Patient safety assessment manual
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Foreword

Unsafe health care remains a problem of immense magnitude worldwide. While the past decade has witnessed remarkable progress towards improved patient safety, many gaps still exist and harm inflicted on patients by adverse health care events remains unacceptably high. The WHO Eastern Mediterranean Region covers 22 countries and a population of over 530 million. It is estimated that the Region has over 4500 public sector hospitals and over 4100 private sector hospitals, with approximately 800 000 hospital beds in the public sector alone. The number of hospital admissions is estimated to exceed 30 million each year. The number of inpatients warrants special attention to patient safety in hospitals in the Region.

In response to increasing awareness and concern at the situation, the WHO Regional Office for the Eastern Mediterranean launched a patient safety programme in the Region. Action was guided by a regional strategy comprising five approaches: awareness-raising; assessing the scale of the problem; understanding the causes of error; developing and testing methods of prevention; and organizing and running patient safety programmes. Patient safety research was conducted in six countries and the research network is being expanded to more countries of the Region. The development of solutions and initiatives aimed at driving change towards greater patient safety has become a pressing need, and is recognized by the public health community. As part of one such initiative – the patient safety friendly hospital initiative – the Regional Office developed a set of patient safety standards, with the aim of assessing the patient safety programmes in hospitals and instilling a culture of safety.

Assessment based on the standards in this manual requires training and expertise. Development of a critical mass of trained evaluators is essential and it is hoped that this manual will be used extensively within and outside the Region in the future. The manual has been through multiple rounds of revision by regional and international experts. It has been pilot-tested and found to be valid and reliable. Nevertheless, there is room for improvement and contributions towards further development and constructive editing are invited.

I encourage ownership of the assessment tools in the manual by ministries of health, as well as academic institutions and professional associations. WHO will continue to facilitate the assessment process to provide technical and capacity-building support. I hope that this manual will become a reference for all those who strive to improve patient safety in health care.

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WHO Regional Director for the Eastern Mediterranean
Acknowledgements

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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 between 5% and 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 developed and revised 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.

Patient safety friendly hospital assessment

Patient safety standards are a set of requirements that are needed 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 ongoing programme. The assessment is conducted through an external, measurement-based evaluation although it can also be conducted internally for self-assessment. It is voluntary. For the moment, the WHO Regional Advisory Group on Patient Safety is the primary assessment team. The group will assess hospitals to determine whether or not they comply with the WHO patient safety standards and patient safety performance indicators. Assessment has a number of benefits for hospitals. It demonstrates commitment and accountability regarding patient safety to the public. It offers a key benchmarking tool, delineates areas of weakness 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.

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\(^2\) *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 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 national accreditation standards;
- review of the League of Arab States quality in healthcare 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 critique and finalization of the first draft in a consultation meeting in Cairo, Egypt.

A full bibliography in this regard is available at www.emro.who.int

Structure and organization of the manual

The manual is organized into two sections: 1) the patient safety standards; and 2) the 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 interviewer, a complete list of all documents required from the hospital and an observation checklist.

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 a number of subdomains – 24 in total. A set of critical (20 in total), core (90 in total) and developmental (30 in total) standards (Figure 1) are distributed among the five domains.

<table>
<thead>
<tr>
<th>Domains</th>
<th>Critical standards</th>
<th>Core standards</th>
<th>Developmental standards</th>
<th>Total standards in each domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Leadership and management (6 subdomains: A1-A6)</td>
<td>9</td>
<td>20</td>
<td>7</td>
<td>36</td>
</tr>
<tr>
<td>B. Patient and public involvement (7 subdomains: B1-B7)</td>
<td>2</td>
<td>16</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>C. Safe evidence-based clinical practice (6 subdomains: C1-C6)</td>
<td>7</td>
<td>29</td>
<td>8</td>
<td>44</td>
</tr>
<tr>
<td>D. Safe environment (2 subdomains: D1-D2)</td>
<td>2</td>
<td>19</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>E. Lifelong learning (3 subdomains: E1-E3)</td>
<td>0</td>
<td>6</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>90</strong></td>
<td><strong>30</strong></td>
<td><strong>140</strong></td>
</tr>
</tbody>
</table>

Figure 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 will determine the level 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 standard/subdomain, followed by a Rationale, which explains why the specific standard was selected, and the Standards listed under the specific subdomain itself which comprises the requirements that contribute to the composite domain (Figure 2).

**Example from domain A: Leadership and management**

<table>
<thead>
<tr>
<th>A.1</th>
<th>Subdomain title</th>
<th>Leadership commitment</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measurement statement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rationale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Critical standard(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Core standard(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Developmental standard</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 2.** Format of patient safety standards

The WHO Regional Advisory Group on Patient Safety will review and update the WHO regional patient safety standards and patient safety performance indicators every three years.

**How to use the manual**

Section 1 of the manual contains the patient safety standards divided among the five domains already described. Each domain includes a number of subdomains, for each of which a set of critical, core and developmental standards is used to indicate compliance. Against each standard is a column that indicates the key respondent from whom information on the standard will be obtained, although the response is not limited to the key respondent.

Each standard is followed by an evaluator guide, which details the steps the evaluator needs to take to determine compliance with each of the standards. These steps include the documents to be reviewed by the evaluator for each standard.

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

**Box 1. Format of the standards**
- Subdomain and standards
- Evaluation process
- Documents to be reviewed for subdomain
- List of relevant interviews
- Scoring guide
Each standard receives a score of 1 if found to be fully met, 0.5 if partially met and 0 if not met. Scoring requires adequate experience on the part of the assessment team (Box 2).

Box 2. Scoring

- 0  Standard not met
- 0.5 Standard met for structure and process
- 1  Standard met for structure, process and output

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 will be found collated in the interview form with the infection control specialist.

In addition, section 2 contains an observation checklist, a list of documents to be reviewed and proposed agenda for evaluation.

Levels of compliance with patient safety standards

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

Level 1: Compliance with 100% of critical standards and any number of core and developmental standards.

Level 2: Compliance with 100% of critical standards and 60% to 89% of core standards, and any number of developmental standards.

Level 3: Compliance with 100% of critical standards and at least 90% of core standards, and any number of developmental standards.

Level 4: Compliance with 100% of critical standards and at least 90% of core standards, and at least 80% of developmental standards.

<table>
<thead>
<tr>
<th>Hospital level</th>
<th>Critical standards</th>
<th>Core standards</th>
<th>Developmental standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>100%</td>
<td>Any</td>
<td>Any</td>
</tr>
<tr>
<td>Level 2</td>
<td>100%</td>
<td>60%-89%</td>
<td>Any</td>
</tr>
<tr>
<td>Level 3</td>
<td>100%</td>
<td>90%</td>
<td>Any</td>
</tr>
<tr>
<td>Level 4</td>
<td>100%</td>
<td>90%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Figure 3. Levels of compliance with patient safety standards

Conduct of assessment

All hospitals are welcome to participate, whether public or private. However, at present there is a limited number of regional experts who have the experience to undertake this assessment. At this stage, hospitals are being selected based on criteria developed by the respective Ministry of Health, in collaboration with WHO country offices. The Regional Office is making concerted efforts to expand the number of trained evaluators and to encourage ownership of the initiative by ministries of health or other recognized agencies in countries.

