevant staff: is there evidence of students and trainees working within their competencies and under appropriate supervision?
Observation	• Not applicable

A.5.2.5 An occupational health programme is implemented for all staff.

Suggested evidences

- Occupational health records for all staff.
- Occupational health programme policies and procedures.
- Training records of staff trained in occupational health programme policies and procedures.
- Process to measure compliance with occupational health programme policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Occupational health records for all staff • Occupational health policies and procedures • Training records of staff trained in occupational health policies and procedures • Reports that include measuring compliance with occupational health policies and procedures

Interviews	• Relevant staff: is there evidence of an occupational health programme that is implemented for all staff?
Observation	• Not applicable

A.5.3.1 The hospital has a workplace violence prevention programme.

Suggested evidences

- Workplace violence prevention programme policies and procedures.
- Training records of staff trained in workplace violence prevention programme policies and procedures.
- Process to measure compliance with workplace violence prevention programme policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Workplace violence prevention programme policies and procedures • Training records of staff trained in workplace violence prevention programme policies and procedures • Reports that include measuring compliance with workplace violence prevention programme policies and procedures
Interviews	• Relevant staff: is there evidence that the hospital has a workplace violence prevention programme?
Observation	• Not applicable

A.6	Title	Policies, guidelines, standard operating procedures	Key respondent	Final score
	Measurement statement	The hospital has policies, guidelines, and standard operating procedures for all departments and support services		
	Core standard	A.6.2.1 The hospital has policies and procedures for all departments and services and has systems in place for monitoring their implementation.	Senior patient safety hospital staff member Physician Nurse	

A.6.2.1 The hospital has policies and procedures for all of its departments and services and has systems in place for monitoring their implementation.

Suggested evidences

- Policies and procedures for all the departments and services.
- Training records of staff trained in relevant policies and procedures.
- Process to measure compliance with relevant policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for all departments and services • Training records of staff trained in departmental and/or services policies and procedures • Reports that include measuring compliance with departmental and/or services policies and procedures
Interviews	• Relevant staff: is there evidence that the hospital has policies and procedures for its departments and services and has systems in place for monitoring their implementation?
Observation	• Not applicable

Domain B: Patient and public involvement

Domains	Subdomains	Number of standards		
		Critical	Core	Development
B. Patient and public involvement standards	B.1 Patient safety is incorporated into the patient and family rights statement of the hospital.	0	3	1
	B.2 The hospital builds health awareness for its patients and carers to empower them to share in making the right decisions regarding their care.	1	3	2
	B.3 The hospital ensures proper patient identification and verification at all stages of care.	1	1	1
	B.4 The hospital involves the community in different patient safety activities.	0	3	1
	B.5 The hospital communicates patient safety incidents to patients and their carers.	0	0	2
	B.6 The hospital encourages patients to speak up and acts upon the patients' concerns.	0	2	3
	B.7 The hospital has a patient-friendly environment.	0	4	0
		2	**16**	**10**

B.1	Title	Patient and family rights	Key respondent	Final score
	Measurement statement	Patient safety is incorporated into the patient and family rights statement of the hospital.		
	Core standard	B.1.2.1 The hospital has a patient rights statement and it is visible to patients.	Patient safety officer	
		B.1.2.2 Patient safety is included in the patient rights statement.	Patient safety officer	
		B.1.2.3 Patients and their families are briefed about, and aware of, their rights.	Patients and carers Nurse	
	Developmental standard	B.1.3.1 Patient and community are involved in development of patient and family rights.	Patient safety officer	

B.1.2.1 The hospital has a patient rights statement and it is visible to patients.

Suggested evidences

- Written and approved patient and family rights statement.
- Patient and family rights statement is visible to patients and carers throughout the hospital.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Written and approved patient and family rights statement
Interviews	• Who approves the patient rights statement? • Does the patient and family rights comply with national law?
Observation	• The hospital has a patient rights statement and it is visible to patients

B.1.2.2 Patient safety is included in the patient rights statement.

Suggested evidences

- Written and approved patient and family rights statement in which patient safety is incorporated, which includes but is not limited to:

- right to access care in the hospital;
- right to respect patients' cultural and spiritual beliefs and personal preferences;
- right to be informed and involved in taking in all medical decisions during their care;
- right to security, privacy and confidentiality;
- right to have pain managed;
- right to access information about hospital services and outcomes.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Written and approved patient and family rights statement in which patient safety is incorporated • Patient safety rights policies and procedures
Interviews	• Is there evidence of a written and approved patient and family rights statement in which patient safety is incorporated?
Observation	• The patient and family rights statement is visible throughout the hospital

B.1.2.3 Patients and their families are briefed about, and aware of, their rights.

Suggested evidences

- Patient and family rights policies and procedures.
- Training records of staff trained in patient and family rights policies and procedures.
- Process to measure compliance with patient and family rights policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Patient and family rights policy and procedures • Training records of staff trained in patient and family rights policies and procedures • Evidence of measuring compliance with patient and family rights policies and procedures
Interviews	• How does the hospital communicate and disseminate patient and family rights statement? • Patients: were you briefed about the patient and family rights policy of the hospital? • Nurses: is there evidence that you brief patients about the patient and family rights policy of the hospital? • Hospital management: is there evidence that patients are informed about their rights?
Observation	• Not applicable

B.1.3.1 Patient and community are involved in development of patient and family rights

Suggested evidences

• Evidence of patient and community involvement in development of patient and family rights in the form of minutes of meeting or reports.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Minutes of meetings documenting patient and community involvement in patient rights, etc.
Interviews	• Who developed the patient and family rights statement?
Observation	• Not applicable

B.2	Title	Health awareness	Key respondent	Final score
	Measurement statement	The hospital builds health awareness for its patients and carers to empower them to share in making the right decisions regarding their care.		
	Critical standard	B.2.1.1 Informed consent is signed by the patient or authorized person. He/she is informed of all risks, benefits and potential side-effects of a procedure in advance. A physician explains, and a nurse oversees the signing.	Nurse Physician	
	Core standard	B.2.2.1 The hospital builds health awareness for all of its patients and their families for their specific health problems and for general patient safety issues.	Health promotion officer Patient	
		B.2.2.2 All patients obtain from their treating physicians complete updated information on their diagnosis and treatment.	Physician/ nurse Patient	
		B.2.2.3 The hospital trains patients' carers in post-discharge care.	Patient/nurse	
	Developmental standard	B.2.3.1 The hospital encourages patients to participate in planning and making decisions regarding their health care.	Health promotion officer/nurse Patient	
		B.2.3.2 The hospital has a health care website and patients have access to it.	Health promotion officer Patient	

B.2.1.1 Informed consent is signed by the patient or authorized person. He/she is informed of all risks, benefits and potential side-effects of a procedure in advance. A physician explains, and a nurse oversees the signing.

Suggested evidences

- Policies and procedures for informed consent.
- Training records of staff trained in informed consent policies and procedures.
- Process to measure compliance with informed consent policies and procedures.
- List of procedures for which informed consent is required includes but is not limited to: invasive procedures, surgical procedures, anaesthesia, blood transfusion, high-risk procedures, high-risk treatments, and organ donation and transplantation.
- Informed consent forms that are available in relevant departments.
- Informed consent forms that are completed, signed, dated and timed, and available in patients' medical records.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for informed consent • Training records of staff trained in policies and procedures for informed consent • Documents to measure compliance with informed consent policies and procedures • List of procedures for which informed consent is required, including but not limited to: invasive procedures, surgical procedures, anaesthesia, blood transfusion, high-risk procedures, high-risk treatments, and organ donation and transplantation • Systematic random sample medical record review: informed consent form is completed, signed, dated and timed and available in patient's medical records
Interviews	• Relevant staff: is there evidence of implementation of informed consent policy? • Patients or authorized person: what were the steps taken before you signed the informed consent form?
Observation	• Informed consent forms are available in relevant departments

B.2.2.1 **The hospital builds health awareness for all of its patients and their families for their specific health problem and for general patient safety issues.**

Suggested evidences

- Educational material used, which may include flyers, literature, or lecture notes.
- Minutes of last three disease-specific support group meetings and their signatures of attendance.
- Policies and procedures for health education.
- Training records of staff trained in policies and procedures for health education.
- Process to measure compliance with policies and procedures for health education.
- Completed health education form in medical records.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Educational material used, which may include flyers, literature, or lecture notes • Policies and procedures for health education on specific health issues and patient safety • Training records of staff trained in health education policies and procedures • Documents showing compliance with health education policies and procedures • Minutes of last three disease-specific support group meetings and their signatures of attendance • Medical records review: completed health education form
Interviews	• Relevant staff: is there evidence that the hospital builds health awareness for all of its patients and their families for their specific health problems and for general patient safety issues? • Patients: did you receive any health promotion about your specific health problem and for general patient safety issues?
Observation	• Educational material used, which may include flyers in waiting areas, admission rooms, etc.

B.2.2.2 All patients obtain from their treating physicians complete updated information on their diagnosis and treatment.

Suggested evidences

- Policies and procedures for complete updated information on patients' diagnosis and treatment.
- Training records of staff trained in policies and procedures for complete updated information on patients' diagnosis and treatment.
- Process to measure compliance with policies and procedures for complete updated information on patients' diagnosis and treatment.
- Completed forms in medical records signed, dated and timed by treating physicians and patients or authorized persons.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for complete updated information on patients' diagnosis and treatment • Training records of staff trained in policies and procedures for complete updated information on patients' diagnosis and treatment • Documents showing compliance with policies and procedures for complete updated information on patients' diagnosis and treatment • Medical records review: completed clinical care plan for both diagnosis and treatment forms
Interviews	• Relevant staff: is there evidence that all patients obtain from their treating physicians complete updated information on their diagnosis and treatment? • Patients: were you always updated about your diagnosis and treatment?
Observation	• Not applicable

B.2.2.3 The hospital trains patients' carers in post-discharge care.

Suggested evidences

- Process for training patients' carers in post-discharge care: care of patient, diet, safe and effective use of medical equipment, and rehabilitation.
- Policies and procedures for training patients' carers in post-discharge care.
- Training records of staff trained in policies and procedures for training patients' carers in post-discharge care.
- Process to measure compliance with policies and procedures for training patients' carers in post-discharge care.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for training patients' carers in post-discharge care • Training records of staff trained in policies and procedures for training patients' carers in post-discharge care • Document that includes compliance with policies and procedures for training patients' carers in post-discharge care • Systematic Random Sample of medical record review: completed post-discharge care training form
Interviews	• Relevant staff: is there evidence of training patients' carers in post-discharge care? • Patients: were you and/or your carers trained in post-discharge care?
Observation	• Not applicable

B.2.3.1 The hospital encourages patients to participate in planning and making decisions regarding their health care.

Suggested evidences

- Process to encourage patients to participate in planning and making decisions regarding their health care.
- Policies and procedures to encourage patients to participate in planning and making decisions regarding their health care.
- Training records of staff trained in policies and procedures to encourage patients to participate in planning and making decisions regarding their health care.
- Process to measure compliance with policies and procedures to encourage patients to participate in planning and making decisions regarding their health care.
- Forms signed, dated and timed by patients regarding their participation in planning and making decisions regarding their health care.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for patients to participate in planning and making decisions regarding their health care • Training records of staff trained in policies and procedures to encourage patients to participate in planning and making decisions regarding their health care • Process to measure compliance with relevant policies and procedures to encourage patients to participate in planning and making decisions regarding their health care • Systematic random sample of medical record review: relevant forms signed, dated and timed by patients regarding their participation in planning and making decisions regarding their health care
Interviews	• Relevant staff: is there evidence that patients participate in planning and making decisions regarding their health care? • Patients: did you participate in planning and making decisions regarding your health care?
Observation	• Not applicable

B.2.3.2 The hospital has a health care website and patients have access to it.

Suggested evidences

- Hospital health care website.
- Patient access to hospital health care website.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Health education material • Patient safety education material • Frequent questions and answers
Interviews	• Relevant staff: is there evidence of a hospital website, and how often it is updated? • Patients: were you aware that you can access information on the hospital website?
Observation	• Hospital health care website

B.3	Title	Patient identification	Key respondent
	Measurement statement	The hospital ensures best practice of patient identification and verification at all stages of care	
	Critical standard	B.3.1.1 The identification process used throughout the hospital requires at least two ways in which to identify a patient and these two different identifiers are used in all locations within the hospital and in any circumstance involving patient interventions.	Nurse
	Core standard	B.3.2.1 A system is in place to identify allergies.	Nurse
	Developmental standard	B.3.3.1 The hospital uses bar coding with check digits for patient identification.	Patient safety officer relevant

B.3.1.1 The identification process used throughout the hospital requires at least two ways in which to identify a patient and these two identifiers are used in all locations within the hospital and in any circumstance involving patient interventions.

Suggested evidences

- Policies and procedures for patient identification and verification, including two identifiers known to the patient. The patient identifiers include full name of patient (to three generations of family where possible) and date of birth, exclude the name of the treating physician, room or bed number and are consistent throughout the hospital.
- Policies for patient identification using two identifiers before administration of medication, carrying out any procedure, and verification of identity before any high-risk procedures.
- List of high-risk procedures including blood transfusion and chemotherapy administration.
- Patient identification and verification policies and procedures that contain special emphasis on high-risk groups (e.g. newborn infants, patients in a coma, senile patients).
- Training records of staff trained in policies and procedures for patient identification and verification.
- Process to measure compliance with policies and procedures for patient identification and verification.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for patient identification and verification • Policies and procedures for patient identification and verification that contain special emphasis on high-risk groups (e.g. newborn infants, patients in a coma, senile patients) • List of high-risk procedures • Training records of staff trained in policies and procedures for patient identification and verification • Reports that measure compliance with policies and procedures for patient identification and verification • Sample of randomly selected medical records to review patient identifiers
Interviews	• Relevant staff: is there evidence that patients are identified before providing treatments (e.g. administering medication, blood or blood products, serving a restricted diet, or radiotherapy) before performing procedures (e.g. insertion of an intravenous line, or haemodialysis) and before any diagnostic procedures (e.g. taking blood and other specimens for clinical testing, cardiac catheterization, or diagnostic radiology procedures). Is identification of patients in a coma with no identification also included? • Patients: how do staff identify you?
Observation	• Patient identification wristbands or other ways • Patient identifiers in medical records and any other medical request

B.3.2.1 A system is in place to identify allergies.

Suggested evidences

- System in place to identify allergies, e.g. a colour-coding system.
- Policies and procedures for identification of allergies.
- Training records of staff trained in policies and procedures for identification of allergies.
- Process to measure compliance with policies and procedures for identification of allergies.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• System in place to identify allergies, e.g. a colour-coding system • Policies and procedures for identification of allergies • Training records of staff trained in policies and procedures for identification of allergies • Documents or reports to measure compliance with policies and procedures for identification of allergies
Interviews	• Relevant staff: is there evidence of a system being in place to identify allergies, e.g. a colour-coding system?
Observation	• A system in place to identify allergies, e.g. a colour-coding system

B.3.3.1 The hospital uses bar coding with check digits for patient identification.

Suggested evidences

• System for bar coding with check digits for patient identification.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Documents explaining bar coding with check digits to ensure proper patient identification
Interviews	• Relevant staff: is there evidence of bar coding with check digits to ensure proper patient identification?
Observation	• Patient identification bands with bar codes with check digits • Patient identification bar codes with check digits on medical records forms

B.4	Title	Community involvement	Key respondent	Final score
	Measurement statement	The hospital involves the community in different patient safety activities.		
	Core standard	B.4.2.1 The hospital conducts patient safety campaigns that share solutions and raise awareness of patient safety in the community.	Patient safety officer/ hospital manager	
		B.4.2.2 The hospital plans events to promote patient safety through meetings on a regular basis with civic groups, nongovernmental organizations and community leaders.	Patient safety officer/ hospital manager	
		B.4.2.3 The hospital uses media and/or marketing to promote patient safety.	Patient safety officer/ hospital manager	
	Developmental standard	B.4.3.1 The hospital involves the community in designing and implementing patient safety programmes and improvement projects.	Patient safety officer/ hospital manager	

B.4.2.1 The hospital conducts patient safety campaigns that share solutions and raise awareness of patient safety in the community.

Suggested evidences

- Process to plan patient safety campaigns.
- Minutes of meeting and action plan for patient safety campaign.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Reports showing how the patient safety campaign was planned • Minutes of meeting and action plan for patient safety campaign
Interviews	• Is there evidence of patient safety campaign?
Observation	• Not applicable

B.4.2.2 The hospital plans events to promote patient safety through meetings on a regular basis with civic groups, nongovernmental organizations and community leaders.

Suggested evidences

- Minutes of the last three meetings and events showing community involvement.
- Written and verbal information provided to community leaders about their role in patient safety improvement.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Minutes of the last three meetings and events showing community involvement • Written information provided to community leaders about their role in patient safety improvement
Interviews	• Relevant staff: is there evidence of events to promote patient safety through meetings on a regular basis with civic groups, nongovernmental organizations, and community leaders?
Observation	• Not applicable

B.4.2.3 The hospital uses media and/or marketing to promote patient safety.

Suggested evidences

- Media material to promote patient safety (e.g. press releases announcing patient safety activities).
- Marketing material to promote patient safety (e.g. press releases announcing patient safety activities).

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Media material to promote patient safety (e.g. press releases announcing patient safety activities) • Marketing material to promote patient safety (e.g. press releases announcing patient safety activities)
Interviews	• Relevant staff: is there evidence of use of media and/or marketing to promote patient safety (e.g. press releases announcing patient safety activities)?
Observation	• Not applicable

B.4.3.1 The hospital involves the community in designing and implementing patient safety programme and improvement projects.

Suggested evidences

- Strategy for community involvement (e.g. nongovernmental organizations, and patient advocates).
- Written and verbal information provided to community leaders about their role in patient safety improvement.
- Policies and procedures for community involvement.
- Training records of staff trained in community involvement policies and procedures.
- Reports that include measuring compliance with relevant community involvement policies and procedures.
- Patient safety improvement task force minutes or reports of meetings.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Strategy for community involvement (e.g. nongovernmental organizationsand patient advocates) • Policies and procedures for community involvement • Training recordsofstafftrainedincommunityinvolvement policies and procedures • Reports that include measuring compliance with community involvement policies and procedures • Patient safety improvement task force minutes or reports of meetings
Interviews	• Relevant staff: is there evidence of community involvement (e.g. nongovernmental organizations, religious institutions, and patient advocates) in designing and implementation of the patient safety programme?
Observation	• Not applicable

B.5	Title	Communication of patient safety incidents to patient and carers	Key respondent	Final score
	Measurement statement	The hospital communicates patient safety incidents to patients and their carers.		
	Developmental standard	B.5.3.1 The hospital has a structured system for disclosure to patients and their carers and staff.	Patient safety officer/ hospital manager	
		B.5.3.2 The hospital has a health care mediator to explain incidents to patients and their carers.	Patient safety officer/ hospital manager	

B.5.3.1 The hospital has a structured system for disclosure to patients, their carers and staff.

Suggested evidences

Policies and procedures for disclosure to patients and their carers and staff.
- Training records of staff trained in disclosure policies and procedures.
- Process to measure compliance with disclosure policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for disclosure to patients and their carers and staff • Training records of staff trained in disclosure policies and procedures • Reports that measure compliance with disclosure policies and procedures
Interviews	• Relevant staff: is there evidence of structured disclosure system to patients, their carers and staff?
Observation	• Not applicable

B.5.3.2 The hospital has a health care mediator to explain incidents to patients and their carers.