Once this stage is reached, assessment of hospitals will be undertaken by national experts and the Regional Office will continue to provide technical support as and when required.

In the current phase of the initiative, the hospital receives the patient safety standards and indicator documents that will be used for the evaluation before the assessment visit. The hospital management team is encouraged to inform the public, staff and patients, that patient safety friendly hospital assessment evaluators will be assessing the hospital on the specified dates and should inform them of the purpose of the patient safety friendly hospital initiative.
The assessment process

- The onsite assessment team and agenda will vary according to the hospital's profile, (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 may remain confidential at the discretion of the hospital management.
- A hospital enrolled in the initiative 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 two-year basis for level 1 and 2 hospitals and every three 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 of working experience and postgraduate studies (medicine, administration and nursing);
- knowledge of the patient safety friendly hospital assessment standards and methodology for evaluation;
- knowledge of concepts and tools for patient safety, performance management and quality improvement;
- Evaluation skills including leadership and communication.

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.

1. 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 improve patient safety.
2. Hospital management assigns a task force for the initiative, including a physician, nurse and administrator.
3. A workshop on the initiative is held.
4. 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.
5. 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.
6. 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.
7. A workshop is held at a national level to share the results and raise more interest nationwide.
Section 1 includes:

- A table of the subdomains in each of the 5 main domains, along with the number of critical, core and developmental standards for each subdomain.

- Each subdomain is then 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.

- Guidelines for evaluators: to assist in the evaluation process, each detailed subdomain is followed by a list of the documents required to verify compliance, a list of observation exercises (in some cases) and scoring guidelines to standardize scoring by users.
# Overview of subdomains

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
<th>Critical standard</th>
<th>Core standard</th>
<th>Developmental standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Leadership and management</strong></td>
<td>A.1 The leadership and management are committed to patient safety.</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A.2 The hospital has a patient safety programme.</td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A.3 The hospital uses data to improve safety performance.</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>A.4 The hospital has essential functioning equipment and supplies to deliver its services.</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>A.5 The hospital ensures staff safety for safer patients and availability of staff round the clock to deliver safe care.</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>A.6 The hospital has policies, guidelines, and standard operating procedures (SOP) for all departments and supporting services.</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>B. Patient and public involvement</strong></td>
<td>B.1 Patient safety is incorporated into hospital’s patient and family rights statement.</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>B.3 The hospital ensures proper patient identification and verification at all stages of care.</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>B.4 The hospital involves community in different patient safety activities.</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>B.5 The hospital communicates patient safety incidents to patients and their carers.</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>B.6 The hospital encourages patients to speak up and acts upon the patient’s voice.</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>B.7 The hospital has a patient friendly environment.</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total: 9 20 7**
## Patient safety friendly hospital initiative standards

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
<th>Critical standard</th>
<th>Core standard</th>
<th>Developmental standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Safe evidence-based clinical practices</strong></td>
<td>C.1 The hospital has an effective clinical system that ensures inclusion of patient safety.</td>
<td>2</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>C.2 The hospital has a system to reduce risk of health care-associated infections (HAI).</td>
<td>2</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>C.3 The hospital ensures safety of blood and blood products.</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>C.4 The hospital ensures safe injections, infusions, and immunization.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>C.5 The hospital has a safe medication system.</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>C.6 The hospital has a completed medical records system.</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>7</td>
<td>29</td>
<td>8</td>
</tr>
<tr>
<td><strong>D. Safe environment</strong></td>
<td>D.1 The hospital has a safe and secure physical environment for patients, staff, volunteers, and visitors.</td>
<td>0</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>D.2 The hospital has a safe waste management system.</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>2</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td><strong>E. Lifelong learning</strong></td>
<td>E.1 The hospital has a staff professional development programme with patient safety as a cutting theme.</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>E.2 The hospital verifies competency.</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>E.3 The hospital conducts research on patient safety on an ongoing basis.</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>0</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>24</td>
<td>20</td>
<td>90</td>
</tr>
</tbody>
</table>
## Domain A: Leadership and management

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
<th>Number of standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Leadership and management standards</td>
<td>A.1 The leadership and management are committed to patient safety.</td>
<td>3 3 2</td>
</tr>
<tr>
<td></td>
<td>A.2 The hospital has a patient safety programme.</td>
<td>2 5 2</td>
</tr>
<tr>
<td></td>
<td>A.3 The hospital uses data to improve safety performance.</td>
<td>0 2 2</td>
</tr>
<tr>
<td></td>
<td>A.4 The hospital has essential functioning equipment and supplies to deliver its services.</td>
<td>3 3 1</td>
</tr>
<tr>
<td></td>
<td>A.5 The hospital has technically competent staff for safer patients round the clock to deliver safe care.</td>
<td>1 5 0</td>
</tr>
<tr>
<td></td>
<td>A.6 The hospital has policies, guidelines, and standard operating procedures for all departments and supporting services.</td>
<td>0 2 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Critical</th>
<th>Core</th>
<th>Developmental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>A.1</td>
<td>Title</td>
<td>Leadership and management</td>
<td>Key respondent</td>
</tr>
<tr>
<td>-----</td>
<td>-------</td>
<td>---------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Measurement statement</td>
<td>The leadership and management are committed to patient safety.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>The hospital’s governance is accountable for ensuring the safety of its patients. The necessary processes are in place and a non-blaming, learning culture is established and maintained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical standard</td>
<td>A.1.1.1 The hospital has patient safety as a strategic priority. This strategy is being implemented through a detailed action plan.</td>
<td>Patient safety senior hospital staff member/hospital manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.1.1.2 The hospital has a designated senior staff member with responsibility, accountability and authority for patient safety.</td>
<td>Patient safety senior hospital staff member/hospital manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>Patient safety senior hospital staff member/hospital manager Nurse Doctor</td>
<td></td>
</tr>
<tr>
<td>Core standard</td>
<td>A.1.2.1 The hospital has an annual budget for patient safety activities based on a detailed action plan.</td>
<td>Patient safety senior hospital staff member/hospital manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.1.2.2 The leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence.</td>
<td>Patient safety senior hospital staff member/hospital manager Nurse Doctor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.1.2.3 The hospital follows a code of ethics, for example in relation to research, resuscitation, consent, confidentiality.</td>
<td>Patient safety senior hospital staff member/hospital manager Nurse Doctor</td>
<td></td>
</tr>
<tr>
<td>Developmental standard</td>
<td>A.1.3.1 There is an open, non-punitive, non-blaming, learning and continuous improvement patient safety culture at all levels of the hospital.</td>
<td>Patient safety senior hospital staff member/hospital manager Nurse Doctor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.1.3.2 The leadership assesses staff attitudes towards patient safety culture regularly.</td>
<td>Patient safety senior hospital staff member/hospital manager Nurse Doctor</td>
<td></td>
</tr>
</tbody>
</table>
Evaluation process

√ Read the subdomain, rationale, critical, core and developmental standards.
√ Review the documents listed below.
√ Verify data through interviews with key respondents.
√ Read through the scoring guidelines.

Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A.1.1.1</td>
<td>Document demonstrating a patient safety strategy (hospital strategy)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A.1.1.1</td>
<td>The hospital’s patient safety action plan</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A.1.1.2</td>
<td>Notification letter for appointment of senior patient safety staff member</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A.1.1.2</td>
<td>Terms of reference of senior patient safety staff member</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>5</td>
<td>A.1.1.3</td>
<td>Patient safety executive walk reports</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A.1.2.1</td>
<td>The patient safety annual budget plan (hospital budget)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>A.1.2.2</td>
<td>Last adverse event report</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A.1.2.3</td>
<td>A written and approved code of ethics policies and procedures</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>9</td>
<td>A.1.3.1</td>
<td>Patient safety is included in employee’s satisfaction questionnaires. Results of employee satisfaction and actions taken accordingly</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>10</td>
<td>A.1.3.2</td>
<td>Questionnaire on staff attitude towards patient safety</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>11</td>
<td>A.1.3.2</td>
<td>Results of staff attitudes towards patient safety culture and actions taken towards gathered data.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

Scoring guidelines

A.1.1.1

• If the hospital includes patient safety in its strategy as a priority and this strategy is implemented using a patient safety action plan, score is fully met.
• If the hospital has some components of a patient safety programme (safe environment, safe blood, safe injection, safe surgery) in its hospital strategy and they are implemented and monitored through an action plan, score is partially met.
• If the hospital does not have evidence that patient safety is a hospital strategic priority nor a patient safety action plan, score is not met.

A.1.1.2

• If the hospital has a designated senior patient safety staff member with a notification letter and terms of reference, score is fully met.
• If the hospital has a designated senior patient safety staff member with only a notification letter or terms of reference, score is partially met.
• If the hospital has no evidence of a designated senior patient safety staff member and there is no notification letter nor terms of reference, score is not met.
A.1.1.3
• If the leadership conducts regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act upon patient safety improvement opportunities with patient safety walkround reports and action plans for improvement, score is fully met.
• If the leadership conducts patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act upon patient safety improvement opportunities, but not on a regular basis or in the absence of documented reports, score is partially met.
• If the leadership has no evidence of regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act upon patient safety improvement opportunities, score is not met.

A.1.2.1
• If the hospital has an annual budget for patient safety activities based on a detailed action plan, score is fully met.
• If the hospital has an annual budget for some of its patient safety activities based on a detailed action plan, score is partially met.
• If the hospital does not have evidence of an annual budget for patient safety activities based on a detailed action plan, score is not met.

A.1.2.2
• If the leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence, as evident from adverse event reports and staff interviews, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the leadership does not support staff involved in patient safety incidents as long as there is no intentional harm or negligence, and evidence of support from adverse event reports and staff interviews is lacking, score is not met.

A.1.2.3
• If the hospital follows a code of ethics, for example in relation to research, resuscitation, consent, confidentiality, through regular ethics committee meeting reports and as evident in the hospital code of ethics, score is fully met.
• If the hospital follows a code of ethics, for example in relation to research, resuscitation, consent, confidentiality, without regular ethics committee meeting reports or in the absence of a hospital code of ethics, score is partially met.
• If the hospital does not follow a code of ethics, for example in relationship to research, resuscitation, consent, confidentiality, through regular ethics committee meeting reports and a hospital code of ethics is lacking, score is not met.

A.1.3.1
• If there is an open, non-punitive, non-blaming, learning and continuous improvement patient safety culture at all levels of the hospital and patient safety is included in the employees’ satisfaction questionnaires and actions are taken accordingly in addition to evidence for compliance with this standard from staff interviews, score is fully met.
• If there is an open, non-punitive, non-blaming, learning and continuous improvement patient safety culture at all levels of the hospital and patient safety is included in the employees’ satisfaction questionnaires and actions are taken accordingly, but there is no evidence for compliance with this standard from staff interviews, score is partially met.
• If there is no evidence for an open, non-punitive, non-blaming, learning and continuous improvement patient safety culture, score is not met.
A.1.3.2

- If the leadership assesses staff attitudes towards patient safety culture regularly, score is fully met.
- If the leadership assesses staff attitudes towards patient safety culture irregularly, score is partially met.
- If the leadership does not assess staff attitudes towards patient safety culture, score is not met.
<table>
<thead>
<tr>
<th>A.2</th>
<th>Title</th>
<th>Patient safety programme</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement statement</td>
<td>The hospital has a patient safety programme.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>The hospital has systems to identify and manage safety issues that can cause harm to patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical standard</td>
<td>A.2.1.1 A designated person coordinates patient safety and risk management activities (middle management).</td>
<td>Patient safety officer/hospital manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.2.1.2 The hospital conducts regular monthly morbidity and mortality meetings.</td>
<td>Patient safety officer/hospital manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core standard</td>
<td>A.2.2.1 Patient safety is reflected in the hospital’s organizational structure.</td>
<td>Patient safety officer/hospital manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.2.2.2 Risk is managed reactively.</td>
<td>Patient safety officer/hospital manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.2.2.3 The hospital audits its safety practices on a regular basis.</td>
<td>Patient safety officer/hospital manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.2.2.4 The hospital has a multidisciplinary patient safety internal body (PSIB), members of which meet regularly to ensure an overarching patient safety programme.</td>
<td>Patient safety officer/hospital manager PSIB member</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.2.2.5 The hospital regularly develops reports on different patient safety activities and disseminates it internally.</td>
<td>Patient safety officer/hospital manager</td>
<td></td>
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<tr>
<td>Developmental standard</td>
<td>A.2.3.1 The hospital regularly develops reports on different patient safety activities and disseminates it externally.</td>
<td>Patient safety officer/hospital manager</td>
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<tr>
<td></td>
<td>A.2.3.2 Risk is managed proactively.</td>
<td>Patient safety officer/hospital manager</td>
<td></td>
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</tr>
</tbody>
</table>

**Evaluation process**
- ✓ Read the subdomain, rationale, critical, core and developmental standards.
- ✓ Review the documents listed below.
- ✓ Verify data through interviews with key respondents.
- ✓ Read through the scoring guidelines.
## Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>A.2.1.1</td>
<td>Patient safety officer terms of reference</td>
<td>Yes</td>
<td></td>
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<tr>
<td>13</td>
<td>A.2.1.1</td>
<td>Notification letter for patient safety officer</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>A.2.1.2</td>
<td>Minutes of mortality and morbidity meetings</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>A.2.2.1</td>
<td>Hospital organigram (organizational structure)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>A.2.2.2</td>
<td>Risk management reactive reports</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>A.2.2.3</td>
<td>Patient safety audit reports</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>A.2.2.4</td>
<td>PSIB minutes over the last 12 months</td>
<td>Yes</td>
<td></td>
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<tr>
<td>19</td>
<td>A.2.2.5</td>
<td>Internal patient safety reports</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>A.2.3.1</td>
<td>External patient safety reports</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>A.2.3.2</td>
<td>Risk management proactive reports</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Scoring guidelines

#### A.2.1.1
- If there is a designated person who coordinates patient safety and risk management activities (middle management), score is fully met.
- If there is a designated person who coordinates patient safety and risk management activities with no terms of reference, score is partially met.
- If there is no designated person to coordinate patient safety and risk management activities (middle management), score is not met.

#### A.2.1.2
- If the hospital conducts regular monthly morbidity and mortality meetings, score is fully met.
- If the hospital conducts irregular monthly morbidity and mortality meetings, score is partially met.
- If the hospital does not conduct regular monthly morbidity and mortality meetings, score is not met.

#### A.2.2.1
- If patient safety is reflected in the hospital’s organizational structure, score is fully met.
- If some components of patient safety (e.g. infection prevention committee and environment safety committee) is reflected in the hospital’s organizational structure, score is partially met.
- If patient safety is not reflected in the hospital’s organizational structure, score is not met.

#### A.2.2.2
- If risk is managed reactively using root cause analysis, score is fully met.
- If risk is managed reactively, as evidenced by either reports or interviews, score is partially met.
- If risk is not managed reactively using root cause analysis, score is not met.

#### A.2.2.3
- If the hospital audits its safety practices on a regular basis, score is fully met.
- If the hospital audits its safety practices on an irregular basis, score is partially met.
- If the hospital does not audit its safety practices on a regular basis, score is not met.
A.2.2.4
• If the hospital has a multidisciplinary patient safety internal body (PSIB), members of which meet regularly to ensure an overarching patient safety programme, score is fully met.
• If the hospital has multidisciplinary patient safety internal body (PSIB), members of which meet irregularly to ensure an overarching patient safety programme, score is partially met.
• If the hospital does not have a multidisciplinary patient safety internal body (PSIB), members of which meet to ensure an overarching patient safety programme, score is not met.

A.2.2.5
• If the hospital regularly develops reports on different patient safety activities and disseminates them internally, score is fully met.
• If the hospital irregularly develops reports on different patient safety activities and disseminates them internally, score is partially met.
• If the hospital does not develop reports on different patient safety, score is not met.

A.2.3.1
• If the hospital regularly develops reports on different patient safety activities and disseminates them externally, score is fully met.
• If the hospital irregularly develops reports on different patient safety activities and disseminates them externally, score is partially met.
• If the hospital does not develop reports on different patient safety activities, score is not met.

A.2.3.2
• If risk is managed proactively using failure mode and effect analysis, score fully is met.
• If risk is managed proactively evidence either reports or interviews, score is partially met.
• If risk is not managed proactively score is not met.
## A.3 Title Data to improve safety performance

<table>
<thead>
<tr>
<th>Measurement statement</th>
<th>The hospital uses data to improve safety performance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The hospital ensures valid and reliable data to compare its safety performance to internal and external benchmarks.</td>
</tr>
<tr>
<td>Core standard</td>
<td>A.3.2.1 The hospital sets and reviews targets related to patient safety goals.</td>
</tr>
<tr>
<td></td>
<td>Patient safety officer/hospital manager Monitoring and evaluation staff</td>
</tr>
<tr>
<td></td>
<td>A.3.2.2 The hospital has a set of process and output indicators that assess performance with a special focus on patient safety.</td>
</tr>
<tr>
<td></td>
<td>Patient safety officer/hospital manager Patient safety officer Monitoring and evaluation staff</td>
</tr>
<tr>
<td>Developmental standard</td>
<td>A.3.3.1 Hospitals compares its process and outcome indicator data with other patient safety friendly hospitals.</td>
</tr>
<tr>
<td></td>
<td>Monitoring and evaluation staff/hospital manager</td>
</tr>
<tr>
<td></td>
<td>A.3.3.2 The hospital acts on benchmarking results through an action plan and patient safety improvement projects.</td>
</tr>
<tr>
<td></td>
<td>Patient safety officer/hospital manager</td>
</tr>
</tbody>
</table>

### Evaluation process

- Read the subdomain, rationale, critical, core and developmental standards.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Read through the scoring guidelines.
## Required documents

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<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>A.3.2.1</td>
<td>Targets related to patient safety goals (hospital strategy)</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>23</td>
<td>A.3.2.2</td>
<td>Patient safety process and output measures</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>24</td>
<td>A.3.3.1</td>
<td>Patient safety performance management reports</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>25</td>
<td>A.3.3.2</td>
<td>Patient safety benchmarking results and action plan for improvement</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

## Scoring guidelines

### A.3.2.1
- If the hospital provides evidence for setting targets related to patient safety goals and monitoring them, score is fully met.
- If the hospital sets targets related to patient safety goals, without evidence of implementation and/or monitoring, score is partially met.
- If the hospital does not set targets related to patient safety goals, score is not met.

### A.3.2.2
- If the hospital has a set of process and output measures that assess performance with a special focus on patient safety, and there is evidence of performance assessment, score is fully met.
- If the hospital has a set of process and output measures that assess performance with a special focus on patient safety, with no evidence of performance assessment using such measures, score is partially met.
- If the hospital does not have a set of process and output measures that assess performance with a special focus on patient safety, score is not met.

### A.3.3.1
- If the hospital compares its process and outcome indicator data with other patient safety friendly hospitals, score is met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not compare its process and outcome indicator data with other patient safety friendly hospitals, score is not met.

### A.3.3.2
- If the hospital acts on benchmarking results through an action plan and patient safety improvement projects, score is met.
- If there is partial compliance with standard, score is partially met.
- If the hospital does not act on benchmarking, score is not met.
### A.4 Title

<table>
<thead>
<tr>
<th>Equipment and supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital has essential functioning equipment and supplies to deliver its services.</td>
</tr>
</tbody>
</table>

### Rationale

The hospital ensures continuous availability of essential functioning equipment and supplies to ensure the delivery of safe, quality services.

### Critical standard

<table>
<thead>
<tr>
<th>Measurement statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.4.1.1 The hospital ensures availability of essential equipment.</td>
</tr>
<tr>
<td>A.4.1.2 The hospital ensures that all reusable medical devices are properly decontaminated prior to use.</td>
</tr>
<tr>
<td>A.4.1.3 The hospital has sufficient supplies to ensure prompt decontamination and sterilization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse manager/ head nurse</td>
</tr>
<tr>
<td>Nurse</td>
</tr>
<tr>
<td>Nurse manager/ head nurse</td>
</tr>
</tbody>
</table>

### Core standard

<table>
<thead>
<tr>
<th>Measurement statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.4.2.1 The hospital undertakes regular preventive maintenance for equipment including calibration.</td>
</tr>
<tr>
<td>A.4.2.2 The hospital undertakes regular repair or replacement of broken (malfunctioning) equipment.</td>
</tr>
<tr>
<td>A.4.2.3 The hospital ensures that staff receive appropriate training for available equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse manager/ head nurse</td>
</tr>
<tr>
<td>Biomedical engineer</td>
</tr>
<tr>
<td>Nurse</td>
</tr>
<tr>
<td>Biomedical engineer</td>
</tr>
<tr>
<td>Human resources manager</td>
</tr>
<tr>
<td>Nurse</td>
</tr>
<tr>
<td>Doctor</td>
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</table>

### Developmental standard

<table>
<thead>
<tr>
<th>Measurement statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.4.3.1 The hospital makes appropriate and safe use of smart pumps for fluid and drug delivery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse manager/ head nurse</td>
</tr>
</tbody>
</table>