Suggested evidences

- Health care mediator terms of reference.
- Heath care mediator notification letter.
- Heath care mediator trained to explain incidents to patients and their carers.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Health care mediator terms of reference • Heath care mediator notification letter • Heath care mediator training records
Interviews	• Relevant staff: is there evidence of a health care mediator to explain incidents to patients and their carers?
Observation	• Not applicable

B.6.	Title	Patient involvement	Key respondent	Final score
	Measurement statement	The hospital encourages patients to speak up and acts upon the patients' concerns.		
	Core standard	B.6.2.1 The hospital obtains patients' and their carers' feedback through different tools.	Patient safety officer/quality management officer/ hospital manager	
		B.6.2.2 The hospital responds to patients' complaints by sending them feedback on how each complaint was managed and changes that have taken place to prevent recurrence of the complaint.	Patient safety officer/quality management officer/ hospital manager	
	Developmental standard	B.6.3.1 The hospital engages and empowers patients and/or patient safety advocacy associations in setting policies and suggesting quality improvement and patient safety projects.	Patient safety officer/ hospital manager	
		B.6.3.2 The hospital provides a chat/message board for patients and their carers to write their concerns and share successful solutions.	Patient safety officer/ hospital manager	
		B.6.3.3 The hospital provides access to computer-based information on patient safety, health literacy and patient well-being.	Patient safety officer/ hospital manager	

B.6.2.1 The hospital obtains patients' and their carers' feedback through different tools.

Suggested evidences

• Process to obtain patients' and their carers' feedback through different tools: e.g. satisfaction surveys, leadership walk-rounds, focus groups, complaint letters, safety hotline, staff feedback, suggestion box and community focus groups.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Satisfaction surveys, leadership walk-rounds, focus groups, complaint letters, safety hotline, staff feedback, suggestion box, minutes of community focus groups
Interviews	• Relevant staff: is there evidence that hospital obtains patients' and their carers' feedback?
Observation	• Suggestion box

B.6.2.2 The hospital responds to patients' complaints by sending them feedback on how each complaint was managed and changes that have taken place to prevent recurrence of the complaint.

Suggested evidences

• Random sample of feedback on how complaints were managed and changes that have taken place to prevent recurrence of the complaints.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Feedback reports on how patients' complaints were managed and changes that have taken place to prevent recurrence of the complaints
Interviews	• Relevant staff: is there evidence of feedback reports on how patients' complaints were managed and changes that have taken place to prevent further recurrence of the complaints?
Observation	• Not applicable

B.6.3.1 **The hospital engages and empowers patients and/or patient safety advocacy associations in setting policies and suggesting quality improvement and patient safety projects.**

Suggested evidences

- Strategy for engagement and empowerment of patients for patient safety. Areas of patient involvement may include: patient identification, monitoring hand hygiene, and single use of injections.
- Existence of any educational material and/ or written / verbal information provided to patients that empowers them to ~~become~~ play an active role and become partners for promoting patient safety.
- Policies and procedures for patient empowerment and engagement.
- Training records of staff trained in policies and procedures.
- Process to measure compliance with policies and procedures.
- Reports or minutes of meetings that include engagement of patients and their carers in setting polices and suggesting quality improvement and patient safety projects.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Strategy for engagement of patients or patient safety associations in patient safety • Policies and procedures for patient engagement for patient safety • Training records of staff trained in policies and procedures for patient engagement for patient safety • Reports that include measuring compliance with policies and procedures for patient engagement for patient safety • Reports or minutes of meetings that include engagement and partnership with patients and their carers in setting polices and suggesting quality improvement and patient safety projects
Interviews	• Relevant staff: is there evidence of engagementof patients and their carers in setting polices and suggesting quality improvement and patient safety projects
Observation	• Not applicable

B.6.3.2 The hospital provides a chat/message board for patients and their carers to write their concerns and share successful solutions.

Suggested evidences

- Chat/message board for patients and their carers to write their concerns and share successful solutions.

Survey process

Documents to be reviewed	• Chat/message board for patients and their carers to write their concerns and share successful solutions
Interviews	• Relevant staff: is there evidence of a chat/message board for patients and their carers to write their concerns and share successful solutions?
Observation	• Chat/message board for patients and their carers

B.6.3.3 The hospital provides access to computer-based information on patient safety, health literacy and patient well-being.

Suggested evidences

- Computer-based information on patient safety, health literacy and patient well-being.

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Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

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Survey process

Documents to be reviewed	• Information on patient safety, health literacy, and patient well-being
Interviews	• Relevant staff: is there evidence of information on patient safety, health literacy, and patient well-being?
Observation	• Computer-based information on patient safety, health literacy, and patient well-being

B.7.	Title	Patient friendliness	Key respondent	Final score
	Measurement statement	The hospital has a patient safety friendly environment.		
	Core standard	B.7.2.1 The hospital staff are trained to be supportive and to deal with patients' anxieties.	Nurse/ Physician Hospital manager	
		B.7.2.2 The hospital has entertainment for patients.	Nurse Hospital manager	
		B.7.2.3 The hospital has a place for prayers and meets patients' spiritual and religious needs.	Nurse Hospital manager	
		B.7.2.4 The hospital staff support the patient's family in end-of-life cases.	Nurse Hospital manager	

B.7.2.1 The hospital staff are trained to be supportive and to deal with patients' anxieties.

Suggested evidences

- Training material for staff to be supportive and deal with patients' anxieties.
- Training records for staff trained to be supportive and deal with patients' anxieties.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Training material for staff to be supportive and deal with patients' anxieties
Interviews	• Relevant staff: is there evidence that hospital staff are trained to be supportive and deal with patients' anxieties?
Observation	• Not applicable

B.7.2.2 The hospital has entertainment for patients.

Suggested evidences

- Entertainment for patients, e.g. music, television, films, library.

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Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

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Survey process

Documents to be reviewed	• Reports on entertainment for patients
Interviews	• Relevant staff: is there evidence of entertainment for patients?
Observation	• Entertainment for patients; for example, music, television, films or library

B.7.2.3 The hospital has a place for prayers and meets patients' spiritual and religious needs.

Suggested evidences

- Reports on patients' spiritual and religious needs.
- Patient satisfaction reports.

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Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

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Survey process

Documents to be reviewed	• Reports on patients' spiritual and religious needs • Patient satisfaction reports
Interviews	• Relevant staff: is there evidence that patients' spiritual and religious needs are being met?
Observation	• Place for prayers, and meeting patients' spiritual and religious needs

B.7.2.4 The hospital staff support the patient's family in end-of-life cases.

Suggested evidences

- End-of-life policies and procedures.
- Training records of staff trained in end-of-life policies and procedures.
- Process to measure compliance with end-of-life policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• End-of-life policies and procedures • Training records of staff trained in end-of-life policies and procedures • Reports that include compliance with end-of-life policies and procedures
Interviews	• Relevant staff: is there evidence that hospital staff support the patient's family in end-of-life cases?
Observation	• Not applicable

Domain C: Safe evidence-based clinical practices

Domain	Subdomain	Number of standards		
		Critical	Core	Development
C. Safe evidence-based clinical practice standards	C.1 The hospital has effective clinical governance that ensures inclusion of patient safety.	3	10	1
	C.2 The hospital has a system to reduce risk of hospital-acquired infections.	2	9	0
	C.3 The hospital ensures safety of blood and blood products.	2	2	2
	C.4 The hospital ensures safe injections, infusions and immunization.	0	1	0
	C.5 The hospital has a safe medication system.	2	6	2
	C.6 The hospital has a complete medical records system.	0	4	4
		9	32	9

C.1	Title	General clinical safety	Key respondent	Final score
	Measurement statement	The hospital has effective clinical governance that ensures inclusion of patient safety		
	Critical standard	C.1.1.1 The hospital maintains clear channels of communication for urgent critical results.	Physician/ nurse	
		C.1.1.2 The hospital implements the use of a surgical safety checklist and conforms to guidelines, including WHO guidelines on safe surgery.	Physician/ nurse	
		C.1.1.3 The hospital has systems in place to ensure hospital-wide recognition of and response to clinical deterioration.	Physician/ nurse	
	Core standard	C.1.2.1 The hospital conforms to clinical practice guidelines wherever appropriate, including WHO guidelines where available.	Medical director Physician	
		C.1.2.2 The hospital has systems in place to ensure safe communication of pending test results to patients and care providers after discharge.	Medical director Physician	
		C.1.2.3 The hospital ensures invasive diagnostic procedures are carried out safely, and according to standard guidelines.	Medical director Physician	
		C.1.2.4 The hospital implements guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism).	Medical director Physician	
		C.1.2.5 The hospital screens patients to identify those vulnerable to harm and acts to reduce risk.	Patient safety officer/ nurse	
		C.1.2.6 The hospital maintains a list of approved abbreviations of medical terms and a list of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital.	Physician	
		C.1.2.6 The hospital maintains a list of approved abbreviations of medical terms and a list of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital..	Physician/ nurse	
		C.1.2.8 The hospital has systems in place for safe and thorough handover of patients between clinical teams (including shift staff).	Patient safety officer	
		C.1.2.9 The hospital implements safe childbirth guidelines, including WHO safe childbirth checklist.	Physician/ nurse	
		C.1.2.10 The hospital screens patients to identify those vulnerable to falls and acts to reduce risk.	Physician/ nurse	
	Developmental standard	C.1.3.1 The hospital has a local clinical guideline committee that meets regularly to select, develop and ensure implementation of guidelines, protocols and checklists relevant to safety.	Patient safety officer	

C.1.1.1 The hospital maintains clear channels of communication for urgent critical results.

Suggested evidences

- List of urgent critical results developed by multispecialty committee.
- Policies and procedures for channels of communication for urgent critical results.
- Training records of staff trained in policies and procedures for channels of communication for urgent critical results.
- Process to measure compliance with policies and procedures for channels of communication for urgent critical results.

> #### Evaluation process
>
> - Review the documents listed below.
> - Confirm data through interviews.
> - Read through the scoring guidelines.

Survey process

Documents to be reviewed	• List of urgent critical diagnostic results developed by multispecialty committee • Channels of communication for urgent critical results policy and procedure • Training records of staff trained in policies and procedures for channels of communication for urgent critical results • Systematic random sample reports that include measuring compliance with policies and procedures for channels of communication for urgent critical results
Interviews	• Relevant staff: is there evidence that the hospital maintains clear channels of communication for urgent critical results?
Observation	• List of urgent critical results developed by multispecialty committee

C.1.1.2 The hospital implements the use of a surgical safety checklist and conforms to guidelines, including WHO guidelines on safe surgery.

Suggested evidences

- Process to ensure correct patient, surgical site and surgical procedure.

- Surgical safety checklist used in operating rooms for every surgical procedure.
- Training records of staff trained in surgical safety guidelines.
- Process to measure compliance with relevant surgical safety guidelines.

> **Evaluation process**
>
> - Review the documents listed below.
> - Confirm data through interviews.
> - Read through the scoring guidelines.

Survey process

Documents to be reviewed	- Surgical safety checklist used in operating rooms for every surgical procedure - Training records of staff trained in surgical safety guidelines - Reports that include measuring compliance with surgical safety guidelines
Interviews	Relevant staff: is there evidence of implementation of a surgical safety checklist and compliance with guidelines on safe surgery, including WHO guidelines?
Observation	Evidence of use of surgical safety checklist in operating room

C.1.1.3 The hospital has systems in place to ensure hospital-wide recognition of and response to clinical deterioration.

Suggested evidences

- Process to develop, implement and maintain a hospital-wide system for recognition of and response to clinical deterioration.
- Process to measure and document observations via general observation chart, including respiratory rate, oxygen saturation, blood pressure, heart rate, temperature, consciousness level, etc.
- Process to form rapid response teams and rehearse on a regular basis.
- Regular auditing and monitoring of processes by the medical emergency committee.
- Staff training on recognition and communication of clinical deterioration.
- Policies and procedures for recognition of and response to clinical deterioration.
- Training records of staff trained in policies and procedures for recognition of and response to clinical deterioration.
- Process to measure compliance with policies and procedures for recognition of and response to clinical deterioration.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for recognition of and response to clinical deterioration • Training records of staff trained in policies and procedures for recognition of and response to clinical deterioration • Reports that include measuring compliance with policies and procedures for recognition of and response to clinical deterioration
Interviews	• Relevant staff: is there evidence of systems in place to ensure hospital-wide recognition of and response to clinical deterioration?
Observation	• Measurement and documentation of observations via general observation chart: respiratory rate, oxygen saturation, blood pressure, heart rate, temperature, consciousness level, etc.

C.1.2.1 The hospital conforms to clinical practice guidelines wherever appropriate, including WHO guidelines where available.

Suggested evidences

- Clinical practice guidelines based on top five diagnoses and top five high-risk diseases, including WHO guidelines where available.
- Training records of staff trained in relevant clinical practice guidelines.
- Process to measure compliance with relevant clinical practice guidelines.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Clinical practice guidelines based on top five diagnoses and top five high-risk diseases, including WHO guidelines where available • Training records of staff trained in relevant selected clinical practice guidelines • Reports that include measuring compliance with relevant selected clinical practice guidelines
Interviews	• Relevant staff: is there evidence that the hospital conforms to clinical practice guidelines wherever appropriate, including WHO guidelines where available?
Observation	• Clinical pathways and reminders

C.1.2.2 **The hospital has systems in place to ensure safe communication of pending test results to patients and care providers after discharge.**

Suggested evidences

• Policies and procedures to ensure safe communication of pending test results to patients and care providers after discharge.
• Training records of staff trained in relevant policies and procedures.
• Process to measure compliance with relevant policies and procedures.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures to ensure safe communication of pending test results to patients and care providers after discharge • Training records of staff trained in policies and procedures for safe communication of pending test results to patients and care providers after discharge • Reports that include measuring compliance with policies and procedures for safe communication of pending test results to patients and care providers after discharge

Interviews	• Relevant staff: is there evidence of a system to ensure safe communication of pending test results to patients and care providers after discharge?
Observation	• Not applicable

C.1.2.3 The hospital ensures invasive diagnostic procedures are carried out safely, and according to standard guidelines.

Suggested evidences

- Guidelines for top five invasive diagnostic procedures.
- Training records of staff trained in guidelines for invasive diagnostic procedures.
- Process to measure compliance with guidelines for invasive diagnostic procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines for top five invasive diagnostic procedures • Training records of staff trained in relevant invasive diagnostic procedures guidelines • Reports that include measuring compliance with guidelines for invasive diagnostic procedures
Interviews	• Relevant staff: is there evidence that the hospital ensures invasive diagnostic procedures are carried out safely, and according to standard guidelines?
Observation	• Invasive diagnostic procedures guidelines

C.1.2.4 The hospital implements guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism).

Suggested evidences

- Process to identify patients at risk of venous thromboembolism (deep venous thrombosis and pulmonary embolism) and provide appropriate thromboprophylaxis.
- Information provided by staff to patients about the risks of venous thromboembolism and how to prevent it.
- Guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism).
- Training records of staff trained in guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism).
- Process to measure compliance with guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism).

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism) • Training records of staff trained in guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism) • Process to measure compliance with guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism)
Interviews	• Relevant staff: is there evidence that the hospital has implemented guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism)?
Observation	• Mechanisms to identify patients at risk of venous thromboembolism (deep venous thrombosis and pulmonary embolism) and provide appropriate thrombo-prophylaxis • Information for patients about the risks of venous thromboembolism and how to prevent it

C.1.2.5 The hospital screens patients to identify those vulnerable to harm and acts to reduce risk.

Suggested evidences

- Process that includes the availability of policies and procedures for initial and on-going assessment to identify and manage patients at risk for the following:
  - pressure ulcers
  - suicide
  - infection
  - nutrition needs.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for initial and on-going assessment to identify and manage patients at risk for: pressure ulcer, suicide, infection malnutrition • Training records of staff trained in policies and procedures to identify and manage patients at risk for: pressure ulcer, suicide, infection, malnutrition • Reports that include measuring compliance with policies and procedures for initial and on-going assessment to identify and manage patients at risk for pressure ulcer, suicide, infection, nutrition needs • Stratified random samples of medical records to review initial and on-going assessment of, and compliance with procedures to reduce the risk of pressure ulcer, suicide, infection and malnutrition
Interviews	• Relevant staff: is there evidence that the hospital screens patients to identify those vulnerable to harm (e.g. for pressure ulcers, suicide, malnutrition, infection) and acts to reduce risk?
Observation	• Compliance with relevant policies and procedures for the following: pressure ulcers, suicide, infection and malnutrition

C.1.2.6 The hospital maintains a list of approved abbreviations of medical terms and a list of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital.

Suggested evidences

- List of approved abbreviations of medical terms.
- List of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital.
- Lists applied in all medical-related documentation, whether hand written or computer entries.
- Training records of staff trained in lists application.
- Process to identify non-approved abbreviations of medical terms and use of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• List of approved abbreviations of medical terms • List of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital • Training records of staff trained in lists application • Reports that include identification of non-approved abbreviations of medical terms and/or use of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital
Interviews	• Relevant staff: is there evidence that the hospital maintains a list of approved abbreviations of medical terms and a list of dangerous abbreviations, symbols and dose designations that are prohibited for use in the hospital?
Observation	• List of approved abbreviations of medical terms • List of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital

C.1.2.7 The hospital minimizes use of verbal and telephone orders and transmission of results, and "read back" is practised where verbal communication is essential.

Suggested evidences

- Policies and procedures for effective communication, including "read back" whereby the verbal or telephone order is written down completely by the receiver, who then reads back the order, which is confirmed by the person who gave the order.
- Training records of staff trained in policies and procedures for effective communication.
- Process to measure compliance with policies and procedures for effective communication.

> ### Evaluation process
>
> - Review the documents listed below.
> - Confirm data through interviews.
> - Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for effective communication • Training records of staff trained in policies and procedures for effective communication • Reports that include measuring compliance with policies and procedures for effective communication
Interviews	• Relevant staff: is there evidence that the hospital minimizes use of verbal and telephone orders for transmission of results, and "read back" is used where verbal communication is essential?
Observation	• Not applicable

C.1.2.8 The hospital has systems in place for safe and thorough handover of patients between clinical teams (including shift staff).

Suggested evidences

- Policies and procedures for handover of patients.
- Training records of staff trained in policies and procedures for handover of patients.
- Process to measure compliance with policies and procedures for handover of patients.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for handover of patients • Training records of staff trained in policies and procedures for handover of patients • Reports that include measuring compliance with policies and procedures for handover of patients
Interviews	• Relevant staff: is there evidence that the hospital has systems in place for safe and thorough handover of patients (e.g. situation background assessment recommendation SBAR) between clinical teams (including shift staff)?
Observation	• Handover of patients

C.1.2.9 The hospital implements safe childbirth guidelines, including WHO safe childbirth checklist.

Suggested evidences

- Staff provision of information to patients about safe childbirth.
- Safe childbirth checklist.
- Training records of staff trained in safe childbirth guidelines.
- Process to measure compliance with safe childbirth checklist.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• WHO safe childbirth checklist • Safe childbirth guidelines • Training records of staff trained in safe childbirth guidelines • Reports that include measuring compliance with safe childbirth guidelines
Interviews	• Relevant staff: is there evidence that the hospital implements safe childbirth guidelines, e.g. WHO safe childbirth checklist?
Observation	• Information given to patients about safe childbirth

C.1.2.10 The hospital screens patients to identify those vulnerable to falls and acts to reduce risk.

Suggested evidences

- Process of initial and on-going assessment of patients at risk of falling, identifying them, and establishing proactive risk management to reduce risk of falls.
- Policies and procedures for initial and on-going assessment of patients at risk of falling.
- Policies and procedures to reduce risk of falls
- Training records of staff trained in policies and procedures to reduce risk of falls.
- Process to measure compliance with policies and procedures to reduce risk of falls.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures to reduce risk of falls • Training records of staff trained in policies and procedures to reduce risk of falls • Reports that include measuring compliance with policies and procedures to reduce risk of falls • Systematic random sample of medical records that review for initial and on-going assessment of patients at risk of falling, and actions taken to reduce risk of falls

Interviews	• Relevant staff: is there evidence that the hospital screens patients to identify those vulnerable to falls?
Observation	• Compliance with policies and procedures to reduce risk of falls

C.1.3.1 The hospital has a local clinical guideline committee that meets regularly to select, develop and ensure the implementation of guidelines, protocols and checklists relevant to safety.