---

**Evaluation process**

- Read the subdomain, rationale, critical, core and developmental standards.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
- Read through the scoring guidelines.
Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>A.4.1.1</td>
<td>Essential equipment list</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>27</td>
<td>A.4.1.2</td>
<td>Policies and procedures for decontamination and sterilization of all reusable medical devices</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>28</td>
<td>A.4.1.3</td>
<td>Essential supplies list</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>29</td>
<td>A.4.2.1</td>
<td>Maintenance contracts</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>30</td>
<td>A.4.2.1</td>
<td>Preventive equipment maintenance reports</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>31</td>
<td>A.4.2.2</td>
<td>Policies and procedures for corrective equipment maintenance</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>32</td>
<td>A.4.2.3</td>
<td>Staff training records related to training on relevant medical equipment</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>33</td>
<td>A.4.2.1</td>
<td>Policies and procedures for preventative equipment maintenance</td>
<td>☐ Yes ☐ No</td>
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</tr>
</tbody>
</table>

Interview with biomedical engineer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the hospital have regular preventive maintenance for equipment including calibration?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Does the hospital train staff on relevant equipment use?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Interview with staff

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have any broken equipment?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Did you ever face any delays in patient treatment due to malfunction equipment?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. What happens if equipment broke/malfunctions?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Were you trained on relevant equipment use, decontamination and sterilization?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Observation

Go to endoscopy unit, dental clinic and central sterilization unit and first observe, then conduct interview

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of essential supplies and equipment</td>
</tr>
</tbody>
</table>
Scoring guidelines

A.4.1.1
• If the hospital monitors availability of essential equipment for all of its departments, score is fully met.
• If the hospital monitors availability of essential equipment for some of its departments, score is partially met.
• If the hospital does not ensure availability of essential equipment for any of its departments, score is not met.

A.4.1.2
• If the hospital ensures that all reusable medical devices are properly decontaminated prior to use, score is fully met.
• If the hospital ensures that some of its reusable medical devices are properly decontaminated prior to use, score is partially met.
• If the hospital does not have a system to ensure that reusable medical devices are properly decontaminated prior to use, score is not met.

A.4.1.3
• If the hospital has sufficient supplies to ensure prompt decontamination and sterilization, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not have sufficient supplies to ensure prompt decontamination and sterilization, score is not met.

A.4.2.1
• The hospital undertakes regular preventive maintenance for equipment including calibration, score is fully met.
• The hospital undertakes irregular preventive maintenance for equipment including calibration, score is partially met.
• The hospital does not undertake any preventive maintenance for equipment including calibration, score not met.

A.4.2.2
• If the hospital undertakes regular repair or replacement of broken (malfunctioning) equipment, score is fully met.
• If the hospital provides a mechanism for repair or replacement of malfunctioning equipment but not on a regular basis, or the response to a repair request is commonly delayed, score is partially met.
• If the hospital does not provide a mechanism for repair or replacement of malfunctioning equipment, score is not met.

A.4.2.3
• If the hospital ensures staff receive appropriate training for available equipment, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not ensure staff receive appropriate training for available equipment, score is not met.

A.4.3.1
• If the hospital makes appropriate and safe use of smart pumps for fluid and drug delivery, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not make appropriate and safe use of smart pumps for fluid and drug delivery, score is not met.
**Patient safety friendly hospital initiative standards**

### A.5 Title: Technically competent staff for safer patients

#### Measurement statement
The hospital has technically competent staff for safer patients round the clock to deliver safe care.

#### Rationale
The hospital ensures it has sufficient staffing skill mix and staff are adequately prepared, trained and qualified to deliver care safely and provide safe services.

#### 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.
  - Hospital manager
- A.5.2.3 Staff are allowed sufficient rest breaks to practice 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

### Evaluation process
- ✓ Read the subdomain, rationale, critical, core and developmental standards.
- ✓ Review the documents listed below.
- ✓ Verify data through interviews with key respondents.
- ✓ Verify data through observation during patient safety tour.
- ✓ Read through the scoring guidelines.

### Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>A.5.1.1</td>
<td>Staff qualifications and licences (registration to practise within appropriate body) and advertisement</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>A.5.2.1, A.5.2.3</td>
<td>Duty rosters for clinical staff</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>A.5.2.2, A.5.2.3</td>
<td>Duty rosters for non-clinical support staff</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>A.5.2.3</td>
<td>National labour law</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>A.5.2.5</td>
<td>Occupational health programme records</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>
**Interview with hospital manager**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have sufficient clinical workforce?</td>
<td></td>
</tr>
<tr>
<td>2. Does the hospital have sufficient non clinical workforce?</td>
<td></td>
</tr>
<tr>
<td>3. Does the hospital have an occupational health programme?</td>
<td></td>
</tr>
</tbody>
</table>

**Scoring guidelines**

**A.5.1.1**
- If qualified clinical staff, both permanent and temporary, are registered to practise with an appropriate body, score is fully met.
- If qualified permanent clinical staff are registered to practise with an appropriate body, score is partially met.
- If qualified clinical staff are not registered to practise with an appropriate body, score is not met.

**A.5.2.1**
- If clinical staffing levels reflect patient needs at all times, score is fully met.
- If clinical staffing levels usually reflect patient needs, score is partially met.
- If clinical staffing levels do not reflect patient needs, score is not met.

**A.5.2.2**
- If sufficient, trained and appropriate non-clinical support staff are available to meet patient needs at all times, score is fully met.
- If sufficient, trained and appropriate non-clinical support staff are sometimes available to meet patient needs, score is partially met.
- If sufficient, trained and appropriate non-clinical support staff are not available to meet patient needs, score is not met.

**A.5.2.3**
- If all staff are allowed sufficient rest breaks to practise safely and adhere to national labour laws, score is fully met.
- If most staff are usually allowed sufficient rest breaks to practise safely and adhere to national labour laws, score is partially met.
- If staff are generally not allowed sufficient rest breaks to practise safely and adhere to national labour laws, score is not met.

**A.5.2.4**
- If students and trainees work within their competencies and under appropriate supervision, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If students and trainees work within their competencies but not under appropriate supervision, score is not met.

**A.5.2.5**
- If there is an occupational health programme that is implemented for all staff, score is fully met.
- If there is an occupational health programme that is implemented for some of the staff, score is partially met.
- If there is no occupational health programme being implemented for staff, score is not met.
Patient safety friendly hospital initiative standards

<table>
<thead>
<tr>
<th>A.6</th>
<th>Title</th>
<th>Policies, guidelines, standard operating procedures (SOP)</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement statement</td>
<td>The hospital has policies, guidelines, and standard operating procedures (SOP) for all departments and support services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>The hospital has policies and standard operating procedures to ensure delivery of standardized safe care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core standard</td>
<td>A.6.2.1 The hospital has policies and procedures for all departments and services.</td>
<td>Patient safety senior hospital staff member</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A.6.2.2 The hospital provides evidence of implementation of policies, guidelines and SOPs.</td>
<td>Doctor Nurse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation process**
- √ Read the subdomain, rationale, critical, core and developmental standards.
- √ Review the documents listed below.
- √ Verify data through interviews with key respondents.
- √ Verify data through observation during patient safety tour.
- √ Read through the scoring guidelines.

**Required documents**

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>A.6.2.1</td>
<td>Policies and standard operating procedures manuals for all departments and services to ensure patient safety</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>A.6.2.2</td>
<td>Staff training records about relevant SOP</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**Interview with patient safety senior hospital staff member**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have policies and procedures for all departments and services?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. How do you train staff on relevant policies and procedures related to their duties?</td>
<td></td>
</tr>
</tbody>
</table>

**Scoring guidelines**

A.6.2.1
- If the hospital has policies and procedures for 80%–100% of departments and services, score is fully met.
- If the hospital has policies and procedures for 60%–79% of its departments and services, score is partially met.
- If the hospital does not have policies and procedures, or has some in place for less than 60% of departments and services, score is not met.

A.6.2.2
- If the hospital provides evidence of implementation of policies, guidelines and SOPs for 80%–100% of departments and services, score is fully met.
- If the hospital provides evidence of implementation of policies, guidelines and SOPs for 60%–79% of department and services, score is partially met.
- If the hospital does not provide evidence of implementation of policies, guidelines and SOPs or provides such evidence for 60% or less of departments and services, score is not met.
## Domain B: Patient and public involvement

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
<th>Number of standards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Critical</td>
</tr>
<tr>
<td>B. Patient and public</td>
<td>B.1 Patient safety is incorporated into the hospital’s patient and family</td>
<td>0</td>
</tr>
<tr>
<td>involvement standards</td>
<td>rights statement.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.2 The hospital builds health awareness for its patients and carers to</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>empower them to share in making the right decisions regarding their care.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.3 The hospital ensures proper patient identification and verification at</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>all stages of care.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.4 The hospital involves the community in different patient safety</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.5 The hospital communicates patient safety incidents to patients and</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>their carers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.6 The hospital encourages patients to speak up and acts upon the patient’s</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>voice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.7 The hospital has a patient-friendly environment.</td>
<td>0</td>
</tr>
</tbody>
</table>

| Total                           |                                                                            | 2        | 16   | 10            |
### Patient safety friendly hospital initiative standards

**B.1**

<table>
<thead>
<tr>
<th>Title</th>
<th>Patient and family rights</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement statement</td>
<td>Patient safety is incorporated into the hospital’s patient and family rights statement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>The hospital ensures that its patients and their families are aware of their safety rights.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core standard</td>
<td>B.1.2.1 The patient rights statement exists in the hospital and is visible to patients.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.1.2.2 Patient safety is included in the patient rights statement.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.1.2.3 Patients and their families are briefed about, and aware of, their patient and family rights.</td>
<td>Patients and carers Nurse</td>
<td></td>
</tr>
<tr>
<td>Developmental standard</td>
<td>B.1.3.1 Patient and community involvement in development of patient and family rights.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
</tbody>
</table>

### Evaluation process

- Read the subdomain, rationale, critical, core and developmental standards.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
- Read through the scoring guidelines.

### Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>B.1.2.1</td>
<td>A written and approved patient and family rights statement</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>B.1.2.2</td>
<td>A written and approved patient and family rights statement in which patient safety is incorporated</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Interview with patient safety officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (open ended question)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How does the hospital communicate and disseminate patient and family rights statement?</td>
<td></td>
</tr>
<tr>
<td>2. Who developed the patient and family rights statement?</td>
<td></td>
</tr>
</tbody>
</table>

### Interview with patient

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were you briefed about the hospital's patient and family rights policy?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2. Is the hospital's patient and family rights statement visible throughout the hospital?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Interview with nurse

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you brief patients about the hospital’s patient and family rights policy?</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

Observation

<table>
<thead>
<tr>
<th>Patient and family rights statement is visible throughout the hospital</th>
<th>Comment</th>
</tr>
</thead>
</table>

Scoring guidelines

B.1.2.1
- If there is a patient rights statement in the hospital and it is visible to patients, score is fully met.
- If there is patient rights statement in the hospital, but is not visible to patients, score is partially met.
- If there is no patient rights statement in the hospital, score is not met.

B.1.2.2
- If patient safety is included in the patient rights statement, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If patient safety is not included in the patient rights statement, score is not met.

B.1.2.3
- If patients and their families are briefed about, and aware of, their rights, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If patients and their families are not briefed about, and are not aware of, their rights, score is not met.

B.1.3.1
- If patients and the community were involved in the development of the patient and family rights, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If patients and the community were not involved in the development of the patient and family rights, score is not met.
Patient safety friendly hospital initiative standards

<table>
<thead>
<tr>
<th>B.2</th>
<th>Title</th>
<th>Health awareness</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measurement statement</strong></td>
<td>The hospital builds health awareness for its patients and carers to empower them to share in making the right decisions regarding their care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>The hospital ensures that its patients are aware about their conditions and share in making the right decisions regarding their care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Critical standard</strong></td>
<td>B.2.1.1 Before any invasive procedure, a consent is signed by the patient. He/she is informed of all risks, benefits and potential side effects of a procedure in advance. The physician explains, and the nurse oversees the signing.</td>
<td>Nurse&lt;br&gt;Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Core standard</strong></td>
<td>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.</td>
<td>Health&lt;br&gt;promotion&lt;br&gt;officer&lt;br&gt;Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.2.2.2 Every patient obtains from his/her treating physician complete updated information on his/her diagnosis, treatment.</td>
<td>Doctor&lt;br&gt;Nurse&lt;br&gt;Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.2.2.3 The hospital trains patients’ carers on post-discharge care.</td>
<td>Patient&lt;br&gt;Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Developmental standard</strong></td>
<td>B.2.3.1 Patients participate in planning and making decisions regarding their health care.</td>
<td>Health&lt;br&gt;promotion&lt;br&gt;officer&lt;br&gt;Nurse&lt;br&gt;Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.2.3.2 The hospital has a health care website and patients have access to it.</td>
<td>Health&lt;br&gt;promotion&lt;br&gt;officer&lt;br&gt;Patient</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation process**
- Read the subdomain, rationale, critical, core and developmental standards.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
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Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>B.2.2.1</td>
<td>Educational material used may include flyers, literature, lecture notes</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>B.2.2.1</td>
<td>Minutes of last three meetings of three disease-specific support group meetings and their signature of attendance</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>B.2.1.1 B.2.2.2 B.2.2.3</td>
<td>Review of medical records</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

Interview with health promotion officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have support groups for most frequent diagnosis?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital support patient-to-patient activities to build health literacy?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>3. Does the hospital facilitate lectures for patients on common and frequent health topics?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>4. Does the hospital have a health care portal to which patients have access?</td>
<td>☑ Yes ☐ No</td>
</tr>
</tbody>
</table>

Interview with patient

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you obtain from your treating physician complete, updated information on your diagnosis, treatment, or any prognosis?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>2. Did you participate in making decisions regarding your health care?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>3. Did you sign consent before any risky procedure?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>4. Did the hospital train you or your carers on relevant post-discharge care?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>5. Did you receive education materials concerning your case/diagnosis upon discharge?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>6. Did you receive information about your medication?</td>
<td>☑ Yes ☐ No</td>
</tr>
</tbody>
</table>

Scoring guidelines

**B.2.1.1**  
- If before any invasive procedure, a consent is signed by patients, patients are informed of all risks of a procedure in advance, score is fully met.  
- If before any invasive procedure, a consent is signed by patients but with no evidence of briefing and information provided to the patient, score is partially met.  
- If there is no evidence before any invasive procedure, or a signed consent by patients, score is not met.