Suggested evidences

- Clinical guideline committee notification letter.
- Clinical guideline committee terms of reference.
- Clinical guideline committee minutes of meetings.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Clinical guideline committee notification letter • Clinical guideline committee terms of reference • Clinical guideline committee minutes of meetings • Clinical guidelines
Interviews	• Relevant staff: is there evidence that the hospital has a local clinical guideline committee that meets regularly to select, develop and ensure implementation of guidelines, protocols and checklists relevant to safety?
Observation	• Clinical guidelines

C.2	Title	System to reduce health care-associated infections	Key respondent	Final Score
	Measurement statement	The hospital has a system to reduce risk of health-care-associated infections.		
	Critical standard	C.2.1.1 The hospital has an implemented infection prevention and control programme, including an organization scheme, guidelines, plan and manual.	Infection prevention and control nurse	
		C.2.1.2 The hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high-risk areas.	Infection prevention and control nurse	
	Core standard	C.2.2.1 The hospital conforms to recognized guidelines for infection prevention and control, including WHO guidelines.	Infection prevention and control nurse	
		C.2.2.2 The hospital ensures continuous availability of essential, functioning infection prevention and control equipment and supplies.	Infection prevention and control nurse	
		C.2.2.3 The hospital has a surveillance system for health care-associated infections.	Infection prevention and control nurse	
		C.2.2.4 The hospital has functioning isolation protocols, definitions and precautions.	Infection prevention and control nurse	
		C.2.2.5 The hospital implements policies and procedures for rational use of antibiotics to reduce resistance and has an active antimicrobial stewardship programme.	Infection prevention and control nurse	
		C.2.2.6 The hospital implements recognized guidelines for hand hygiene, including WHO guidelines.	Infection prevention and control nurse	
		C.2.2.7 Staff are screened before employment and regularly afterwards for colonization and transmissible infections.	Infection prevention and control nurse	
		C.2.2.8 The hospital acts to protect staff and volunteers from health care-associated infections, including by provision of hepatitis B vaccination.	Infection prevention and control nurse	
		C.2.2.9 The hospital conforms to bundle management wherever appropriate.	Infection prevention and control nurse	

C.2.1.1 The hospital has an implemented infection prevention and control programme, including an organization scheme, guidelines, plan and manual.

Suggested evidences

- Infection prevention and control organizational structure.
- Terms of reference and notification letter of infection prevention and control committee.
- Minutes of infection prevention and control committee.
- Infection prevention and control guidelines, plan and manual.
- Infection prevention and control policies and procedures.
- Training records of staff trained in infection prevention and control policies and procedures.
- Process to measure compliance with infection prevention and control policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Infection prevention and control organizational structure • Terms of reference and notification letter of infection prevention and control committee • Random sample of meeting minutes of infection prevention and control committee • Infection prevention and control policies and procedures • Training records of staff trained in infection prevention and control policies and procedures • Reports that include measuring compliance with infection prevention, and control policies and procedures
Interviews	• Relevant staff: is there evidence that the hospital has an infection prevention control programme, including organization structure, guidelines, plan and manual?
Observation	• Compliance with infection prevention and control practices

C.2.1.2 **The hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high-risk areas.**

Suggested evidences

- Policies and procedures for cleaning, disinfection and sterilization of equipment.
- Training records of staff trained in policies and procedures for cleaning, disinfection and sterilization of equipment.
- Process to measure compliance with cleaning, disinfection and sterilization of equipment policy and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for cleaning, disinfection and sterilization of equipment • Training records of staff trained in policies and procedures for cleaning, disinfection and sterilization of equipment • Reports that include measuring compliance with policies and procedures for cleaning, disinfection and sterilization of equipment
Interviews	• Relevant staff: is there evidence that the hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high-risk areas?
Observation	• Proper cleaning, disinfection and sterilization of equipment with a special emphasis on high-risk areas

C.2.2.1 The hospital conforms to recognized guidelines for infection prevention and control, including WHO guidelines.

Suggested evidences

- Recognized guidelines for infection prevention and control, including WHO guidelines.
- Training records of staff trained in infection prevention and control guidelines.
- Process to measure compliance with infection prevention and control guidelines.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Recognized guidelines for infection prevention and control, including WHO guidelines • Training records of staff trained in infection prevention and control guidelines • Reports that include measuring compliance with infection prevention and control guidelines
Interviews	• Relevant staff: is there evidence of the hospital conforms to recognized guidelines for infection prevention and control, including WHO guidelines?
Observation	• Compliance with guidelines for infection prevention and control

C.2.2.2 The hospital ensures continuous availability of essential, functioning infection prevention and control equipment and supplies.

Suggested evidences

- Policies and procedures for infection prevention and control equipment and supplies.
- Training records of staff trained in policies and procedures for infection prevention and control equipment and supplies.
- Process to measure compliance with policies and procedures for infection prevention and control equipment and supplies.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for infection prevention and control equipment and supplies • Training recordsofstafftrainedin policiesandprocedures for infection prevention and control equipment and supplies • Reports that include measuring compliance with policies and procedures for infection prevention and control equipment and supplies

Interviews	• Relevant staff: is there evidence the hospital ensures continuous availability of essential, functioning infection prevention and control equipment and supplies?
Observation	• Availability of essential, functioning infection prevention and control equipment and supplies

C.2.2.3 The hospital has a surveillance system for health care-associated infections.

Suggested evidences

- Process to track infection rates; analyse the information to determine clusters, trends and outbreaks; and share information.
- Policies and procedures for surveillance system for health care-associated infections.
- Training records of staff trained in policies and procedures for surveillance system for health care-associated infections.
- Process to measure compliance with policies and procedures for surveillance system for health care-associated infections.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for surveillance system for health care-associated infections • Training records of staff trained in policies and procedures for surveillance system for health care-associated infections • Reports that include measuring compliance with policies and procedures for surveillance system for health care-associated infections
Interviews	• Relevant staff: is there evidence that hospital has a surveillance system for health care-associated infections?
Observation	• Surveillance system for health care-associated infections

C.2.2.4 The hospital has functioning isolation protocols, definitions and precautions.

Suggested evidences

- Isolation protocols policies and procedures.
- Training records of staff trained in isolation protocols policies and procedures.
- Process to measure compliance with isolation protocols policies and procedures.

> **Evaluation process**
>
> - Review the documents listed below.
> - Confirm data through interviews.
> - Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Isolation protocols policies and procedures • Training records of staff trained in isolation protocols policies and procedures • Reports that include measuring compliance with isolation protocols policies and procedures
Interviews	• Relevant staff: is there evidence that the hospital has functioning isolation protocols, definitions and precautions?
Observation	• Compliance with isolation protocols, definitions and precautions

C.2.2.5 The hospital implements policies and procedures for rational use of antibiotics to reduce resistance and has an active antimicrobial stewardship programme.

Suggested evidences

- Multidisciplinary approach composed of at least infection prevention and control,

pharmacy, clinicians, hospital management and microbiology representation.
- Policies and procedures for rational use of antibiotics to reduce resistance.
- Training records of staff trained in policies and procedures for rational use of antibiotics and antimicrobial stewardship.
- Process to measure compliance with policies and procedures for rational use of antibiotics and antimicrobial stewardship.

> ### Evaluation process
>
> - Review the documents listed below.
> - Confirm data through interviews.
> - Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for rational use of antibiotics to reduce resistance and antimicrobial stewardship • Training records of staff trained in policies and procedures for rational use of antibiotics and antimicrobial stewardship • Reports that include measuring compliance with policies and procedures for rational use of antibiotics and antimicrobial stewardship
Interviews	• Relevant staff: is there evidence that the hospital implements policies and procedures for rational use of antibiotics to reduce resistance, and has an active antimicrobial stewardship programme?
Observation	• Compliance with policies and procedures for rational use of antibiotics and antimicrobial stewardship

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C.2.2.6 The hospital implements recognized guidelines for hand hygiene, including WHO guidelines.

Suggested evidences

- Recognized guidelines for hand hygiene, including WHO guidelines.
- Training records of staff trained in hand hygiene guidelines.
- Process to measure compliance with hand hygiene guidelines for hand washing and hand disinfection throughout the hospital.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Recognized current guidelines for hand hygiene, including WHO guidelines • Training records of staff trained in relevant hand hygiene guidelines • Reports that include measuring compliance with hand hygiene guidelines
Interviews	• Relevant staff: is there evidence that the hospital implements recognized guidelines for hand hygiene, including WHO guidelines?
Observation	• Compliance with guidelines for hand hygiene, including WHO guidelines

C.2.2.7 Staff are screened before employment and regularly afterwards for colonization and transmissible infections.

Suggested evidences

- Staff health records.
- Staff screening policy and procedures.
- Training records of staff trained in staff screening policy and procedures.
- Process to measure compliance with staff screening policy and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Staff health records • Staff screening policy and procedures • Training records of staff trained in staff screening policy and procedures • Reports that include measuring compliance with staff screening policy and procedures
Interviews	• Relevant staff: is there evidence of Staff should be screened before employment and regularly afterwards for colonization and transmissible infections?
Observation	• Not applicable

C.2.2.8 The hospital acts to protect staff and volunteers from health care-associated infections, including by provision of hepatitis B vaccination.

Suggested evidences

• Policies and procedures for protection of staff and volunteers from health care-associated infections.
• Training records of staff trained in policies and procedures for protection of staff and volunteers from health care-associated infections.
• Process to measure compliance with policies and procedures for protection of staff and volunteers from health care-associated infections.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for protection of staff and volunteers protection from health-care-associated infections • Training records of staff trained in policies and procedures for protection of staff and volunteers from health-care-associated infections • Reports that include measuring compliance with policies and procedures for protection of staff and volunteers from health-care-associated infections

Interviews	• Relevant staff: is there evidence that the hospital acts to protect staff and volunteers from health-care-associated infections, including provision of hepatitis B vaccination?
Observation	• Not applicable

C.2.2.9 The hospital conforms to bundle management wherever appropriate.

Suggested evidences

- Bundle management guidelines.
- Training records of staff trained in bundle management.
- Process to measure compliance with bundle management implementation.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Bundle management guidelines • Training records of staff trained in bundle management • Reports that include measuring compliance with bundle management implementation
Interviews	• Relevant staff: is there evidence of hospital conform to bundle management?
Observation	• Not applicable

C.3	Title	Safe blood and blood products	Key respondent	Final Score
	Measurement statement	The hospital ensures safety of blood and blood products.		
	Critical standard	C.3.1.1 The hospital implements guidelines, including WHO guidelines, on safe blood and blood products.	Blood bank manager	
		C.3.1.2 The hospital has safe pre-transfusion procedures.	Blood bank manager	
	Core standard	C.3.2.1 The hospital ensures that patient blood samples for cross-matching are securely identified with two unique identifiers.	Blood bank manager	
		C.3.2.2 The hospital has policies and procedures for post-blood transfusion incident management.	Blood bank manager	
	Developmental standard	C.3.3.1 The hospital uses clinical practices that reduce blood loss and the need for blood transfusion.	Blood bank manager	
		C.3.3.2 The hospital complies with guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids.	Blood bank manager	

C.3.1.1 The hospital implements guidelines, including WHO guidelines, on safe blood and blood products.

Suggested evidences

- Guidelines, including WHO guidelines, on safe blood and blood products.
- Guidelines on safe administration of blood and blood products.
- Training records of staff trained in guidelines on safe blood and blood products.
- Process to measure compliance with guidelines on safe blood and blood products.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines, including WHO guidelines, on safe blood and blood products • Training records of staff trained in safe blood and blood products guidelines • Reports that include measuring compliance with safe blood and blood products guidelines
Interviews	• Relevant staff: is there evidence that the hospital implements guidelines, including WHO guidelines, on safe blood and blood products?
Observation	• Compliance with guidelines, including WHO guidelines, on safe blood and blood products

C.3.1.2 The hospital has safe pre-transfusion procedures.

Suggested evidences

- Policies and procedures for safe pre-transfusion procedures, including for recruitment, selection and retention of voluntary blood donors, and blood screening (e.g. HIV and hepatitis B and C viruses).
- Training records of staff trained in policies and procedures for safe pre-transfusion procedures.
- Process to measure compliance with policies and procedures for safe pre-transfusion procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for safe pre-transfusion procedures, including for recruitment, selection and retention of voluntary blood donors, and blood screening (e.g. HIV and hepatitis B and C viruses) • Training records of staff trained in policies and procedures for safe pre-transfusion procedures • Reports that include measuring compliance with policies and procedures for safe pre-transfusion procedures
Interviews	• Relevant staff: is there evidence that the hospital implements safe pre-transfusion procedures, including for recruitment, selection and retention of voluntary blood donors, and blood screening (e.g. HIV and hepatitis B and C viruses)?
Observation	• Compliance with safe pre-transfusion procedures

C.3.2.1 **The hospital ensures that patient blood samples for cross-matching are securely identified with two unique identifiers.**

Suggested evidences

- Policies and procedures for cross-matching blood samples.
- Training records of staff trained in policies and procedures for cross-matching blood samples.
- Process to measure compliance with policies and procedures for cross-matching blood samples.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for cross-matching blood samples • Training records of staff trained in policies and procedures for cross-matching blood samples • Reports that include measuring compliance with policies and procedures for cross-matching blood samples
Interviews	• Relevant staff: is there evidence that the hospital ensures that patient blood samples for cross-matching are securely identified with two unique identifiers?
Observation	• Patient blood samples for cross-matching are securely identified with two unique identifiers

C.3.2.2 **The hospital has policies and procedures for post-blood transfusion incident management.**

Suggested evidences

- Policy for post-blood transfusion incident management.
- Training records of staff trained in policies and procedures for post-blood transfusion incident management.
- Process to measure compliance with policies and procedures for post-blood transfusion incident management.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for post-blood transfusion incident management • Training records of staff trained in policies and procedures for post-blood transfusion incident management • Reports that include measuring compliance with policies and procedures for post-blood transfusion incident management
Interviews	• Relevant staff: is there evidence that the hospital implements policies and procedures for post-blood exposure incident management?
Observation	• Not applicable

C.3.3.1 The hospital uses clinical practices that reduce blood loss and the need for blood transfusion.

Suggested evidences

- Guidelines for clinical practices that reduce blood loss and the need for blood transfusion.
- Training records of staff trained in guidelines for clinical practices that reduce blood loss and the need for blood transfusion.
- Process to measure compliance with guidelines for clinical practices that reduce blood loss and the need for blood transfusion.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines for clinical practices that reduce blood loss and the need for blood transfusion • Training records of staff trained in guidelines for clinical practices that reduce blood loss and the need for blood transfusion • Reports that include measuring compliance with guidelines for clinical practices that reduce blood loss and the need for blood transfusion
Interviews	• Relevant staff: is there evidence that the hospital uses clinical practices that reduce blood loss and the need for blood transfusion?
Observation	• Not applicable

C.3.3.2 The hospital complies with guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids.

Suggested evidences

- Guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids.
- Training records of staff trained in guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids.
- Process to measure compliance with guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids • Training records of staff trained in guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids • Reports that include measuring compliance with guidelines on safe and appropriate prescribing of blood and blood products
Interviews	• Relevant staff: is there evidence that the hospital conforms to guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids?
Observation	• Guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids

C.4	Title	Safe injections, infusions and immunizations	Key Respondent	Final Score
	Measurement statement	The hospital ensures safe injections, infusions and immunizations.		
	Core standard	C.4.2.1 The hospital has systems in place to ensure safe injection practice.	Nurse	

C.4.2.1 The hospital has systems in place to ensure safe injection practice.

Suggested evidences

- Safe injection policies and procedures that include preventing reuse of needles at hospital; educating patients and families regarding transmission of blood-borne pathogens; and ensuring safe disposal practices for sharp items, e.g. , no re-capping of needles, and safety boxes for sharps.
- Training records of staff trained in safe injection policies and procedures.
- Process to measure compliance with safe injection policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Safe injection policies and procedures • Training records of staff trained in safe injection policies and procedures • Reports that measure compliance with safe injection policies and procedures
Interviews	• Relevant staff: is there evidence of systems in place to ensure safe injection?
Observation	• No re-capping of needles, and safety boxes for sharps

C.5.	Title	Medication management system	Key Respondent	Final score
	Measurement statement	The hospital has a safe medication system.		
	Critical standard	C.5.1.1 The hospital ensures availability of life-saving medications at all times.	Chief pharmacist	
		C.5.1.2 The hospital keeps high concentrations of electrolytes in a safe place.	Pharmacist	
	Core standard	C.5.2.1 The safe medication system of the hospital covers: selection and procurement; storage of medication; ordering and transcribing; preparing and dispensing; administration and follow-up.	Chief pharmacist	
		C.5.2.2 The hospital ensures legible handwriting when prescribing or writing physicians' orders.	Chief pharmacist	
		C.5.2.3 The hospital ensures medication reconciliation at admission, transfer and discharge.	Physician	
		C.5.2.4 The hospital ensures patient (or carer) education about medication at discharge.	Nurse	
		C.5.2.5 The hospital standardizes and limits the number of medication concentrations.	Pharmacist	
		C.5.2.6 The hospital has a pain management system and controls access to narcotic products in inpatient departments.	Physician Nurse	
	Developmental standard	C.5.3.1 The hospital has clinical pharmacists who participate in medication orders and a system to identify drug–drug and drug–food interactions.	Pharmacist	
		C.5.3.2 The hospital has an implemented policy and procedures to manage medication errors.	Pharmacist	

C.5.1.1 The hospital ensures availability of life-saving medications at all times.

Suggested evidences

- Life-saving medications based on needs of each department.
- Policies and procedures for life-saving medications.
- Training records of staff trained in policies and procedures for life-saving medications.
- Process to measure compliance with policies and procedures for life-saving medications.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Life-saving medications based on needs of each department. • Policies and procedures for life-saving medications • Training records of staff trained in policies and procedures for life-saving medications • Reports that include measuring compliance with policies and procedures for life-saving medications
Interviews	• Relevant staff: is there evidence that hospital ensures availability of life-saving medications at all times?
Observation	• Life-saving medications based on needs of Each department

C.5.1.2 The hospital keeps high concentrations of electrolytes in a safe place.

Suggested evidences

- Policies and procedures for removal of high concentrations of electrolytes, including potassium chloride, potassium phosphate and sodium chloride, from inpatient departments and storage in a safe place.
- Training records of staff trained in policies and procedures for removal of high concentrations of electrolytes and storage in a safe place.
- Process to measure compliance with policies and procedures for removal of high concentrations of electrolytes and storage in a safe place.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policiesandproceduresforremovalofhighconcentrations of electrolytes from inpatient departments and storage in a safe place • Training recordsofstafftrainedin policiesandprocedures for removal of high concentrations of electrolytes and storage in a safe place • Reports that include measuring compliance with policies and procedures for removal of high concentrations of electrolytes and storage in a safe place

Interviews	• Relevant staff: is there evidence that the hospital removes high concentrations of electrolytes, including potassium chloride, potassium phosphate and sodium chloride from inpatient departments and stores them in a safe place?
Observation	• High concentrations of electrolytes, including potassium chloride, potassium phosphate and sodium chloride, are absent from inpatient departments

C.5.2.1 The safe medication system of the hospital covers: selection and procurement; storage of medication; ordering and transcribing; preparing and dispensing; and administration and follow-up.