**B.2.2.1**  
- If the hospital builds health awareness for all of its patients and their families for their specific health problem and for general patient safety issues, score is fully met.  
- If the hospital builds health awareness for some of its patients and their families for their specific health problem and for general patient safety issues, score is partially met.  
- If the hospital does not build health awareness for its patients and their families for their specific health problem and for general patient safety issues, score is not met.
B.2.2.2
• If every patient obtains from his/her treating physician complete updated information on his/her diagnosis and treatment, score is fully met.
• If some patients obtain from their treating physician complete updated information on their diagnosis and treatment, score is partially met.
• If patients generally do not obtain from their treating physician complete updated information on their diagnosis and treatment, score is not met.

B.2.2.3
• If the hospital trains patients’ carers on post-discharge care, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not provide training for patients’ carers on post-discharge care, score is not met.

B.2.3.1
• If patients participate in planning and making decisions regarding their health care, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If patients do not participate in planning and making decisions regarding their health care, score is not met.

B.2.3.2
• If the hospital has a health care website and patients have access to it, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not have a health care website and/or patients do not have access to it, score is not met.
<table>
<thead>
<tr>
<th>B.3</th>
<th>Title</th>
<th>Patient identification</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement statement</td>
<td>The hospital ensures best practice patient identification and verification at all stages of care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>The hospital has processes to ensure proper patient identification at all stages of care to prevent occurrence of adverse events related to mistaken patient identity.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical standard</td>
<td>B.3.1.1 All patients are identified and verified with at least two identifiers including full name and date of birth (and room number is not one of them) whenever the patient undergoes any procedure (e.g. laboratory, diagnostic or therapeutic procedures) or transfer or is administered any medication or blood or blood components before care is administered, with special emphasis on high risk groups e.g. new born babies, patients in coma, senile patients.</td>
<td>Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core standard</td>
<td>B.3.2.1 A system is in place to identify allergies, e.g. by a color-coding system.</td>
<td>Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental standard</td>
<td>B.3.3.1 The hospital uses bar coding with check digits for patient identification.</td>
<td>Patient safety officer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation process**

- Read the subdomain, rationale, critical, core and developmental standards.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
- Read through the scoring guidelines.

**Required documents**

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>B.3.1.1</td>
<td>Patient identifiers policy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>48</td>
<td>B.3.1.1</td>
<td>Patient identification protocol for patients without identification or with same name</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Observation**

<table>
<thead>
<tr>
<th>Patient identification bands</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy identification bands</td>
<td></td>
</tr>
</tbody>
</table>

Note: If no identification bands were observed then interview nurse manager.

**Interview with nurse manager**

**Question**

1. What are the patient identifiers used in the hospital?
2. How do you identify a patient with a history of allergies?
Scoring guidelines

B.3.1.1
• If all patients are identified and verified with at least two identifiers including full name and date of birth (and ensure that room number is not one of them) whenever the patient undergoes any procedure (e.g. laboratory, diagnostic or therapeutic procedure) or is transferred or is administered any medication or blood or blood component before care is administered, with special emphasis on high risk groups e.g. newborn babies, patients in coma, senile patients, score is fully met.
• If patients are identified with one identifier, or if the identification system is not consistently used throughout all departments in the hospital or in every procedure the patient undergoes, score is partially met.
• If there is no system in place to appropriately identify patients, score is not met.

B.3.2.1
• If there is a system in place to identify allergies, e.g. by a colour-coding system, score is fully met.
• If there is a partially implemented system in place to identify allergies, e.g. by a colour-coding system, score is partially met.
• If there is no system in place to identify allergies, e.g. by a colour-coding system, score is not met.

B.3.3.1
• If the hospital uses bar coding with check digits for patient identification, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not use bar coding with check digits for patient identification, score is not met.
Title: Community involvement

**Measurement statement**
The hospital involves the community in different patient safety activities.

**Rationale**
The hospital ensures community involvement in patient safety activities to increase community awareness and enhance community-provider relationship.

**Core standard**

<table>
<thead>
<tr>
<th>Core standard</th>
<th>Description</th>
<th>Key respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.4.2.1</td>
<td>The hospital develops patient safety “campaigns” that share solutions and raise awareness of patient safety in the community.</td>
<td>Patient safety officer/Hospital manager</td>
</tr>
<tr>
<td>B.4.2.2</td>
<td>The hospital plans events to promote patient safety through meetings on a regular basis with civic groups, nongovernmental organizations, community leaders.</td>
<td>Patient safety officer/Hospital manager</td>
</tr>
<tr>
<td>B.4.2.3</td>
<td>The hospital uses media and marketing to promote patient safety (e.g. it distributes press releases announcing patient safety activities).</td>
<td>Patient safety officer/Hospital manager</td>
</tr>
</tbody>
</table>

**Developmental standard**

<table>
<thead>
<tr>
<th>Developmental standard</th>
<th>Description</th>
<th>Key respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.4.3.1</td>
<td>The hospital involves the community (e.g. nongovernmental organizations, religious institutions, patient advocates) in designing and implementation of the patient safety programme.</td>
<td>Patient safety officer/Hospital manager</td>
</tr>
</tbody>
</table>

**Evaluation process**

- Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
- Read through the scoring guidelines.

**Required documents**

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>B.4.2.1</td>
<td>Patient safety campaign notification letter</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>B.4.2.2</td>
<td>Minutes of the last three meetings and events showing community involvement</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>B.4.2.3</td>
<td>Patient safety releases</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>B.4.3.1</td>
<td>Patient safety improvement task force minutes</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**Interview with patient safety officer**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have “campaigns” of patient safety?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>2. How does the hospital involve its community in patient safety activities?</td>
<td></td>
</tr>
</tbody>
</table>
Scoring guidelines

B.4.2.1
- If the hospital develops patient safety “campaigns” that share solutions and raise awareness of patient safety in the community, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not develop patient safety “campaigns” that share solutions and raise awareness of patient safety in the community, score is not met.

B.4.2.2
- If the hospital plans events to promote patient safety through meetings on a regular basis with civic groups, nongovernmental organizations, community leaders, score is fully met.
- If the hospital plans events to promote patient safety through meetings on an irregular basis with civic groups, nongovernmental organizations, community leaders, score is partially met.
- If the hospital does not plan events to promote patient safety through meetings with civic groups, nongovernmental organizations, community leaders, score is not met.

B.4.2.3
- If the hospital uses media and marketing to promote patient safety (e.g. distributes press releases announcing patient safety activities), score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not use media and marketing to promote patient safety, score is not met.