Suggested evidences

- Safe medication policies and procedures that cover: selection and procurement; storage of medication; ordering and transcribing; preparing and dispensing; and administration and follow-up.
- Training records of staff trained in safe medication policies and procedures.
- Process to measure compliance with safe medication relevant policies and procedures.
- Special emphasis on labelling and storage of high-risk medications, such as potassium chloride, heparin and insulin.
- Special emphasis on labelling and storage of look-like, sound-like medications.
- Special emphasis on disposal of unused or expired medications.
- Specific procedures for areas of high risk, such as oncology and anaesthesia.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Safe medication policies and procedures • Training records of staff trained in safe medication policies and procedures • Reports include measuring compliance with safe medication relevant policies and procedures

Interviews	• Relevant staff: is there evidence that the hospital has a safe medication system?
Observation	• Storage of medication • Preparing and dispensing • Administration • Labelling injectable medications, fluids and intravenous lines • Special emphasis on high-risk medications, such as potassium chloride, heparin and insulin • Special emphasis on look-like, sound-like medications • Special emphasis on disposal of unused or expired medications • Special emphasis on specific procedures for areas of high risk, such as oncology and anaesthesia • Monitoring of temperature in refrigerators and freezers used to store medicines and vaccines throughout the hospital

C.5.2.2 The hospital ensures legible handwriting when prescribing or writing physicians' orders.

Suggested evidences

• Policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders.
• Training records of staff trained in policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders.
• Process to measure compliance with policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders • Training recordsofstafftrainedin policiesandprocedures to ensure legible handwriting when prescribing or writing physicians' orders • Reports that include measuring compliance with policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders • Random sample of medical records for the review of the compliance with policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders
Interviews	• Relevant staff: is there evidence thatthe hospitalmonitors and ensures legible handwriting when prescribing or writing physicians' orders?
Observation	• Medical records review of compliance with policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders

C.5.2.3 The hospital ensures medication reconciliation at admission, transfer and discharge.

Suggested evidences

- Process for standard operating practice for medication reconciliation throughout the hospital.
- Training records of staff trained in policies and procedures for medication reconciliation.
- Process to measure compliance with policies and procedures for medication reconciliation.
- Process for medication reconciliation at admission.
- Process for medication reconciliation at transfer and/or discharge.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Standardoperating practice for medication reconciliation • Training records of staff trained in policies and procedures for medication reconciliation • Reports that include measuring compliance with policies and procedures for medication reconciliation • Random sample of medical records to review medication reconciliation at admission • Random sample of medical records to review medication reconciliation at transfer and/or discharge
Interviews	• Relevant staff: is there evidence that the hospital ensures medication reconciliation at admission, transfer and discharge?
Observation	• Medication reconciliation at admission • Medication reconciliation at transfer and/or discharge

C.5.2.4 The hospital ensures patient (or carer) education about medication at discharge.

Suggested evidences

- Process to educate patients and their carers about efficient safe use of medication, any expected side-effects, potential interaction with other drugs and/or food, and pain management.
- Medical records that reveal patient (or carer) education about medication at discharge.
- Policies and procedures for patient (or carer) education about medication at discharge.
- Training records of staff trained in policies and procedures for patient (or carer) education about medication at discharge.
- Process to measure compliance with policies and procedures for patient (or carer) education about medication at discharge.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for patient (or carer) education about medication at discharge • Training records of staff trained in policies and procedures for patient (or carer) education about medication at discharge • Reports that include measuring compliance with policies and procedures for patient (or carer) education about medication at discharge • Random sample of closed medical records to review patient (or carer) education about medication at discharge
Interviews	• Relevant staff: is there evidence that the hospital ensures patient (or carer) education about medication at discharge?
Observation	• Patient (or carer) education about medication at discharge

C.5.2.5 The hospital standardizes and limits the number of medication concentrations.

Suggested evidences

• Process to standardize and limit the number of medication concentrations throughout the hospital.
• Policies and procedures to standardize and limit the number of medication concentrations.
• Training records of staff trained in policies and procedures to standardize and limit the number of medication concentrations.
• Process to measure compliance with policies and procedures to standardize and limit the number of medication concentrations.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures to standardize and limit the number of medication concentrations • Training records of staff trained in policies and procedures to standardize and limit the number of medication concentrations • Reports that include measuring compliance with in policies and procedures to standardize and limit the number of medication concentrations
Interviews	• Relevant staff: is there evidence that the hospital standardizes and limits the use of several concentrations of medications?
Observation	• Compliance with in policies and procedures to standardize and limit the number of medication concentrations

C.5.2.6 The hospital has a pain management system and controls access to narcotic products in inpatient departments.

Suggested evidences

- Process to assess and manage pain at initial assessment and on an on-going basis.
- Pain management policies and procedures.
- Training records of staff trained in pain management policies and procedures.
- Process to measure compliance with pain management policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Pain management policies and procedures • Training records of staff trained in pain management policies and procedures • Reports that include measuring compliance with pain management policies and procedures • Random sample of medical records to review assessment of pain scale and management

Interviews	• Relevant staff: is there evidence that the hospital has a pain management system and limits the availability of narcotic products at inpatient departments?
Observation	• Compliance with pain management and storage of narcotics to ensure safety

C.5.3.1 The hospital has clinical pharmacists that participate in medication orders and a system to identify drug–drug and drug–food interactions.

Suggested evidences

- Process for review of medications prescribed and an alarm system for drug–drug and drug–food interactions, and suggesting alternatives in case of interactions.
- Clinical pharmacy policies and procedures to identify drug–drug and drug–food interactions.
- Training records of staff trained in clinical pharmacy policies and procedures to identify drug–drug and drug–food interactions.
- Process to measure compliance with clinical pharmacy policies and procedures to identify drug–drug and drug–food interactions.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Clinical pharmacy policy and procedures to identify drug–drug and drug–food interactions • Training records of staff trained in clinical pharmacy policy and procedures to identify drug–drug and drug–food interactions • Reports that include measuring compliance with clinical pharmacy policy and procedures to identify drug–drug and drug–food interactions • Random sample of medical records to reveal role of clinical pharmacy

Interviews	• Relevant staff: is there evidence that clinical pharmacists participate in medication orders and of a system to identify drug–drug and drug–food interactions?
Observation	• System to identify drug–drug and drug–food interactions

C.5.3.2 The hospital has an implemented policy and procedures to manage medication errors.

Suggested evidences

- Policy and procedures to manage medication errors.
- Training records of staff trained in policy and procedures to manage medication errors.
- Process to measure compliance with policy and procedures to manage medication errors policy and procedures.
- Improvements are implemented based on investigations done and sent to relevant staff.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policy and procedures to manage medication errors • Training records of staff trained in policy and procedures to manage medication errors • Reports that include measuring compliance with policy and procedures to manage medication errors • Reports of lessons learnt from medication errors analysed
Interviews	• Relevant staff: is there evidence that the hospital has an implemented policy and procedures to manage medication errors?
Observation	• Medication errors reporting system

C.6	Title	Medical records system	Key Respondent	Final score
	Measurement statement	The hospital has a structured medical records system.		
	Core standard	C.6.2.1 The hospital has and maintains a medical records archiving system.	Medical records staff member	
		C.6.2.2 The hospital ensures that each patient has a single completed medical record with a unique identifier.	Medical records staff member	
		C.6.2.3 The hospital uses standardized codes for diseases (International Classification of Diseases, 10th Revision), diagnosis and procedures.	Medical records staff member	
		C.6.2.4 The hospital ensures that medical records are easily accessed by care providers whenever needed.	Medical records staff member	
	Developmental standard	C.6.3.1 Patients have access to their medical records with the opportunity to review and amend.	Medical records staff member	
		C.6.3.2 The hospital has an automated information management and electronic medical records system with an appropriate backup system.	Medical records staff member	
		C.6.3.3 The hospital has a computerized physician order entry.	Medical records staff member	
		C.6.3.4 The hospital has an effective automated clinical alarm system.	Medical records staff member	

C.6.2.1 The hospital has and maintains a medical records archiving system.

Suggested evidences

- Medical records archiving system policies and procedures.
- Training records of staff trained in medical records archiving system policies and procedures.
- Process to measure compliance with medical records archiving system policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Medical records archiving system policies and procedures • Training records of staff trained in medical records archiving system policy and procedures • Reports that include measuring compliance with medical records archiving system policy and procedures
Interviews	• Relevant staff: is there evidence that the hospital has and maintains a medical records archiving system?
Observation	• Medical records archiving system

C.6.2.2 The hospital ensures that each patient has a single completed medical record with a unique identifier.

Suggested evidences

- Process to ensure that each patient has a single completed medical record with a unique identifier.
- Policies and procedures for single completed medical records.
- Training records of staff trained in policies and procedures for single completed medical records.
- Process to measure compliance with policies and procedures for single completed medical records.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for single completed medical records • Training records of staff trained in policies and procedures for single completed medical records • Reports that include measuring compliance with policies and procedures for single completed medical records
Interviews	• Relevant staff: is there evidence that the hospital ensures that each patient has a single completed medical record with a unique identifier?
Observation	• Single completed medical records with unique identifiers

C.6.2.3 The hospital uses standardized codes for diseases (International Classification of Diseases, 10th Revision), diagnosis and procedures.

Suggested evidences

- Process to use standardized codes for diseases (International Classification of Diseases, 10th Revision; ICD), diagnosis and procedures.
- Standardized codes for diseases (ICD 10), diagnosis and procedures.
- Policies and procedures for standardized codes for diseases.
- Training records of staff trained in policies and procedures for standardized codes for diseases.
- Process to measure compliance with policies and procedures for standardized codes for diseases.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for standardized codes for diseases • Training records of staff trained in policies and procedures for standardized codes for diseases • Reports that include measuring compliance with policies and procedures for relevant standardized codes for diseases
Interviews	• Relevant staff: is there evidence that the hospital uses standardized codes for diseases (ICD 10), diagnosis and procedures?
Observation	• Standardized codes for diseases (ICD 10), diagnosis and procedures

C.6.2.4 The hospital ensures that medical records are easily accessed by care providers whenever needed.

Suggested evidences

- Medical records access policies and procedures.
- Training records of staff trained in medical records access policies and procedures.
- Process to measure compliance with medical records access policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Medical records access policies and procedures • Training records of staff trained in medical records access policies and procedures • Reports that include measuring compliance with medical records access policies and procedures
Interviews	• Relevant staff: is there evidence of medical records being easily accessed by care providers whenever needed?
Observation	• Not applicable

C.6.3.1 Patients have access to their medical records with the opportunity to review and amend.

Suggested evidences

- Policies and procedures for patients to have access to their medical records.
- Training records of staff trained in policies and procedures for patients to have access to their medical records.
- Process to measure compliance with policies and procedures for patients to have access to their medical records.

Survey process

Documents to be reviewed	• Policies and procedures for patients to have access to their medical records • Training records of staff trained in policies and procedures for patients to have access to their medical records • Reports that include measuring compliance with policies and procedures for patients to have access to their medical records
Interviews	• Relevant staff: is there evidence that patients have access to their medical records with the opportunity to review and amend?
Observation	• Not applicable

C.6.3.2 **The hospital has an automated information management and electronic medical records system with an appropriate backup system.**

Suggested evidences

- Automated information management and electronic medical records system with an appropriate backup system
- Policies and procedures for information management and electronic medical records.
- Training records of staff trained in policies and procedures for information management and electronic medical records.
- Process to measure compliance with policies and procedures for relevant information management and electronic medical records.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for information management and electronic medical records • Training records of staff trained in policies and procedures for information management and electronic medical records • Reports that include measuring compliance with policies and procedures for information management and electronic medical records
Interviews	• Relevant staff: is there evidence that the hospital has an automated information management and electronic medical records system with an appropriate backup system?
Observation	• Automated information management and electronic medical records system with an appropriate backup system

C.6.3.3 The hospital has a computerized physician order entry.

Suggested evidences

• Policies and procedures for computerized physician order entry.
• Training records of staff trained in policies and procedures for computerized physician order entry.
• Process to measure compliance with policies and procedures for computerized physician order entry.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for computerized physician order entry. • Training records of staff trained in policies and procedures for computerized physician order entry • Reports that include measuring compliance with policies and procedures for computerized physician order entry

Interviews	• Relevant staff: is there evidence that the hospital has a computerized physician order entry?
Observation	• Computerized physician order entry

C.6.3.4 The hospital has an effective automated clinical alarm system.

Suggested evidences

- Clinical alarms that are identified by multidisciplinary hospital staff.
- Automated clinical alarm system relevant policies and procedures.
- Training records of staff trained in automated clinical alarm policies and procedures.
- Process to measure compliance with automated clinical alarm system policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Automated clinical alarm system policies and procedures • Training records of staff trained in automated clinical alarm system policies and procedures • Reports that include measuring compliance with automated clinical alarm system policies and procedures
Interviews	• Relevant staff: is there evidence that the hospital has an effective automated clinical alarm system
Observation	• Automated clinical alarm system

Domain D: Safe environment

Domain	Subdomain	Number of standards		
		Critical	Core	Development
D. Safe environment standards	D.1 The hospital has a safe and secure physical environment for patients, staff, volunteers and visitors.	0	14	0
	D.2 The hospital has a safe waste management system.	2	4	0
		2	18	0

D.1	Title	Safe physical environment	Key respondent	Final score
	Measurement statement	The hospital has a safe and secure physical environment for patients, staff, volunteers and visitors.		
	Core standard	D.1.2.1 The hospital has a multidisciplinary environmental safety committee.	Environmental safety staff member/any related committee	
		D.1.2.2 The hospital design is maximized to provide a safe environment, including for infection control.	Environmental safety staff member	
		D.1.2.3 The hospital has a preventive maintenance programme for its physical environment.	Environmental safety staff member	
		D.1.2.4 The hospital implements a security programme and uses secure areas whenever appropriate.	Environmental safety staff member	
		D.1.2.5 The hospital ensures that staff display personal identification.	Environmental safety staff member	
		D.1.2.6 The hospital implements an external emergency plan.	Environmental safety staff member	
		D.1.2.7 The hospital implements an internal emergency plan.	Environmental safety staff member	
		D.1.2.8 The hospital implements a fire and smoke safety programme with an evacuation plan.	Environmental safety staff member	
		D.1.2.9 The hospital has an effective utility system plan including water, medical gases, fuel, communication systems, preventive maintenance, and a backup plan in case of failure or interruption.	Environmental safety staff member	
		D.1.2.10 The hospital has an implemented radiation safety programme.	Environmental safety staff member	
		D.1.2.11 The hospital displays warning signs marking unsafe areas.	Environmental safety staff member	
		D.1.2.12 The hospital supplies appropriate and safe food and drinks for patients, staff and visitors.	Environmental safety staff member	
		D.1.2.13 The hospital maintains a clean environment.	Environmental safety staff member	
		D.1.2.14 The hospital has an implemented smoke-free policy.	Environmental safety staff member	

D.1.2.1 The hospital has a multidisciplinary environmental safety committee

Suggested evidences

- Notification letter of the multidisciplinary environmental safety committee.
- Terms of reference of the multidisciplinary environmental safety committee.
- Minutes of meetings of multidisciplinary environmental safety committee.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Notification letter of the multidisciplinary environmental safety committee • Terms of reference of the multidisciplinary environmental safety committee • Minutes of meetings of the multidisciplinary environmental safety committee
Interviews	• Relevant staff: is there evidence that the hospital has a multidisciplinary environmental safety committee?
Observation	• Not applicable

D.1.2.2 The hospital design is maximized to provide a safe environment, including for infection control.

Suggested evidences

- Compliance with national regulations, laws and hospital building code.
- In absence of national regulations, laws and hospital building code:
    - directive signs all around the hospital;
    - floors have no fall hazards (slip resistant, dry);
    - floors comply with infection prevention and control (IPC) measures (clean, good repair; e.g. no cracks, curved walls);
    - ceiling tiles comply with IPC measures (clean, good repair; e.g. no cracks, none missing);
    - bathrooms have grab bars;
    - special needs patients have access to all departments and needs are met (bathrooms, slopes, etc.);
    - nurse call cords available, functioning and accessible to patients in bed and bathrooms;
    - wheelchairs and stretchers clean, in good operating condition, and can access all areas;
    - electric lights functioning (or need repair) and sufficient;
    - safety electrical outlets are installed in peadiatric areas;
    - behavioural health areas secured with tamper-resistant screws;
    - all potential points of attachment for suicide by strangulation designed to break away, for example, curtain rods;

o   separation of clean and dirty areas;

o   fire safety specifications and exits;

o   operating room and sterilization flow ensure separation of in and out;

o   proper ventilation via air conditioning or cross-ventilation;

o   ventilation has high efficiency particulate air (HEPA) filters and is regulated;

o   appropriate sinks; for example, in patient rooms, clinics, and nurse stations;

o   patient privacy ensured;

o   patient spiritual and religious needs are met;

o   construction sites sealed from dust, noise and vibration, and secured; and

o   positive pressure room, which is regulated.

Evaluation process

•   Review the documents listed below.

•   Confirm data through interviews.

•   Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Minutes of multidisciplinary environmental safety committee meetings • Building blueprints.
Interviews	• Relevant staff: is there evidence that the hospital design is maximized to provide a safe environment, including for infection control?
Observation	• Compliance with national hospital building code, laws and regulations • Hospital has directive signs all around the hospital • Floors have no fall hazards (slip-resistant, dry) • Floors comply with infection prevention and control measures (clean, good repair; e.g.no cracks, curved walls) • Ceilings tiles comply with infection prevention and control measures (clean, good repair; e.g. no cracks, none missing) • Bathrooms have grab bars • Special needs patients can access to all departments in the hospital and needs are met (bathrooms, slopes, etc.) • Nurse call cords available, functioning and accessible to patients in bed and bathrooms • Wheelchairs and stretchers clean, in good operating condition, and can access all areas • Electric lights functioning (or need repair) and sufficient • Safety electrical outlets are installed in paediatric areas • Behavioural health areas secured with tamper-resistant screws

Observation	• All potential points of attachment for suicide by strangulation designed to break away; for example curtain rods • Separation of clean and dirty areas • Fire safety specifications and exits • Operating room and sterilization flow ensures separation of way in and way out • Proper ventilation via air conditioning or cross-ventilation • Ventilation has high efficiency particulate air filters and is regulated • Appropriate sinks; for example, in patient rooms, clinics, and nurse stations • Patient privacy ensured • Patient spiritual and religious needs are met • Construction sites sealed from dust, noise and vibration, and secured • Positive pressure room, which is regulated

D.1.2.3 The hospital has a preventive maintenance programme for its physical environment.

Suggested evidences

- Minutes of meetings of multidisciplinary environmental safety committee.
- Records of preventive maintenance programme for physical environment.
- Policies and procedures for building safety.
- Training records of staff trained in building safety policies and procedures.
- Process to measure compliance with building safety policies and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Minutes of meetings of multidisciplinary environmental safety committee • Records of preventive maintenance programme for physical environment • Policies and procedures for building safety • Training records of staff trained in physical environment policies and procedures • Reports that include measuring compliance with physical environment policies and procedures
Interviews	• Relevant staff: is there evidence that the hospital has a preventive maintenance programme for its physical environment?
Observation	• Not applicable

D.1.2.4 The hospital implements a security programme and uses secure areas whenever appropriate.

Suggested evidences

- Security policies and procedures.
- Training records of staff trained in security policy and procedures.
- Process to measure compliance with security policy and procedures.
- Secure medical records.
- Secure operating rooms.
- Secure intensive care units.
- Secure medication carts, medication rooms and pharmacies.
- Secure neonatal intensive care unit.
- Secure obstetrics department.
- Doors to hazardous areas and other secure areas locked when appropriate.
- Security of hazardous materials.
- Staff and visitors follow security procedures when entering and leaving sensitive areas.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Security policies and procedures • Training records of staff trained in security policies and procedures • Reports that include measuring compliance with security policies and procedures
Interviews	• Relevant staff: is there evidence of an implemented security programme?
Observation	• Compliance with security policies and procedures • Security cameras • Security staff • Secure medical records • Secure operating rooms • Secure intensive care units • Secure neonatal intensive care unit • Secure obstetrics department • Secure medication carts, medication rooms and pharmacies • Doors to hazardous areas and other secure areas locked when appropriate • Hazardous materials properly labelled and stored • Staff and visitors follow security procedures when entering and leaving sensitive areas

D.1.2.5 The hospital ensures that staff display personal identification.

Suggested evidences

• Policies and procedures with regard to staff wearing a visible identification badge and an appropriate uniform.
• Training records of staff trained in personal identification policies and procedures.
• Process to measure compliance with personal identification policy and procedures.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures with regard to staff wearing a visible identification badge and an appropriate uniform • Training records of staff trained in staff identification policies and procedures • Reports that include measuring compliance with staff identification policies and procedures
Interviews	• Relevant staff: is there evidence of staff personal identification?
Observation	• Staff wearing a visible identification badge and an appropriate uniform

D.1.2.6   The hospital implements an external emergency plan.

Suggested evidences

• External emergency plan.
• Process to measure rehearsal of external emergency plan implementation.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• External emergency plan • Reports to measure external emergency plan implementation
Interviews	• Relevant staff: is there evidence that the hospital staff rehearse implementation of external emergency plan? • What happens if there is an external emergency? • Is emergency response equipment in good repair and locked? • Are emergency supplies of medication and medical supplies secure and current?
Observation	• Response to different emergency code information matrices posted at the nursing station or in a visible location in the department

D.1.2.7 The hospital implements an internal emergency plan.

Suggested evidences

- Internal emergency plan.
- Process to measure to rehearse internal emergency plan implementation.

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Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

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Survey process

Documents to be reviewed	• Internal emergency plan • Reports to measure rehearsal of internal emergency plan implementation

Interviews	• Relevant staff: is there evidence that the hospital rehearses implementation of internal emergency plan?
	• Ask three staff:
	  • What does announcement of a Code Blue mean?
	  • What does announcement of a Code Pink mean?
	  • Is emergency response equipment in good repair and locked?
	  • Are emergency supplies of medication and medical supplies secure and current?

Observation	• Response to different emergency code information matrices posted at the nursing station or in a visible location in the department

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D.1.2.8 The hospital implements a fire and smoke safety programme with an evacuation plan.

Suggested evidences

- Fire and smoke safety policies and procedures.
- Training records of staff trained in fire and smoke safety policies and procedures.
- Process to measure compliance with fire and smoke safety policies and procedures.

- Fire evacuation plan posted throughout the hospital.
- Fire extinguishers, alarms and evacuation system are in good repair.
- Exit signs lit.
- All exit doors are fire resistant.
- Hospital has clear fire exits and stairways.
- All fire extinguishers have current labels dated and signed.
- Flammable liquids are stored securely in safe quantities.
- Valve protection cap is in place when oxygen cylinder is not in use.
- Full and empty oxygen cylinders stored separately in upright position.
- All cylinders stored in shade and correct temperature away from direct sunlight and heat sources.
- All compressed gas cylinders chained or safely secured.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Fire and smoke safety policies and procedures • Training records of staff trained in fire and smoke safety policies and procedures • Reports that include measuring compliance fire and smoke safety policies and procedures
Interviews	• What happens if there is a fire?
Observation	• Compliance with fire and smoke safety programme and evacuation plan • Response to different emergency code information matrices posted at the nursing station or in a visible location in the department • Fire evacuation plan posted throughout the hospital • Fire extinguishers, alarms and evacuation system are in good repair • Exit signs lit • All exit doors are fire resistant • Hospital has clear fire exits and stairways • All fire extinguishers have current labels dated and signed • Flammable liquids are stored securely in safe quantities • Valve protection cap is in place when oxygen cylinder is not in use • Full and empty oxygen cylinders stored separately in upright position • All cylinders stored in shade and at correct temperature away from direct sunlight and heat sources • All compressed gas cylinders chained or safely secured

D.1.2.9 **The hospital has an effective utility system plan including water, medical gases, fuel, communication systems, preventive maintenance, and a backup plan in case of failure or interruption.**

Suggested evidences

- Utility system plan.
- Policies and procedures for preventive maintenance utility system.
- Backup of utility system plan in case of failure or interruption.
- Training of staff in policies and procedures for preventive maintenance utility system.
- Process to measure compliance with utility system policies and procedures and plans.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Utility system plan • Policies and procedures for preventive maintenance utility system • Backup of utility system plan in case of failure or interruption • Training of staff in utility system plans and policies and procedures • Reports that include measuring compliance with utility system policies and procedures and plans
Interviews	• Relevant staff: is there evidence of an effective utility system plan. It includes: water, medical gases, fuel, communication systems, preventive maintenance, and a backup plan in case of failure or interruption?
Observation	• Compliance with utility system plan and policies and procedures

D.1.2.10 The hospital has an implemented radiation safety programme.

Suggested evidences

- Radiation safety policies and procedures.
- Training records of staff trained in radiation safety policy and procedures.
- Process to measure compliance with radiation safety policy and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Radiation safety policies and procedures • Training records of staff trained in radiation safety policy and procedures • Reports that include measuring compliance with radiation safety policy and procedures
Interviews	• Relevant staff: is there evidence of Radiation safety programme?
Observation	• Compliance with radiation safety programme • Staff wear radiation dosimeters • Staff wear radiation safety apron with no cracks and in good repair

D.1.2.11 The hospital displays warning signs marking unsafe areas.

Suggested evidences

- Policies and procedures for warning signs.
- Training records of staff trained in policies and procedures for warning signs.
- Process to measure compliance with policies and procedures for warning signs.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for warning signs • Training records of staff trained in policies and procedures for warning signs • Reports that include measuring compliance with policies and procedures for warning signs
Interviews	• Relevant staff: is there evidence that the hospital displays warning signs marking unsafe areas?
Observation	• Warning signs marking unsafe areas. Include if appropriate: electricity box, radiation, radioactive substances, construction.

D.1.2.12 The hospital supplies appropriate and safe food and drinks for patients, staff and visitors.

Suggested evidences

• Compliance with national laws and regulations.
• Policies and procedures for appropriate and safe food and drinks for patients, staff and visitors.
• Policies and procedures for safe kitchen programmes.
• Special diets according to disease and patient needs.
• Training records of staff trained in relevant policies and procedures.
• Process to measure compliance with policies and procedures for safe food and drink.
• Employee screening and health certificates.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• National laws and regulations for food and drink safety • Policies and procedures for appropriate and safe food and drinks for patients, staff and visitors • Training records of staff trained in relevant policy and procedures. • Policies and procedures for safe kitchen programmes • Special diets according to disease and patient needs • Reports that include measuring compliance with relevant policy and procedures • Employee screening and health certificates
Interviews	• Relevant staff: is there evidence that the hospital supplies appropriate and safe food and drink for patients, staff and visitors?
Observation	• Compliance with safe food and drink • Separation of vegetables and fruits from meat and poultry • Control of temperature of refrigerator • Separation of cooked and raw food • Kitchen safety programme • Personal protective equipment of staff

D.1.2.13   The hospital maintains a clean environment.

Suggested evidences

• Housekeeping policies and procedures.
• Training records of staff trained in housekeeping policy and procedures.
• Process to measure compliance with housekeeping policy and procedures.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Housekeeping policies and procedures • Training records of staff trained in housekeeping policies and procedures • Reports that include measuring compliance with housekeeping policies and procedures
Interviews	• Relevant staff: is there evidence that the Hospital maintains a clean environment?
Observation	• Compliance with clean environment standards • Surfaces, separation of clean and dirty linen, general cleanliness

D.1.2.14   The hospital has an implemented smoke-free policy.

Suggested evidences

• Smoke-free policy.
• Training records of staff trained in smoke-free policy and procedures.
• Process to measure compliance with smoke-free policy and procedures.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	Smoke-free policy Training records of staff trained in smoke-free policy and procedures Reports that include measuring compliance with smoke-free policy and procedures
Interviews	Relevant staff: is there evidence that the hospital has implemented a smoke-free policy?
Observation	Compliance with smoke-free policy

D.2	Title	Waste management	Key respondent	Final score
	Measurement statement	The hospital has a safe waste management system.		
	Critical standard	D.2.1.1 The hospital segregates waste according to hazard level (see guidelines) and colour codes it.	Health care waste management officer	
		D.2.1.2 The hospital conforms to guidelines (including WHO guidelines) on management of sharps waste.	Health care waste management officer	
	Core standard	D.2.2.1The hospital conforms to guidelines (including WHO guidelines) on safe management of wastes from health care activities.	Health care waste management officer	
		D.2.2.2 The hospital conforms to guidelines (including WHO guidelines) on management of biological waste.	Health care waste management officer	
		D.2.2.3 The hospital conforms to guidelines (including WHO guidelines) on management of chemical waste.	Health care waste management officer	
		D.2.2.4 The hospital conforms to guidelines (including WHO guidelines) on management of radiological waste.	Health care waste management officer	

D.2.1.1 The hospital segregates waste according to hazard level (see guidelines) and colour codes it.

Suggested evidences

- Policies and procedures for waste segregation according to hazard level (see guidelines) and colour coding it.
- Training records of staff trained in policies and procedures for waste segregation.
- Process to measure compliance with policies and procedures for waste segregation.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for waste segregation according to hazard level (see guidelines) and colour coding it • Training records of staff trained in policies and procedures for waste segregation • Reports that include measuring compliance with policies and procedures for waste segregation

Interviews	• Relevant staff: is there evidence of waste segregation according to hazard level (see guidelines) and colour coding it?
Observation	• Waste segregation according to hazard level (see guidelines) and colour coding it

D.2.1.2 The hospital conforms to guidelines (including WHO guidelines) on management of sharps waste.

Suggested evidences

- Guidelines (including WHO guidelines) on management of sharps waste.
- Training records of staff trained in guidelines on management of sharps waste.
- Process to measure compliance with guidelines on management of sharps waste.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines (including WHO guidelines) on management of sharps waste • Training records of staff trained in guidelines on management of sharps waste • Process to measure compliance with relevant guidelines on management of sharps waste
Interviews	• Relevant staff: is there evidence that the hospital conforms to guidelines on management of sharps, including WHO guidelines?
Observation	• Sharps disposal in safety box

D.2.2.1 **The hospital conforms to guidelines (including WHO guidelines) on safe management of wastes from health care activities.**

Suggested evidences

- Guidelines (including WHO guidelines) on safe management of wastes from health care activities.
- Training records of staff trained in guidelines on safe waste management.
- Process to measure compliance with guidelines on safe waste management.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines (including WHO guidelines) on safe management of wastes from health care activities • Training records of staff trained in guidelines on safe waste management • Reports that include measuring compliance with guidelines on safe waste management
Interviews	• Relevant staff: is there evidence that the hospital conforms to guidelines on safe management of waste from health care activities?
Observation	• Compliance with waste management guidelines

D.2.2.2 **The hospital conforms to guidelines (including WHO guidelines) on management of biological waste.**

Suggested evidences

- Guidelines (including WHO guidelines) on management of biological waste.
- Training records of staff trained in guidelines on biological waste management.
- Process to measure compliance with guidelines on biological waste management.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines (including WHO guidelines) on management of biological waste management
	• Training records of staff trained in guidelines on biological waste management
	• Reports that include measuring compliance with guidelines on biological waste management
Interviews	• Relevant staff: is there evidence that the hospital conforms to guidelines on management of biological waste?
Observation	• Compliance with biological waste Management guidelines

D.2.2.3 The hospital conforms to guidelines (including WHO guidelines) on management of chemical waste.

Suggested evidences

- Guidelines (including WHO guidelines) on management of chemical waste.
- Training records of staff trained in guidelines on chemical waste management.
- Process to measure compliance with guidelines on chemical waste management.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines (including WHO guidelines) on management of chemical waste • Training records of staff trained in guidelines on chemical waste management • Reports include measuring compliance with guidelines on chemical waste management
Interviews	• Relevant staff: is there evidence that the hospital conforms to guidelines on management of chemical waste?
Observation	• Compliance with chemical waste management guidelines

D.2.2.4 The hospital conforms to guidelines (including WHO guidelines) on management of radiological waste.

Suggested evidences

- Guidelines (including WHO guidelines) on management of radiological waste.
- Training records of staff trained in guidelines on management of radiological waste.
- Process to measure compliance with guidelines on management of radiological waste.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Guidelines (including WHO guidelines) on management of radiological waste • Training records of staff trained in guidelines on radiological waste management • Reports that include measuring compliance with guidelines on radiological waste management
Interviews	• Relevant staff: is there evidence that the hospital conforms to guidelines (including WHO guidelines) on management of radiological waste?
Observation	• Compliance with radiological waste Management guidelines

Domain E. Lifelong learning

Domain	Subdomain	Number of standards		
		Critical	Core	Development
E. Lifelong learning standards	E.1 The hospital has a staff professional development programme with patient safety as a cross-cutting theme.	0	2	1
	E.2 The hospital verifies competency (particular issue knowledge).	0	0	2
	E.3 The hospital conducts research in patient safety on an on-going basis.	0	2	2
		0	4	5

E.1	Title	Staff professional development programme	Key respondent	Final Score
	Measurement statement	The hospital has a staff professional development programme with patient safety as a cross-cutting theme.		
	Core standard	E.1.2.1 All hospital staff are provided with a patient safety orientation programme.	Staff professional development programme coordinator	
		E.1.2.2 The hospital promotes ongoing training for all staff to ensure safe patient care.	Staff professional development programme coordinator/nurse/ physician	
	Developmental standard	E.1.3.1 All staff are familiar with the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event.	Staff professional development programme coordinator/nurse/ physician	

E.1.2.1 All hospital staff are provided with a patient safety orientation programme.

Suggested evidences

- Patient safety orientation programme, for example, policies and procedures, and guidelines.
- Process to train staff in use of scientific research tools to address patient safety problems, for example, Institute for Healthcare Improvement global trigger tool for measuring adverse events.
- Training records of staff trained in scientific research tools and retrospective and prospective methods to address patient safety problems.
- Training records of staff trained in patient safety during orientation programme.
- Process to measure compliance with patient safety orientation programme.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Patient safety orientation programme • Training records of staff trained in patient safety during orientation programme • Reports that include measuring compliance with patient safety orientation programme • Personnel files that contain evidence of orientation to patient safety

Interviews	• Relevant staff: is there evidence that all hospital staff are provided with a patient safety orientation programme?
Observation	• Not applicable

E.1.2.2 The hospital promotes on-going training for all staff to ensure safe patient care.

Suggested evidences

• Process to ensure identification of staff training needs and addressing these needs by on-going training for all staff to ensure safe patient care.
• Process to train staff in use of scientific research tools to address patient safety problems, for example, Institute for Healthcare Improvement global trigger tool for measuring adverse events.
• Training records of staff trained in scientific research tools and retrospective and prospective methods to address patient safety problems.
• Training records of staff trained in safe patient care practices based on their individual training needs.
• Process to measure compliance with on-going training for all staff to ensure safe patient care standards.

Evaluation process

• Review the documents listed below.
• Confirm data through interviews.
• Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Training records of staff trained in scientific research tools and retrospective and prospective methods to address patient safety problems
	• Training records of staff trained in safe patient care practices based on their individual training needs
	• Reports that include measuring compliance with on-going training for all staff to ensure safe patient care standards

Interviews	• Relevant staff: is there evidence that the hospital promotes on-going training for all staff to ensure safe patient care?
Observation	• Not applicable

E.1.3.1 **All staff are familiar with the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event.**

Suggested evidences

- Process to train staff in the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event.
- Training records of staff trained in the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event.
- Process to measure compliance and staff familiarity with the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Training records of staff trained in the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event • Reports that include measuring compliance and staff familiarity with the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event
Interviews	• Relevant staff: is there evidence that all staff are familiar with the reporting procedures for near misses, adverse events and sentinel events, and steps to be taken during or after an adverse event?
Observation	• Not applicable

E.2	Title	Clinical competency	Key respondent	Final Score
	Measurement statement	The hospital verifies competency for all health care professionals working in it or contracted.		
	Developmental standard	E.2.3.1 The medical staff committee or other committee monitors competency for all health care professionals.	Staff professional development programme coordinator	
		E.2.3.2 The hospital verifies the credentials of all health care professionals, including staff received from other national, regional and international institutions.	Staff professional development programme coordinator	

E.2.3.1 The medical staff committee or other committee monitors competency for all health care professionals.

Suggested evidences

- Terms of reference for medical staff or other committee.
- Minutes of medical staff committee meetings.
- Evidence-based, structured process to monitor competency for all health care professionals, based on qualifications and experience, to provide clinical services and procedures.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Terms of reference for medical or other committee • Minutes of medical staff or other committee meetings
Interviews	• Relevant staff: is there evidence that the medical staff committee monitors competency for all health care professionals?
Observation	• Random sample of medical staff personnel files to review qualifications and experience and approved procedures and services

E.2.3.2 The hospital verifies the credentials of all health care professionals, including staff received from other national, regional and international institutions.

Suggested evidences

- Verification of the credentials of all health care professionals, including staff received from other national, regional and international institutions.
- Process for evaluating and verifying the credentials (licence, education, training and experience) of physicians, nurses and other health professionals.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Records to verify the credentials of all health care professionals, including staff received from other national, regional and international institutions
Interviews	• Relevant staff: is there evidence that the hospital verifies the credentials of all health care professionals, including staff received from other national, regional and international institutions?
Observation	• Not applicable

E3	Title	Research in patient safety	Key respondent	Final Score
	Measurement statement	The hospital conducts research in patient safety on an on-going basis.		
	Core standard	E.3.2.1 The hospital conducts WHO cross-sectional studies to assess the magnitude and nature of adverse events to ensure safer care on a regular basis at least once every year.	Patient safety officer	
		E.3.2.2 All patient safety research is approved and monitored by the patient safety internal body or other committee according to the needs of the hospital.	Patient safety officer	
	Developmental standard	E.3.3.1 The hospital conducts prospective studies to assess the magnitude and nature of adverse events to ensure safer care on a regular basis.	Patient safety officer	
		E.3.3.2 The hospital has an implemented reporting system for adverse events, sentinel events and near misses.	Patient safety officer	

E.3.2.1 The hospital conducts WHO cross-sectional studies to assess the magnitude and nature of adverse events to ensure safer care on a regular basis at least once every year.

Suggested evidences

- WHO cross-sectional studies to assess the magnitude and nature of adverse events and to ensure safer care on a regular basis, conducted at least once every year.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• WHO cross-sectional studies to assess the magnitude and nature of adverse events to ensure safer care.
Interviews	• Relevant staff: is there evidence that the hospital conducts cross-sectional studies to assess the magnitude and nature of adverse events at least once every year?
Observation	• Not applicable

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E.3.2.2 **All patient safety research is approved and monitored by the patient safety internal body or other committee according to the needs of the hospital.**

Suggested evidences

- Policies and procedures for patient safety research.
- Training records of staff trained in policies and procedures for patient safety research.
- Process to measure compliance with policies and procedures for patient safety research.
- Minutes of meetings of patient safety internal body or relevant committee.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures for patient safety research • Training records of staff trained in policies and procedures for patient safety research • Reports that include measuring compliance with policies and procedures for patient safety research • Minutes of meetings of patient safety internal body or relevant committee
Interviews	• Relevant staff: is there evidence that all patient safety research is approved and monitored by the patient safety internal body according to the needs of the hospital?
Observation	• Not applicable

E.3.3.1 **The hospital conducts prospective studies to assess the magnitude and nature of adverse events to ensure safer care on a regular basis.**

Suggested evidences

- Prospective studies and reports using who methodology to assess the magnitude and nature of adverse events to ensure safer care, conducted on a regular basis at least once a year.
- WHO methodological guide to document patient harm.

Survey process

Documents to be reviewed	• Prospective studies and reports to assess the magnitude and nature of adverse events to ensure safer care, conducted on a regular basis
Interviews	• Relevant staff: is there evidence that the hospital conducts prospective studies on a regular basis to assess the magnitude and nature of adverse events to ensure safer care?
Observation	• Not applicable

E.3.3.2 The hospital has an implemented reporting system for adverse events, sentinel events and near misses.

Suggested evidences

- Reporting system to prevent recurrence and improve patient safety;
- Operational definition of sentinel events.
- Operational definitions of adverse events.
- Operational definition of near misses.
- Process for reporting sentinel events, adverse events and near misses.
- Processes to be undertaken during or after an adverse event.
- Root causes analysis after sentinel event in first 2 weeks.
- Policies and procedures to report adverse events, sentinel events and near misses.
- Training records of staff trained in policies and procedures for reporting adverse events, sentinel events and near misses.
- Process to measure compliance with policies and procedures for reporting adverse events, sentinel events and near misses.
- Investigation of events to learn from the event, prevent its recurrence and improve patient safety.

Evaluation process

- Review the documents listed below.
- Confirm data through interviews.
- Read through the scoring guidelines.

Survey process

Documents to be reviewed	• Policies and procedures to report adverse events, sentinel events and near misses • Training records of staff trained in policies and procedures for reporting adverse events, sentinel events and near misses • Reports that include measuring compliance with policies and procedures for reporting adverse events, sentinel events and near misses • Investigation of events to learn from the event, prevent its recurrence and improve patient safety
Interviews	• Relevant staff: is there evidence of a reporting system for adverse events, sentinel events and near misses?
Observation	• Reporting system for adverse events, sentinel events and near misses

▶ Section 2. Patient safety friendly hospital initiative assessment tools

Preamble

This section has been prepared to assist the evaluation team in the collection of data through document reviews, observation or interviews. Generally, the assessment tools seek the same information as in Section 1. However, this section has been rearranged to help maintain flow and make the evaluation process easier.

This section has four subsections: a) brief information on the hospital; b) document review: all documents across the five assessment domains have been put in one section; c) observation tracer tour (use of the tracer methodology to assess compliance with the standards while making the facility visit) and specific departments: this tool gathers requisite observation sites for collection of information on aspects that need to be observed and noted by visiting different units or departments in a hospital; and d) interview tools: these include several questionnaires that help gather specific information from hospital staff or patients during the assessment. The four subsections are arranged such that all questions, across all five domains, that need to be addressed to each staff member are collected in one interview. This section also contains a proposed agenda for the assessment visit and a sheet for the evaluators to mark the scoring for all the critical standards.

Following this method will facilitate collection of information without continually returning to the different standards in the various domains. As the evaluators gain more experience, it will become easier to link the different elements of the assessment tools with the respective standards in the different domains to obtain the final scores.

Hospital in brief

1. List the types of medical services provided by the hospital:

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2. Some statistics:
a. Number of inpatient beds (currently in operation):
b. Average daily inpatient census:
c. Annual ambulatory/outpatient visits:
d. Annual emergency room visits s:

3. List the top five medical discharge diagnoses and the top five surgical procedures performed:

Top five medical diagnoses
1. ....
2. ....
3. ....
4. ....
5. ....

Top five surgical procedures
1. ....
2. ....
3. ....
4. ....
5. ....

4. List nonmedical services that support the hospital:

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5. List any contracted (outsourced) services:

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6. Do you operate ambulances?

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7. Site description: list all buildings affiliated with the hospital:

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List of documents to be reviewed during assessment

Administrator		
Serial no.	**Standard no.**	**Requested document**
1	A.1.1.1	Document demonstrating patient safety strategy and/or hospital strategy
2	A.1.1.3	Stratified random samples of patient safety executive walk reports
3	A.1.2.2	Code of ethics, for example, in relation to research, resuscitation, consent and confidentiality
4	A.1.2.2	Reports including monitoring of compliance with code of ethics
5	A.1.2.2	Policies and procedures for implementing the code of ethics
6	A.2.2.1	Organizational structure of the hospital
7	A.5.2.5	Occupational health records for all staff
8	A.5.2.5	Occupational health policies and procedures
9	A.5.3.1	Workplace violence prevention programme policies and procedures
10	A.6.2.1	Policies and procedures for all departments and services
11	B.1.2.1	Written and approved patient and family rights statement
12	B.1.2.2	Written and approved patient and family rights statement in which patient safety is incorporated
13	B.1.2.2	Patient safety rights policies and procedures
14	B.3.3.1	Documents explaining bar coding with check digits to ensure proper patient identification
15	B.6.2.1	Satisfaction surveys, leadership walk rounds, focus groups, complaint letters, safety hotline, staff feedback, suggestion box and community focus groups
16	B.7.2.2	Reports on entertainment for patients
17	B.7.2.3	Reports on patients' spiritual and religious needs
18	B.7.2.3	Patient satisfaction reports
19	C.1.2.7	Policies and procedures for effective communication
20	C.1.2.8	Policies and procedures for handover of patients
21	C.2.2.7	Staff health records
22	C.4.2.1	Safe injection policies and procedures

Patient safety		
Serial no.	**Standard no.**	**Requested document**
1	A.1.1.1	Patient safety self-assessment and/or external assessment reports
2	A.1.1.1	Patient safety action plan at both hospital and departmental levels
3	A.1.1.2	Notification letter for appointment of senior patient safety staff member
4	A.1.1.2	Terms of reference for senior patient safety staff member
5	A.1.1.3	Stratified random samples of reports showing improvements are made based on findings of patient safety executive walk rounds
6	A.1.2.1	Annual budget for patient safety activities based on a detailed action plan
7	A.1.2.3	Questionnaire on staff attitude towards patient safety
8	A.1.2.3	Results of staff attitudes towards patient safety culture and actions taken towards gathered data
9	A.2.1.2	Terms of reference for patient safety coordinator or equivalent
10	A.2.1.2	Notification letter for patient safety coordinator or equivalent
11	A.2.2.2	At least four reports that include retrospective analyses of adverse events carried out on a yearly basis

12	A.2.2.2	Improvements are implemented based on recommendations of the root cause analysis
13	A.2.2.3	Patient safety audit reports
14	A.2.2.4	Terms of reference for multidisciplinary patient safety internal body or equivalent
15	A.2.2.4	Minutes of meetings of multidisciplinary patient safety internal body or equivalent
16	A.2.2.5	Reports on different patient safety activities
17	A.2.3.1	Reports on different patient safety activities, disseminated externally to Ministry of Health, WHO and/or patient safety organizations
18	A.2.3.2	Reports of proactive patient safety improvement projects
19	A.3.2.1	Proactive risk reports may include examples from patient safety goals
20	A.3.3.2	Benchmarking results
21	A.3.3.2	Action plan and patient safety improvement projects reports
22	A.3.3.2	Lessons learnt from reports/emails about patient safety performance measurement
23	B.4.2.2	Minutes of the last three meetings and events showing community involvement
24	B.4.2.2	Written information provided to community leaders about their role in patient safety improvement
25	B.4.2.3	Media material to promote patient safety (e.g. press releases announcing patient safety activities)
26	B.4.2.3	Marketing material to promote patient safety (e.g. press releases announcing patient safety activities)
27	B.4.3.1	Strategy for community involvement
28	B.4.3.1	Policies and procedures for community involvement
29	B.4.3.1	Patient safety improvement task force minutes or reports of meetings
30	B.5.3.2	Healthcare mediator terms of reference
31	B.5.3.2	Healthcare mediator notification letter
32	B.6.2.2	Feedback reports of how patients' complaints were managed and changes that have taken place to prevent recurrence of the complaints
33	B.6.3.1	Strategies for patient and community empowerment and engagement for patient safety
34	B.6.3.1	Policies and procedures for patient and community empowerment and engagement for patient safety
35	B.6.3.2	Chat/message board for patients and their carers to express their concerns and share successful solutions
36	B.6.3.3	Information on patient safety, health literacy and patient well-being
37	E.1.2.1	Patient safety orientation programme
38	E.3.2.1	WHO cross-sectional studies to assess the magnitude and nature of adverse events to ensure safer care
39	E.3.2.2	Policies and procedures for patient safety research
40	E.3.2.2	Minutes of meetings of patient safety internal body or relevant committee
41	E.3.3.1	Prospective studies and reports to assess the magnitude and nature of adverse events to ensure safer care, conducted on a regular basis
42	E.3.3.2	Policies and procedures to report adverse events, sentinel events and near misses
43	E.3.3.2	Investigation of events to learn from the event, prevent its recurrence and improve patient safety

**Human resources**		
Serial no.	**Standard no.**	**Requested document**
1	A.1.2.2	Training records of staff trained in policies and procedures for implementing the code of ethics
2	A.4.2.1	Training records of staff trained in policies and procedures for preventive equipment maintenance
3	A.4.2.2	Training records of staff trained in policies and procedures for corrective equipment maintenance
4	A.4.3.1	Training records of staff trained in use of all infusion pumps
5	A.5.1.1	Policies and procedures for staff qualifications and licences
6	A.5.1.1	Training records of staff trained in policies and procedures for staff qualifications and licences
7	A.5.1.1	Personnel files with evidence of staff qualifications and licences (registration to practice within appropriate body)
8	A.5.2.1	Training records of staff trained in policies and procedures for clinical staffing levels
9	A.5.2.2	Duty rosters for nonclinical support staff
10	A.5.2.2	Policies and procedures for nonclinical support staff
11	A.5.2.2	Training records of staff trained in policies and procedures for nonclinical support staff
12	A.5.2.3	Policies and procedures for sufficient rest breaks to practise safely
13	A.5.2.3	Training records of staff trained in policies and procedures for sufficient rest breaks to practice safely
14	A.5.2.4	Policies and procedures for students and trainees working within their competencies and under appropriate supervision
15	A.5.2.4	Training records of staff trained in policies and procedures for students and trainees working within their competencies and under appropriate supervision
16	A.5.2.5	Training records of staff trained in occupational health policies and procedures
17	A.5.3.1	Training records of staff trained in workplace violence prevention programme policies and procedures
18	A.6.2.1	Training records of staff trained in departmental and/or services policies and procedures
19	B.1.2.3	Training records of staff trained in patient and family rights policies and procedures
20	B.2.1.1	Training records of staff trained in informed consent policies and procedures
21	B.2.2.1	Training records of staff trained in policies and procedures for health education
22	B.2.2.2	Training records of staff trained in policies and procedures for complete updated information on patients' diagnosis and treatment
23	B.2.2.3	Training records of staff trained in policies and procedures for training patients' carers in post-discharge care
24	B.2.3.1	Training records of staff trained in policies and procedures to encourage patients to participate in planning and making decisions regarding their health care
25	B.3.1.1	Training records of staff trained in policies and procedures for patient identification and verification
26	B.3.2.1	Training records of staff trained in policies and procedures for identification of allergies
27	B.4.3.1	Training records of staff trained in community involvement policies and procedures
28	B.5.3.1	Training records of staff trained in disclosure policies and procedures
29	B.5.3.2	Health care mediator training records
30	B.6.3.1	Training records of staff trained in policies and procedures for patient engagement for patient safety
31	B.7.2.1	Training material for staff to be supportive and deal with patients' anxieties

32	B.7.2.4	Training records of staff trained in relevant policies and procedures for end-of-life care
33	C.1.1.1	Training records of staff trained in policies and procedures for channels of communication for urgent critical results
34	C.1.1.2	Training records of staff trained in surgical safety guidelines
35	C.1.1.3	Training records of staff trained in policies and procedures for systems for recognition and response to clinical deterioration
36	C.1.2.1	Training records of staff trained in selected clinical practice guidelines
37	C.1.2.2	Training records of staff trained in policies and procedures for safe communication of pending test results to patients and care providers after discharge
38	C.1.2.3	Training records of staff trained in invasive diagnostic procedures guidelines
39	C.1.2.4	Training records of staff trained in guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism)
40	C.1.2.5	Training records of staff trained in policies and procedures for pressure ulcers, suicide, infection, and nutrition needs
41	C.1.2.6	Training records of staff trained in application of lists of approved abbreviations of medical terms and lists of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospital
42	C.1.2.7	Training records of staff trained in policies and procedures for effective communication
43	C.1.2.8	Training records of staff trained in policies and procedures for handover of patients
44	C.1.2.9	Training records of staff trained in safe childbirth guidelines
45	C.1.2.10	Training records of staff trained in policies and procedures to reduce risk of falls
46	C.2.1.1	Training records of staff trained in infection prevention and control policies and procedures
47	C.2.1.2	Training records of staff trained in policies and procedures for cleaning, disinfection and sterilization of equipment
48	C.2.2.1	Training records of staff trained in infection prevention and control guidelines
49	C.2.2.2	Training records of staff trained in policies and procedures for infection prevention and control equipment and supplies
50	C.2.2.3	Training records of staff trained in policies and procedures for surveillance system for health care-associated infections
51	C.2.2.4	Training records of staff trained in isolation protocols policies and procedures
52	C.2.2.5	Training records of staff trained in policies and procedures for rational use of antibiotics and antimicrobial stewardship
53	C.2.2.6	Training records of staff trained in hand hygiene guidelines
54	C.2.2.7	Training records of staff trained in staff screening policies and procedures
55	C.2.2.8	Training records of staff trained in policies and procedures for protection of staff and volunteers from healthcare-associated infections
56	C.2.2.9	Training records of staff trained in bundle management
57	C.3.1.1	Training records of staff trained in guidelines for safe blood and blood products
58	C.3.1.2	Training records of staff trained in policies and procedures for safe pre-transfusion procedures
59	C.3.2.1	Training records of staff trained in policies and procedures for cross-matching of blood groups
60	C.3.2.2	Training records of staff trained in policies and procedures for post-blood transfusion incident management
61	C.3.3.1	Training records of staff trained in guidelines for clinical practices that reduce blood loss and the need for blood transfusion
62	C.3.3.2	Training records of staff trained in guidelines for safe and appropriate prescribing of blood and blood products, including the use of alternative fluids
63	C.4.2.1	Training records of staff trained in safe injection policies and procedures
64	C.5.1.1	Training records of staff trained in policies and procedures for life-saving medications

65	C.5.1.2	Training records of staff trained in policies and procedures for removal of high concentrations of electrolytes and storage in a safe place
66	C.5.2.1	Training records of staff trained in safe medication policies and procedures
67	C.5.2.2	Training records of staff trained in policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders
68	C.5.2.3	Training records of staff trained in policies and procedures for medication reconciliation
69	C.5.2.4	Training records of staff trained in policies and procedures for patient (or carer) education about medication at discharge
70	C.5.2.5	Training records of staff trained in policies and procedures to standardize and limit the number of medication concentrations
71	C.5.2.6	Training records of staff trained in pain management policies and procedure
72	C.5.3.1	Training records of staff trained in clinical pharmacy policies and procedures
73	C.5.3.2	Training records of staff trained in policy and procedures to manage medication errors
74	C.6.2.1	Training records of staff trained in medical records archiving system policies and procedures
75	C.6.2.2	Training records of staff trained in policies and procedures for single completed medical records
76	C.6.2.3	Training records of staff trained in policies and procedures for standardized codes for diseases
77	C.6.2.4	Training records of staff trained in medical records access policies and procedures
78	D.1.2.3	Training records of staff trained in physical environment policies and procedures
79	D.1.2.4	Training records of staff trained in security policies and procedures
80	D.1.2.5	Training records of staff trained in staff identification policies and procedures
81	D.1.2.8	Training records of staff trained in fire and smoke safety policies and procedures
82	D.1.2.9	Training of staff in policies and procedures for utility system plans
83	D.1.2.10	Training records of staff trained in radiation safety policies and procedures
84	D.1.2.11	Training records of staff trained in policies and procedures for warning signs
85	D.1.2.12	Training records of staff trained in relevant policies and procedures
86	D.1.2.13	Training records of staff trained in housekeeping policies and procedures
87	D.1.2.14	Training records of staff trained in smoke-free policies and procedures
88	D.2.1.1	Training records of staff trained in policies and procedures for waste segregation
89	D.2.1.2	Training records of staff trained in guidelines for management of sharps waste
90	D.2.2.1	Training records of staff trained in guidelines for safe waste management
91	D.2.2.2	Training records of staff trained in guidelines for biological waste management
92	D.2.2.3	Training records of staff trained in guidelines for chemical waste management
93	D.2.2.4	Training records of staff trained in guidelines for radiological waste management
94	E.1.2.1	Training records of staff trained in patient safety during orientation programme
95	E.1.2.1	Personnel files that contain evidence of orientation to patient safety
96	E.1.2.2	Training records of staff trained in scientific research tools and retrospective and prospective methods to address patient safety problems
97	E.1.2.2	Training records of staff trained in safe patient care practices based on their individual training needs
98	E.1.3.1	Training records of staff trained in reporting procedures for near misses, adverse events and sentinel events and steps to be taken during or after an adverse event
99	E.2.3.2	Records to verify the credentials of all health care professionals including staff received from other national, regional and international institutions
100	E.3.2.2	Training records of staff trained in policies and procedures for patient safety research
101	E.3.3.2	Training records of staff trained in policies and procedures for reporting adverse events, sentinel events and near misses

Monitoring and evaluation		
Serial no.	Standard no.	Requested document
1	A.1.2.2	Reports that include monitoring of compliance with code of ethics
2	A.3.2.1	Reports that include reviewing targets related to patient safety goals
3	A.3.2.2	Performance measurement reports
4	A.3.3.1	Benchmark reports
5	A.4.1.1	Reports that include measurement of compliance with availability of essential functioning equipment standards
6	A.4.2.1	Reports that include measuring compliance with policies and procedures for preventive equipment maintenance
7	A.4.2.2	Reports that include measuring compliance with policies and procedures for corrective equipment maintenance
8	A.4.2.3	Reports that include measuring compliance with and whether staff receive appropriate training for existing and new equipment standards
9	A.5.1.1	Reports that include measuring compliance with policies and procedures for staff qualifications and licences
10	A.5.2.1	Reports that include measuring compliance with policies and procedures for clinical staffing levels
11	A.5.2.2	Reports that include measuring compliance with policies and procedures for nonclinical support staff
12	A.5.2.3	Reports that include measuring compliance with policies and procedures for safe practice during rest breaks
13	A.5.2.4	Reports that include measuring compliance with policies and procedures for students and trainees working within their competencies and under appropriate supervision
14	A.5.3.1	Reports that include measuring compliance with workplace violence prevention programmes policies and procedures
15	A.6.2.1	Reports that include measuring compliance with departments and/or services policies and procedures
16	B.1.2.3	Reports that include measuring compliance with policies and procedures for patient and family rights
17	B.2.1.1	Reports that include measuring compliance with informed consent policies and procedures
18	B.2.2.1	Reports that include measuring compliance with health education policies and procedures
19	B.2.2.2	Reports that include measuring compliance with policies and procedures for complete updated information on patients' diagnosis and treatment
20	B.2.2.3	Reports that include measuring compliance with relevant policies and procedures for post-discharge care
21	B.2.3.1	Reports that include measuring compliance with policies and procedures for patients' participation in planning and making decisions regarding their health care
22	B.3.1.1	Reports that measure compliance with policies and procedures for patient identification and verification
23	B.3.2.1	Documents or reports that measure compliance with policies and procedures for identification of allergies
24	B.4.3.1	Reports that include measuring compliance with policies and procedures for community involvement
25	B.5.3.1	Reports that measure compliance with disclosure policies and procedures
26	B.6.3.1	Reports that include measuring compliance with policies and procedures for patient engagement for patient safety
27	B.6.3.1	Reports or minutes of meetings that include engagement of patients and their carers in setting polices and suggesting quality improvement and patient safety projects

28	C.1.1.1	Stratified random sample of reports that include measuring compliance with policies and procedures for channels of communication for urgent critical results
29	C.1.1.2	Reports that include measuring compliance with surgical safety guidelines
30	C.1.1.3	Reports that include measuring compliance with policies and procedures for systems for recognition of and response to clinical deterioration
31	C.1.2.1	Reports that include measuring compliance with selected clinical practice guidelines
32	C.1.2.2	Reports that include measuring compliance with policies and procedures for safe communication of pending test results to patients and care providers after discharge
33	C.1.2.3	Reports that include measuring compliance with guidelines for invasive diagnostic procedures
34	C.1.2.4	Reports that include measuring compliance with guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism)
35	C.1.2.5	Reports that include measuring compliance with policies and procedures for pressure ulcers, suicide, infection, and nutrition needs
36	C.1.2.6	Reports that include measuring compliance with lists of approved abbreviations of medical terms, and lists of dangerous abbreviations, symbols and dose designations that are prohibited in hospitals
37	C.1.2.7	Reports that include measuring compliance with policies and procedures for effective communication
38	C.1.2.8	Reports that include measuring compliance with policies and procedures for handover of patients
39	C.1.2.9	Reports that include measuring compliance with safe childbirth guidelines
40	C.1.2.10	Reports that include measuring compliance with policies and procedures to reduce risk of falls
41	C.2.1.1	Reports that include measuring compliance with infection prevention and control policies and procedures
42	C.2.1.2	Reports that include measuring compliance with policies and procedures for cleaning, disinfection and sterilization of equipment
43	C.2.2.1	Reports that include measuring compliance with infection prevention and control guidelines
44	C.2.2.2	Reports that include measuring compliance with policies and procedures for equipment and supplies for infection prevention and control
45	C.2.2.3	Reports that include measuring compliance with policies and procedures for surveillance systems for health care-associated infections
46	C.2.2.4	Reports that include measuring compliance with isolation protocols policies and procedures
47	C.2.2.5	Reports that include measuring compliance with policies and procedures for rational use of antibiotics and antimicrobial stewardship
48	C.2.2.6	Reports that include measuring compliance with hand hygiene guidelines
49	C.2.2.7	Reports that include measuring compliance with staff screening policies and procedures
50	C.2.2.8	Reports that include measuring compliance with policies and procedures for protection of staff and volunteers from health care-associated infections
51	C.2.2.9	Reports that include measuring compliance with relevant care bundles
52	C.3.1.1	Reports that include measuring compliance with guidelines for safe blood and blood products
53	C.3.1.2	Reports that include measuring compliance with policies and procedures for safe pre-transfusion practice
54	C.3.2.1	Reports that include measuring compliance with policies and procedures for cross-matching of blood groups
55	C.3.2.2	Reports that include measuring compliance with policies and procedures for post-blood transfusion incident management

56	C.3.3.1	Reports that include measuring compliance with guidelines for clinical practices that reduce blood loss and the need for blood transfusion
57	C.3.3.2	Reports that include measuring compliance with guidelines on safe and appropriate prescribing of blood and blood products
58	C.4.2.1	Reports that measure compliance with safe injection policies and procedures
59	C.5.1.1	Reports that include measuring compliance with policies and procedures for life-saving medications.
60	C.5.1.2	Reports that include measuring compliance with policies and procedures for removal of high concentrations of electrolytes and storage in a safe place
61	C.5.2.1	Reports that include measuring compliance with safe medication policies and procedures
62	C.5.2.2	Reports that include measuring compliance with policies and procedures for legible handwriting when prescribing or writing physicians' orders.
63	C.5.2.3	Reports that include measuring compliance with policies and procedures for medication reconciliation
64	C.5.2.4	Reports that include measuring compliance with policies and procedures for patient (or carer) education about medication at discharge
65	C.5.2.5	Reports that include measuring compliance with policies and procedures for standardizing and limiting the number of medication concentrations
66	C.5.2.6	Reports that include measuring compliance with pain management policies and procedures
67	C.5.3.1	Reports that include measuring compliance with clinical pharmacy policies and procedures
68	C.5.3.2	Reports that include measuring compliance with policies and procedures for medication errors
69	C.6.2.1	Reports that include measuring compliance with medical records archiving system policy and procedures
70	C.6.2.2	Reports that include measuring compliance with policies and procedures for single completed medical records
71	C.6.2.3	Reports that include measuring compliance with policies and procedures for standardized codes for diseases
72	C.6.2.4	Reports that include measuring compliance with medical records access policies and procedures
73	D.1.2.3	Reports that include measuring compliance with physical environment policies and procedures
74	D.1.2.4	Reports that include measuring compliance with security policies and procedures
75	D.1.2.5	Reports that include measuring compliance with policies and procedures for staff identification
76	D.1.2.6	Reports to measure implementation of external emergency plans
77	D.1.2.7	Reports to measure rehearsal of internal emergency plan implementation
78	D.1.2.8	Reports that include measuring compliance with policies and procedures for fire and smoke safety
79	D.1.2.9	Reports that include measuring compliance with utility system policies and procedures and plans
80	D.1.2.10	Reports that include measuring compliance with radiation safety policies and procedures
81	D.1.2.11	Reports that include measuring compliance with policies and procedures for warning signs
82	D.1.2.12	Reports that include measuring compliance with national laws and regulations for food and drink safety
83	D.1.2.12	Reports that include measuring compliance with relevant policies and procedures
84	D.1.2.14	Reports that include measuring compliance with smoke-free policies and procedures
85	D.2.1.1	Reports that include measuring compliance with policies and procedures for waste segregation

86	D.2.1.2	Reports that include measuring compliance with guidelines for management of sharps waste
87	D.2.2.1	Reports that include measuring compliance with guidelines for safe waste management
88	D.2.2.2	Reports that include measuring compliance with guidelines for biological waste management
89	D.2.2.3	Reports that include measuring compliance with guidelines for chemical waste management
90	D.2.2.4	Reports that include measuring compliance with guidelines for radiological waste management
91	E.1.2.1	Reports that include measuring compliance with patient safety orientation programme
92	E.1.2.2	Reports that include measuring compliance with ongoing training for all staff to ensure safe patient care standards
93	E.1.3.1	Reports that include measuring compliance with standards to ensure all staff are familiar with the reporting procedures for near misses, adverse events and sentinel events and the steps to be taken during or after an adverse event
94	E.3.2.2	Reports that include measuring compliance with policies and procedures for patient safety research
95	E.3.3.2	Reports that include measuring compliance with policies and procedures for reporting adverse events, sentinel events and near misses

Clinical		
Serial no.	**Standard no.**	**Requested document**
1	A.2.1.1	Morbidity and mortality committee or equivalent terms of reference
2	A.2.1.1	Morbidity and mortality committee or equivalent minutes of meetings
3	A.5.2.1	Duty rosters for clinical staff
4	A.5.2.1	Policies and procedures for clinical staffing levels
5	B.2.1.1	Policies and procedures for informed consent
6	B.2.1.1	List of procedures for which informed consent is required, including but not limited to: invasive procedures, surgical procedures, anaesthesia, blood transfusion, high-risk procedures, high-risk treatments, and organ donation and transplantation
7	B.2.1.1	Educational material used, including flyers, literature and lecture notes
8	B.2.2.1	Policies and procedures for health education on specific health issues and patient safety
9	B.2.2.1	Minutes of last three disease-specific support group meetings and their signatures of attendance
10	B.2.2.2.	Policies and procedures for complete updated information on patients' diagnosis and treatment
11	B.2.2.3	Policies and procedures for patient carers' training on post-discharge care
12	B.2.3.1	Policies and procedures for patients' participation in planning and making decisions regarding their health care
13	B.2.3.2	Health education material
14	B.2.3.2	Patient safety education material
15	B.3.1.1	Policies and procedures for patient identification and verification
16	B.3.1.1.	Policies and procedures for patient identification and verification, with special emphasis on high-risk groups such as newborn babies, patients in coma, and senile patients
17	B.3.1.1.	List of high-risk procedures
18	B.3.2.1	A system in place to identify allergies, e.g. a colour-coding system
19	B.3.2.1	Policies and procedures for identification of allergies

20	B.7.2.4	End-of-life policies and procedures
21	C.1.1.1	List of urgent critical diagnostic results developed by multispecialty committee
22	C.1.1.1	Policies and procedures for channels of communication for urgent critical results
23	C.1.1.2	Surgical safety checklist used in operating rooms for every surgical procedure
24	C.1.1.3	Policies and procedures for systems for recognition and response to clinical deterioration
25	C.1.2.1	Clinical practice guidelines based on at least the top five diagnoses and top five high-risk diseases, including WHO guidelines where available
26	C.1.2.2	Policies and procedures in place to ensure safe communication of pending test results to patients and care providers after discharge
27	C.1.2.3	Guidelines for top five invasive diagnostic procedures
28	C.1.2.4	Guidelines to reduce venous thromboembolism (deep venous thrombosis and pulmonary embolism)
29	C.1.2.5	Policies and procedures for pressure ulcers, suicide, infection, and nutrition needs
30	C.1.2.6	List of approved abbreviations of medical terms
31	C.1.2.6	List of dangerous abbreviations, symbols and dose designations that are prohibited for use in hospitals
32	C.1.2.9	Safe childbirth guidelines
33	C.1.2.10	Policies and procedures to reduce risk of falls
34	C.1.3.1	Clinical guidelines committee notification letter
35	C.1.3.1	Clinical guidelines committee terms of reference
36	C.1.3.1	Clinical guidelines committee minutes of meetings
37	C.1.3.1	Clinical guidelines
38	C.5.2.4	Policies and procedures for patient (or carer) education about medication at discharge policy and procedure
39	D.1.2.10	Radiation safety policies and procedures
40	E.2.3.1	Terms of reference for medical staff or other committee
41	E.2.3.1	Minutes of meetings of medical staff or other committee

Infection prevention and control		
Serial no.	Standard no.	Requested document
1	C.2.1.1	Infection control organizational structure
2	C.2.1.1	Terms of reference and notification letter for infection prevention and control committee
3	C.2.1.1	Stratified random samples of minutes of infection prevention and control committee
4	C.2.1.1	Infection prevention and control policies and procedures
5	C.2.1.2	Policies and procedures for cleaning, disinfection and sterilization of equipment
6	C.2.2.1	Recognized guidelines for infection prevention and control, including WHO guidelines
7	C.2.2.2	Policies and procedures for equipment and supplies for infection prevention and control
8	C.2.2.3	Policies and procedures for surveillance system for health care-associated infections
9	C.2.2.4	Isolation protocols policies and procedures
10	C.2.2.5	Policies and procedures for rational use of antibiotics to reduce resistance, and antimicrobial stewardship
11	C.2.2.6	Recognized current guidelines for hand hygiene, including WHO guidelines
12	C.2.2.7	Policies and procedures for screening of staff for colonization and transmissible infections
13	C.2.2.8	Policies and procedures for protection of staff and volunteers from healthcare-associated infections
14	C.2.2.9	Care bundles

Blood bank

Serial no.	Standard no.	Requested document
1	C.3.1.1	Guidelines, including WHO guidelines, on safe blood and blood products
2	C.3.1.2	Policies and procedures for safe pre-transfusion procedures, including for recruitment, selection and retention of voluntary blood donors, and blood screening (e.g. HIV and hepatitis B and C viruses)
3	C.3.2.1	Policies and procedures for cross-matching of blood samples
4	C.3.2.2	Policies and procedures for management of post-blood transfusion incidents
5	C.3.3.1	Clinical practices that reduce blood loss and the need for blood transfusion
6	C.3.3.2	Guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids

Pharmacy

Serial no.	Standard no.	Requested document
1	C.5.1.1	Life-saving medications based on needs of each department
2	C.5.1.1	Policies and procedures for life-saving medications
3	C.5.1.2	Policies and procedures for removal of high concentrations of electrolytes from inpatient departments and storage in a safe place
4	C.5.2.1	Safe medication policies and procedures
5	C.5.2.2	Policies and procedures for legible handwriting when prescribing or writing physicians' orders
6	C.5.2.3	Standard operating practice for medication reconciliation
7	C.5.2.5	Policies and procedures for standardizing and limiting the number of medication concentrations
8	C.5.2.6	Pain management policies and procedures
9	C.5.3.1	Clinical pharmacy policies and procedures
10	C.5.3.2	Policies and procedures to manage medication errors
11	C.5.3.2	Reports of lessons learnt from medication errors analysed

Medical records

Serial no.	Standard no.	Requested document
1	C.6.2.1	Medical records archiving system policies and procedures
2	C.6.2.2	Policies and procedures for single completed medical records
3	C.6.2.3	Policies and procedures for standardized codes for diseases
4	C.6.2.4	Medical records access policies and procedures
Closed and open medical record review		
5	B.2.1.1	Stratified random sample of medical record review: informed consent forms are completed, signed, dated and timed and available in medical records
6	B.2.2.1	Medical records review: completed health education form
7	B.2.2.2	Medical records review: completed clinical care plan for diagnosis and treatment
8	B.2.2.3	Stratified random sample of medical record review: completed form for post-discharge care training (closed)
9	B.2.3.1	Stratified random sample of medical record review: forms signed, dated and timed by patients regarding their participation in planning and making decisions regarding their health care
10	B.3.1.1	Stratified random sample of medical record to review patient identifiers

11	C.1.2.5	Stratified random sample of medical records to review pressure ulcers, suicide, infection, and nutrition needs; initial and ongoing assessment and strategies to reduce their risk of occurrence
12	C.1.2.10	Stratified random sample of medical records to review initial and ongoing assessment of falls and strategies to reduce their risk of occurrence
13	C.2.2.9	Stratified random sample of medical records to reveal bundle management
14	C.5.2.2	Stratified random sample of medical records for review of compliance with policies and procedures to ensure legible handwriting when prescribing or writing physicians' orders
15	C.5.2.3	Stratified random sample of medical records to review medication reconciliation at admission
16	C.5.2.3	Stratified random sample of medical records to review medication reconciliation at transfer and/or discharge (closed)
17	C.5.2.4	Stratified random sample of closed medical records to review patient (or carer) education about medication at discharge (closed)
18	C.5.2.6	Stratified random sample of medical records to review assessment of pain scale and management
19	C.5.3.1	Stratified random sample of medical records to reveal role of clinical pharmacy

Facility management and safety		
Serial no.	Standard no.	Requested document
1	A.4.1.1	Lists of essential functioning equipment
2	A.4.2.1	Reports/records of preventive equipment maintenance
3	A.4.2.1	Policies and procedures for preventive equipment maintenance
4	A.4.2.2	Policies and procedures for corrective equipment maintenance
5	A.4.2.2	Records of corrective equipment maintenance
6	D.1.2.1	Notification letter for the multidisciplinary environmental safety committee
7	D.1.2.1	Terms of reference of the multidisciplinary environmental safety committee
8	D.1.2.1	Minutes of meetings of multidisciplinary environmental safety committee
9	D.1.2.2	Minutes of meetings of multidisciplinary environmental safety committee
10	D.1.2.2	Building blueprints
11	D.1.2.3	Minutes of meetings of multidisciplinary environmental safety committee
12	D.1.2.3	Records of preventive maintenance programme for physical environment
13	D.1.2.3	Policies and procedures for building safety
14	D.1.2.4	Security policies and procedures
15	D.1.2.5	Policies and procedures for staff wearing identification, including a visible name badge and appropriate uniform
16	D.1.2.6	External emergency plan
17	D.1.2.7	Internal emergency plan
18	D.1.2.8	Fire and smoke safety policies and procedures
19	D.1.2.9	Utility systems plan
20	D.1.2.9	Policies and procedures for preventive maintenance of utility systems
21	D.1.2.9	Backup plan for utility systems in case of failure or interruption
22	D.1.2.11	Policies and procedures for warning signs
23	D.1.2.12	Policies and procedures for appropriate and safe food and drinks for patients, staff and visitors
24	D.1.2.12	Policies and procedures for safe kitchen programmes
25	D.1.2.12	Special diets according to disease and patient needs
26	D.1.2.12	Employee screening and health certificates

27	D.1.2.13	Housekeeping policies and procedures
28	D.1.2.14	Smoke-free policy
29	D.2.1.1	Policies and procedures for waste segregation according to hazard level (see guidelines) and colour coding it
30	D.2.1.2	Guidelines (including WHO guidelines) on management of sharps waste
31	D.2.2.1	Guidelines (including WHO guidelines) on safe management of waste from healthcare activities
32	D.2.2.2	Guidelines (including WHO guidelines) on management of biological waste
33	D.2.2.3	Guidelines (including WHO guidelines) on management of chemical waste
34	D.2.2.4	Guidelines (including WHO guidelines) on management of radiological waste

Tracers

1. Inpatient and intensive care unit tracer
2. Safe medication tracer
3. Safe environment tracer
4. Safe laboratory tracer
5. Safe radiology tracer

Compliance with patient safety friendly hospital initiative standards by department

1. Laboratory
2. Radiology
3. Operating room
4. Central sterilization unit
5. Blood bank
6. Safe medication management
7. Inpatient ward and ICU
8. Outpatient clinic
9. Emergency department
10. Medical records

1. Compliance with patient safety standards in laboratories

Go through the process of laboratory management

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Quality control of results					
Patient identification					
Critical values					
Communication of pending test results after patient discharge					
Infection prevention and control practices					
Fire and smoke safety					
Handling and storing hazardous material					
Waste segregation and management					
Chemical waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

2. Compliance with patient safety standards in radiology

Go through the process of radiology management

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Quality control of results					
Occupational safety					
Patient identification					
Critical values					
Communication of pending test results after patient discharge					
Infection prevention and control practices					
Fire and smoke safety					

	Yes	Partial	No	NA	Findings
Handling and storing hazardous material					
Radiation safety programme					
Warning signs marking unsafe areas					
Waste management segregation					
Radiological waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

3. Compliance with patient safety standards in operating rooms

Go through the process of operation room management

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Patient education					
Patient informed consent					
Patient identification					
Critical values					
Safe surgery and anesthesia practices					
Communication of pending test results after patient discharge					
Patient handover					
Prevention of falls, deep vein thrombosis and bed sores					
Safe infection prevention and control practices					
Hand hygiene					
Fire and smoke safety					
Handling and storing hazardous material					
Radiation safety programme					
Warning signs marking unsafe areas					
Waste management segregation					
Biological waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

4. Compliance with patient safety standards in central sterilization units

Go through the process of central sterilization unit management

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Quality control of sterilization					

Patient identification					
Critical values					
Communication of pending test results after patient discharge					
Safe infection prevention and control practices					
Fire and smoke safety					
Handling and storing hazardous material					
Waste management					
Chemical waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

5. Compliance with patient safety standards in blood banks

Go through the process of blood bank management

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Quality control of blood management					
Patient consent					
Patient identification					
Critical values					
Communication of pending test results after patient discharge					
Safe infection prevention and control practices					
Safe pre-transfusion procedures					
Safe cross-matching process					
Safe administration of blood and blood products					
Fire and smoke safety					
Handling and storing hazardous material					
Waste management					
Chemical waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

6. Compliance with patient safety standards in safe medication management

Go through the process from drug procurement to administration and follow-up

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Quality control of dispensers and laminar flow					
Patient identification					
Safe infection prevention and control practices					
Life-saving medication					
Process for selection and procurement					
Process for storage of medication					
Process for ordering and transcribing					
Process for preparing and dispensing					
Process for administration and follow-up					
Concentrated solutions					
Look-alike sound-alike medication					
Medication reconciliation at admission and discharge					
Patient (or carer) education about medication at discharge					
Medication error reporting					
Fire and smoke safety					
Handling and storing hazardous material					
Waste management					
Chemical waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

7. Compliance with patient safety standards in inpatient wards and ICUs

Go through the process of inpatient ward/ICU management

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Patient education					
Patient informed consent					
Patient identification					
Critical values					
Evidence-based clinical practices					
Safe surgery					
Communication of pending test results after patient discharge					
Patient handover					
Prevention of falls, deep vein thrombosis and bed sores					
Safe infection prevention and control practices					
Hand hygiene					

	Yes	Partial	No	NA	Findings
Safe injection practices					
Safe blood administration					
Lifesaving medications					
Medication safety					
Medical records					
Fire and smoke safety					
Waste segregation					
Waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

8. Compliance with patient safety standards in outpatient clinics

Go through the process of administration and outpatient management

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Quality control of equipment					
Patient identification					
Critical values					
Communication of pending test results after patient discharge					
Safe infection prevention and control practices					
Fire and smoke safety					
Handling and storing hazardous material					
Waste segregation					
Waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

9. Compliance with patient safety standards in emergency departments

Go through the process from patient admission to the emergency department, triage, management of the emergency department, and patient transfer or discharge

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Patient education					
Patient rights					
Patient identification					
Quality control of equipment					
Patient identification					

	Yes	Partial	No	NA	Findings
Critical values					
Evidence-based clinical practices					
Communication of pending test results after patient discharge					
Patient handover					
Prevention of falls, deep vein thrombosis and bed sores					
Safe infection prevention and control practices					
Hand hygiene					
Safe injection practices					
Life-saving medication					
Fire and smoke safety					
Waste segregation					
Waste management					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

10. Compliance with patient safety standards in medical records departments

Go through the process from beginning of patient registration until discharge, including the medical records management system

	Yes	Partial	No	NA	Findings
Equipment maintenance					
Patient education					
Patient identification					
Single personal identification number (PIN)					
Clinical auditing					
Archiving system					
Standardized coding of diseases					
Content of medical record: a. Completeness b. Allergy c. Continuity of care: diagnosis, treatment and follow-up d. Medication reconciliation					
Accessibility of medical records					
List of approved abbreviations					
Fire and smoke safety					
Staff qualifications and professional development					
Describe any patient safety issues not covered on this form					

Compliance improvement summary sheet

Findings	Recommendations	Plan for improvement	Responsible staff	Time frame	Target

Interviews

Interview with senior patient safety leader

	yes	No	Comments
1. Does the hospital have patient safety as a strategic priority ? Is this strategy being implemented through a detailed action plan?			
2. Does the hospital have a designated senior staff member with responsibility, accountability and authority for patient safety?			
3. Does the hospital have an annual budget for patient safety activities based on a detailed action plan?			
4. Does the leadership conduct regular patient safety executive walks to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities?			
5. Does the hospital follow a code of ethics, for example, in relation to research, resuscitation, consent, confidentiality, and relations with industry?			
6. Does the leadership assess staff attitudes towards patient safety culture regularly?			
7. Are qualified clinical staff, both permanent and temporary, registered to practise with an appropriate body?			
8. Do students and trainees work within their competencies and under appropriate supervision?			
9. Does the hospital have policies and procedures for all departments and services?			

Interview with hospital management

Questions	Answer	
1. Is patient safety a strategic priority?	☐ Yes	☐ No
2. Is there a detailed patient safety action plan?	☐ Yes	☐ No
3. Is there a designated senior staff member with responsibility, accountability and authority for patient safety?	☐ Yes	☐ No
4. Does the hospital have an annual budget for patient safety activities based on a detailed action plan?	☐ Yes	☐ No
5. Does the hospital conduct regular patient safety executive walks?	☐ Yes	☐ No
6. If yes, how frequently?		
7. Does the hospital follow a code of ethics, for example, in relation to research, resuscitation, consent and confidentiality?	☐ Yes	☐ No
8. Does the hospital regularly assess staff attitudes towards patient safety culture?	☐ Yes	☐ No

Interview with patient safety officer

Questions	Answer	
1. Does the hospital have a programme of patient safety and risk management in operation?	☐ Yes	☐ No
2. If so, what does it include?		
3. Infection control?	☐ Yes	☐ No
4. Safe use of medicine?	☐ Yes	☐ No
5. Safe environment of care?	☐ Yes	☐ No
6. Safe clinical practice?	☐ Yes	☐ No
7. Equipment safety?	☐ Yes	☐ No
8. Emergency management?	☐ Yes	☐ No
9. Are patient safety programme activities coordinated with the quality improvement department?	☐ Yes	☐ No
10. How do you integrate different patient safety activities?		
11. What are the focuses of the programme?		
12. What is your role as a patient safety and risk management coordinator?		
13. Are patient safety incidents reported and analysed?	☐ Yes	☐ No
14. Does the patient safety reporting ensure confidentiality?	☐ Yes	☐ No
15. Does patient safety reporting minimize individual blame?	☐ Yes	☐ No
16. Does it allow for ease of reporting?	☐ Yes	☐ No
17. Does the hospital have an active patient safety internal body that analyses prioritized events?	☐ Yes	☐ No
18. Who are the stakeholders involved in the patient safety internal body?		
19. Which tools does the patient safety internal body use to analyse and recommend patient safety improvement activities?		
20. Currently, are there any patient safety improvement projects?	☐ Yes	☐ No
21. If so, please mention?		
22. Is there a standard procedure for patient safety?	☐ Yes	☐ No
23. Does the hospital have a morbidity and mortality committee?	☐ Yes	☐ No
24. How often do the morbidity and mortality committee members meet?		
25. Does the hospital develop reports on different patient safety activities and does it disseminate them?	☐ Yes	☐ No
26. Does the hospital have measurable targets related to patient safety goals?	☐ Yes	☐ No
27. Does the hospital have a set of output indicators that assess performance with a special focus on patient safety in the form of patient safety report cards?	☐ Yes	☐ No
28. Does the hospital have a set of process indicators that assess performance with a special focus on patient safety in the form of patient safety report cards?	☐ Yes	☐ No
29. Does the hospital send the patient safety report cards on a monthly basis to the national organization responsible for oversight of patient safety friendly hospitals (e.g., Ministry of Health) for benchmarking with other hospitals?	☐ Yes	☐ No

30. Does the hospital act on benchmarking results through an action plan and development of patient safety improvement projects?	☐ Yes	☐ No
31. Does the hospital have campaigns on patient safety?	☐ Yes	☐ No
32. How does the hospital involve its community in patient safety activities?		
33. Does the hospital have a structured disclosure system?	☐ Yes	☐ No
34. Does the hospital have a healthcare mediator to disclose incidents?	☐ Yes	☐ No
35. Does the hospital obtain patients' and their carers' feedback?	☐ Yes	☐ No
36. If so, using which tools?		
37. Satisfaction surveys	☐ Yes	☐ No
38. If so, how often?		
39. Leadership walk rounds	☐ Yes	☐ No
40. If so, how often?		
41. Focus groups	☐ Yes	☐ No
42. If so, how often?		
43. Complaint letters?	☐ Yes	☐ No
44. Safety hotline?	☐ Yes	☐ No
45. Staff feedback?	☐ Yes	☐ No
46. Suggestion box?	☐ Yes	☐ No
47. Community surveys	☐ Yes	☐ No
48. Does the hospital involve patients and their carers in setting polices and implementing quality improvement and patient safety activities?	☐ Yes	☐ No
49. If so, how?		
50. Does the hospital provide chat/message board for patients and their carers to write their concerns and share their solutions?	☐ Yes	☐ No
51. Does the hospital provide access to computer-based information on patient safety, health literacy and patient well-being?	☐ Yes	☐ No
52. Does the hospital conduct cross-sectional studies to assess magnitude and nature of adverse events?	☐ Yes	☐ No
53. If so, how frequently?		
54. Does the patient safety internal body approve and monitor patient safety research?	☐ Yes	☐ No
55. Does the hospital conduct retrospective record review studies to assess the magnitude and nature of adverse events?	☐ Yes	☐ No
56. If so, how frequently?		
57. Does the patient safety task force use scientific tools, e.g., root cause analysis and improvement tools, e.g., Plan Do Study Act?	☐ Yes	☐ No
58. Does the hospital publish internal research reports that include statistics on frequency of iatrogenic harm and does it communicate results for action both internally and externally?	☐ Yes	☐ No
59. Does the hospital use large data sets and prospective studies to assess the magnitude and nature of adverse events?	☐ Yes	☐ No

Interview with health promotion officer

Questions	Answer	
1. Does the hospital have support groups for the most frequent diagnoses?	☐ Yes	☐ No
2. Does the hospital support patient-to-patient activities to build health literacy?	☐ Yes	☐ No
3. Does the hospital facilitate lectures for patients on common and frequent health topics?	☐ Yes	☐ No
4. Does the hospital have a healthcare portal and do patients have access to it?	☐ Yes	☐ No

Interview with infection prevention and control officer

Questions	Answer	
1. Does the hospital have an infection prevention and control policy?	☐ Yes	☐ No
2. Does the hospital have an infection prevention and control committee?	☐ Yes	☐ No
3. Does the hospital have an infection prevention and control organizational chart?	☐ Yes	☐ No
4. Does the hospital have a surveillance system for healthcare-acquired infections?	☐ Yes	☐ No
5. Does the hospital assess infection control?	☐ Yes	☐ No
6. If so, how?		
7. Does the hospital conform to recognized guidelines for infection prevention and control?	☐ Yes	☐ No
8. Does the hospital implement policies and procedures for rational use of antibiotics to reduce resistance?	☐ Yes	☐ No
9. Does the hospital ensure proper decontamination of all equipment, with a special emphasis on high-risk areas?	☐ Yes	☐ No
10. Does the hospital have an infection control action plan and an assigned budget for it?	☐ Yes	☐ No
11. Does the hospital have an infection control information, education and communication strategy for staff?	☐ Yes	☐ No
12. Does the hospital implement recognized guidelines for hand hygiene, including WHO guidelines?	☐ Yes	☐ No
13. Does the hospital have a list of essential infection control equipment and supplies?	☐ Yes	☐ No
14. Does the hospital conduct outbreak investigations?	☐ Yes	☐ No
15. Does the hospital act to protect staff, volunteers and visitors from healthcare-acquired infections, including by hepatitis B vaccination.	☐ Yes	☐ No
16. Do patients at risk of transmitting infection undergo procedures separated in time and place from other patients?	☐ Yes	☐ No

Interview with patient

Conduct three interviews with discharged patients

Questions	Answer	
1. Were you briefed about the patient and family rights policy of the hospital?	☐ Yes	☐ No
2. Is the patient and family rights statement visible throughout the hospital?	☐ Yes	☐ No
3. Did you obtain from your treating physician complete updated information on your diagnosis, treatment or prognosis?	☐ Yes	☐ No
4. Did you participate in making decisions regarding your health care?	☐ Yes	☐ No

5. Did you give signed consent before any risky procedure?	
6. Did the hospital train you or your carers to take care of you after you were discharged?	☐ Yes ☐ No
7. Did you receive patient education concerning your case/diagnosis upon discharge?	☐ Yes ☐ No
8. Did you receive information about your medication?	☐ Yes ☐ No
9. Are hospital staff respondent to your needs and caring?	☐ Yes ☐ No
10. Did the hospital have patient entertainment?	☐ Yes ☐ No
11. In general, did hospital staff treat you with care and respect?	Scale 1–10 (10 = excellent)
12. In general, were the hospital staff friendly to you?	Scale 1–10 (10 = excellent)

Interview with blood bank manager

Questions	Answer
1. How does the hospital implement safe blood and blood product guidelines?	
2. How does the hospital ensure that patient blood samples for cross-matching are securely identified with two unique identifiers?	
3. Does the hospital have safe pre-transfusion procedures, e.g. recruitment, selection and retention of voluntary blood donors, blood screening (e.g. HIV, HBV)?	
4. Does the hospital have a policy for management of post-blood exposure incidents?	

Interview with medical records officer

Questions	Answer
1. Is there a unique identifier and record for every patient?	☐ Yes ☐ No
2. Does the hospital have policies and standard operating procedures regarding medical records?	☐ Yes ☐ No
3. Does the hospital use standardized codes for diseases?	☐ Yes ☐ No
4. Does the hospital have automated information management and electronic medical records?	☐ Yes ☐ No
5. Does the hospital have an effective automated clinical alarm system?	☐ Yes ☐ No

Medical records review

Medical records review to address the following items

	Comments
Completeness	
Patient identification, unique identifier	
Consent	
Handwriting	
Nurses' notes	
Physicians' notes	
Disease coding	
Presence of a computerized physician order entry	
Presence of an effective automated clinical alarm system	
Easy access for patients and providers	

Interview with occupational health and environmental safety officer

Questions	Answer	
1. Does the hospital have a multidisciplinary environmental safety committee?	☐ Yes	☐ No
2. Does the hospital have a preventive and corrective building safety programme?	☐ Yes	☐ No
3. Does the hospital have a security programme?	☐ Yes	☐ No
4. Does the hospital have an external disaster action plan?	☐ Yes	☐ No
5. If so, how frequently is it rehearsed?		
6. Does the hospital have an internal disaster action plan?	☐ Yes	☐ No
7. If so, how frequently is it rehearsed?		
8. Does the hospital have a fire safety programme with special emphasis on high-risk areas, such as laboratories and kitchens?	☐ Yes	☐ No
9. Does the hospital have emergency lighting and power in high-risk areas (e.g. operating room, ICU, blood bank, and medical gas system) and elevators?	☐ Yes	☐ No
10. Does the hospital have an effective utility system plan, comprising a preventive maintenance and backup plan in case of failure or interruption?	☐ Yes	☐ No
11. Does the hospital have a radiation safety programme?	☐ Yes	☐ No
12. How does the hospital ensure appropriate and safe food and drink for patients, staff and visitors?		
13. Does the hospital implement a smoke-free policy?	☐ Yes	☐ No

Interview with physician

Conduct three interviews

Questions	Answer	
1. Does the leadership support staff involved in patient safety incidents as long as there is no intentional harm or negligence?	☐ Yes	☐ No
2. Does the hospital follow a code of ethics, for example, in relationship to research, resuscitation, consent and confidentiality?	☐ Yes	☐ No
3. In your opinion, is there an open, nonpunitive, nonblaming, learning and continuously improving patient safety culture at all levels of the hospital?	☐ Yes	☐ No
4. Does the leadership assess staff attitudes towards patient safety culture regularly?	☐ Yes	☐ No
5. Does the hospital ensure that staff receive appropriate training for available equipment?	☐ Yes	☐ No
6. Are all patients identified and verified with at least two identifiers including full name and date of birth?	☐ Yes	☐ No
7. Does the hospital conform to clinical practice guidelines where appropriate, including WHO guidelines where available? Can you provide examples of such guidelines from your area of expertise?	☐ Yes	☐ No
8. Is there a system in place to ensure that invasive diagnostic procedures are carried out safely, and according to standard guidelines?	☐ Yes	☐ No
9. Does the hospital implement guidelines to reduce venous thromboembolism?	☐ Yes	☐ No

10. In your practice, do you commonly screen patients to identify those vulnerable to harm (e.g., falls, pressure ulcers, suicide, malnutrition or infection)?	☐ Yes	☐ No
11. Does the hospital maintain a list of approved abbreviations of medical terms?	☐ Yes	☐ No
12. Does the hospital minimize the use of verbal and telephone orders and transmission of results, and is "read back" used where verbal communication is essential?	☐ Yes	☐ No
13. Does the hospital maintain clear channels of communication for urgent critical results?	☐ Yes	☐ No
14. Does the hospital have systems in place to ensure safe communication of pending test results to patients and care providers after discharge?	☐ Yes	☐ No
15. Does the hospital have systems in place for safe and thorough handover of patients between clinical teams?	☐ Yes	☐ No
16. Does the hospital have a local guideline committee that meets regularly to select, develop and implement guidelines, protocols and checklists relevant to safety?	☐ Yes	☐ No

Interview with nurse

Conduct three interviews

	Answer	
1. Does the leadership support staff involved in patient safety incidents as long as there is no intentional harm or negligence?	☐ Yes	☐ No
2. In your opinion, is there an open, nonpunitive, nonblaming, learning and continuously improving patient safety culture at all levels of the hospital?	☐ Yes	☐ No
3. Does the leadership assess staff attitudes towards patient safety culture regularly?	☐ Yes	☐ No
4. Does the hospital undertake regular preventive maintenance for equipment, including calibration?	☐ Yes	☐ No
5. Does the hospital undertake regular repair or replacement of broken (malfunctioning) equipment?	☐ Yes	☐ No
6. Does the hospital ensure staff receive appropriate training for available equipment?	☐ Yes	☐ No
7. Does the hospital ensure that all reusable medical devices are properly decontaminated prior to use?	☐ Yes	☐ No
8. Does the hospital have sufficient supplies to ensure prompt decontamination and sterilization?	☐ Yes	☐ No
9. Are all patients identified and verified with at least two identifiers including full name and date of birth?	☐ Yes	☐ No
10. Is there a system is in place to identify allergies, e.g., by a colour-coding system?	☐ Yes	☐ No
11. Do you take into consideration the feelings of patients and their carers during all processes of care?	☐ Yes	☐ No
12. Are you given instructions by hospital leadership to support patients' families and carers in end-of-life cases?	☐ Yes	☐ No
13. Are there systems in place to ensure safe injection practice through:		
14. Preventing reuse of needles at hospital?	☐ Yes	☐ No
15. Educating patients and families regarding transmission of bloodborne pathogens?	☐ Yes	☐ No

16. Ensuring safe syringe disposal practices, e.g., no recapping, and use of safety boxes?	☐ Yes	☐ No
17. Ensuring skin preparation (aseptic) before administration of any injections, infusions and immunization?	☐ Yes	☐ No
18. Guidelines for anaphylactic reactions that might occur following injections, infusions and immunization?	☐ Yes	☐ No
19. Were you provided with a patient safety orientation programme?	☐ Yes	☐ No
20. Is there ongoing training for all staff to ensure safe patient care?	☐ Yes	☐ No
21. Are you familiar with the reporting procedure and steps to be taken during or after an adverse event?	☐ Yes	☐ No
22. Do you have any broken equipment?	☐ Yes	☐ No
23. Did you ever face any delays in patient treatment due to malfunctioning equipment?	☐ Yes	☐ No
24. What happens if equipment breaks/malfunctions?		
25. Were you trained in relevant equipment use, decontamination and sterilization?	☐ Yes	☐ No
26. Do you brief patients about the patient and family rights policy of the hospital?	☐ Yes	☐ No

Interview with staff professional development officer

Questions	Answer	
1. Does the hospital have a patient safety orientation programme?	☐ Yes	☐ No
2. Does the hospital have a staff professional development programme with patient safety as a major theme?	☐ Yes	☐ No
3. If so, what does it include?		
4. Are all staff familiar with the reporting procedure and steps to be taken during or after an adverse event?	☐ Yes	☐ No
5. Does the medical staff committee monitor competency (qualifications) for all health care professionals working in the hospital?	☐ Yes	☐ No
6. Does the hospital verify competency for all health professionals working through an internal medical credentialing committee?	☐ Yes	☐ No
7. If yes, is there evidence to support this?	☐ Yes	☐ No

Interview with waste management officer

Questions	Answer	
1. How many staff are in charge of healthcare waste management?		
2. Did they receive any kind of training?	☐ Yes	☐ No
3. Are the staff aware of risks of handling health care waste?	☐ Yes	☐ No
4. Does the hospital vaccinate its staff against hepatitis B and other infectious diseases?	☐ Yes	☐ No
5. Does the hospital segregate its waste?	☐ Yes	☐ No
6. Does the hospital use any colour coding for the waste system?	☐ Yes	☐ No
7. What protective equipment do staff use in handling waste?	☐ Yes	☐ No
8. Do you have special containers for infectious waste?	☐ Yes	☐ No
9. Do you have special containers for sharps?	☐ Yes	☐ No
10. Is the storage area for waste secured?	☐ Yes	☐ No
11. Is healthcare waste collected and transported in a safe way?	☐ Yes	☐ No
12. How is healthcare waste treated?		

13. Does the hospital conform to guidelines on management of biological waste?	☐ Yes ☐ No
14. Does the hospital conform to guidelines on management of sharps?	☐ Yes ☐ No
15. Does the hospital conform to guidelines on management of chemical waste?	☐ Yes ☐ No
16. Does the hospital conform to guidelines on management of radiological waste?	☐ Yes ☐ No
17. Where is the final healthcare waste disposal site?	
18. How many cases were reported for needle stick injury in the past 6 months?	
19. What measures does the hospital undertake when a needlestick injury is reported?	

The *Patient safety assessment* manual is a component of the WHO Patient Safety Friendly Hospital Initiative. The manual integrates different standards that are directly related to the recommended WHO patient safety interventions and challenges. These standards cover five patient safety domains: leadership and management, patient and public involvement, safe evidence-based clinical practices, safe environment and lifelong learning. The manual is intended to provide health care professionals with practical guidance on how to identify patient safety gaps at the hospital level. These gaps can then be addressed through an improvement programme supported by a patient safety culture at the institutional level.