B.4.3.1
- If the hospital involves the community (e.g. nongovernmental organizations, religious institutions, patient advocates) in designing and implementation of its patient safety programme, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not involve community (e.g. nongovernmental organizations, religious institutions, patient advocates) in designing and implementation of patient safety programme, score is not met.
Table:

<table>
<thead>
<tr>
<th>B.5</th>
<th>Title</th>
<th>Communication of patient safety incidents to patient and carers</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement statement</td>
<td>The hospital communicates patient safety incidents to patients and their carers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>The hospital has a system to report patient safety incidents to patients and their carers in a structured manner that ensures transparency and compassion.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental standard</td>
<td>B.5.3.1 The hospital has a structured disclosure system: policy and procedures.</td>
<td>Patient safety officer/Hospital manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.5.3.2 The hospital has a health care mediator to explain incidents.</td>
<td>Patient safety officer/Hospital manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation process**

- Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
- Read through the scoring guidelines.

**Required documents**

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>B.5.3.1</td>
<td>Patient safety incident reports</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>B.5.3.1</td>
<td>Disclosure policy and procedures</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>B.5.3.2</td>
<td>Health care mediator terms of reference</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**Interview with patient safety coordinator**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have a structured disclosure system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have a health care mediator to disclose incidents?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

**Scoring guidelines**

**B.5.3.1**
- If the hospital has a structured disclosure system: policy and procedures, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not have a structured disclosure system: policy and procedures, score is not met.

**B.5.3.2**
- If the hospital has a health care mediator to explain incidents, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not have a health care mediator to explain incidents, score is not met.
**Patient involvement**

<table>
<thead>
<tr>
<th>Measurement statement</th>
<th>The hospital encourages patients to speak up and acts upon the patient’s voice.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rationale</strong></td>
<td>The hospital ensures continuous dialogue with patients and builds their trust by responding to their complaints and suggestions.</td>
</tr>
<tr>
<td><strong>Core standard</strong></td>
<td>B.6.2.1 The hospital obtains patients’ and their carers’ feedback through different tools: satisfaction surveys, leadership walk rounds, focus groups, complaint letters, safety hotline, staff feedback, suggestion box and community groups.</td>
</tr>
<tr>
<td></td>
<td>B.6.2.2 The hospital responds to patients’ complaints by sending them a feedback of how each complaint was managed and changes that have taken place to prevent further recurrence of the complaint.</td>
</tr>
<tr>
<td><strong>Developmental standard</strong></td>
<td>B.6.3.1 The hospital involves patients and their carers in setting polices and suggesting quality improvement and patient safety projects. Areas of patient involvement may include: patient identification, monitoring hand hygiene, single use of injections and other appropriate areas.</td>
</tr>
<tr>
<td></td>
<td>B.6.3.2 The hospital provides chat/message board for patients and their carers to write the concerns, share success solutions.</td>
</tr>
<tr>
<td></td>
<td>B.6.3.3 The hospital provides access to computer-based information on patient safety, health literacy and patient well-being.</td>
</tr>
</tbody>
</table>

**Key respondent**

<table>
<thead>
<tr>
<th>Core standard</th>
<th>Patient safety officer/quality management officer/Hospital manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental standard</td>
<td>Patient safety officer/Hospital manager</td>
</tr>
</tbody>
</table>

**Evaluation process**

- √ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
- √ Review the documents listed below.
- √ Verify data through interviews with key respondents.
- √ Verify data through observation during patient safety tour.
- √ Read through the scoring guidelines.
Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>B.6.2.1</td>
<td>Last 3 months’ reports on leadership walk rounds, focus groups reports, complaint letters, safety hotline, staff feedback, and suggestion box comments and action taken</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>B.6.2.1</td>
<td>Patient satisfaction survey results, analysis and action taken</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>B.6.2.2</td>
<td>Feedback to patients of how their complaints were managed and changes that have taken place to prevent further recurrence of the complaint</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>B.6.3.1</td>
<td>Patient safety improvement task force minutes</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>B.6.3.3</td>
<td>Information on patient safety, health literacy and patient well-being</td>
<td>Yes/No</td>
<td></td>
</tr>
</tbody>
</table>

Interview with quality officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital obtain patients’ and/or their carers’ feedback?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2. If so, using which tools?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• Satisfaction surveys</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• If so, how often?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• Leadership walk rounds</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• If so, how often?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• Focus groups</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• If so, how often?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• Complaint letters</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• Safety hotline</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• Staff feedback</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• Suggestion box</td>
<td>Yes/No</td>
</tr>
<tr>
<td>• Community surveys</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3. Does the hospital involve patients and their carers in setting polices and implementing quality improvement and patient safety activities?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4. If so, how?</td>
<td></td>
</tr>
<tr>
<td>5. Does the hospital provide chat/message board for patients and their carers to write their concerns, and share their success solutions?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>6. Does the hospital provide access to computer-based information on patient safety, health literacy and patient well-being?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Scoring guidelines

B.6.2.1
- If the hospital obtains patients’ and their carers’ feedback through different tools: satisfaction surveys, leadership walk rounds, focus groups, complaint letters, safety hotline, staff feedback, and suggestion box and community groups, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not obtain patients’ and their carers’ feedback, score is not met.

B.6.2.2
- If the hospital responds to patients’ complaints by sending them feedback of how the complaint was managed and the changes that have taken place to prevent further recurrence of the complaint, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not respond to patients’ complaints by sending them feedback of how complaint was managed and changes that have taken place to prevent further recurrence of the complaint, score is not met.

B.6.3.1
- If the hospital involves patients and their carers in setting polices and suggesting quality improvement and patient safety projects (areas of engagement include: patient identification, monitoring hand hygiene, single use of injection and other appropriate areas), score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not involve patients and their carers in setting polices and suggesting quality improvement and patient safety projects, score is not met.

B.6.3.2
- If the hospital provides a chat/message board for patients and their carers to write their concerns and share successful solutions, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not provide a chat/message board for patients and their carers to write their concerns and share successful solutions, score is not met.

B.6.3.3
- If the hospital provides access to computer-based information on patient safety, health literacy and patient well-being, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not provide access to computer-based information on patient safety, health literacy and patient well-being, score is not met.
B.7 Title

<table>
<thead>
<tr>
<th>Measurement statement</th>
<th>The hospital has a patient safety friendly environment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The hospital ensures it provides its services in a friendly setting.</td>
</tr>
<tr>
<td>Core standard</td>
<td>B.7.2.1 The hospital staff are trained to be supportive and to deal with patients’ anxieties.</td>
</tr>
<tr>
<td></td>
<td>Nurse Doctor Hospital manager</td>
</tr>
<tr>
<td></td>
<td>B.7.2.2 The hospital has entertainment for patients e.g. music, television, films, library.</td>
</tr>
<tr>
<td></td>
<td>Nurse Hospital manager</td>
</tr>
<tr>
<td></td>
<td>B.7.2.3 The hospital has a place for prayers and meets patients’ spiritual and religious needs.</td>
</tr>
<tr>
<td></td>
<td>Nurse Hospital manager</td>
</tr>
<tr>
<td></td>
<td>B.7.2.4 The hospital staff support the patient’s family in end-of-life cases.</td>
</tr>
<tr>
<td></td>
<td>Nurse Hospital manager</td>
</tr>
</tbody>
</table>

Evaluation process

√ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
√ Review the documents listed below.
√ Verify data through interviews with key respondents.
√ Read through the scoring guidelines.

Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>B.7.2.1 B.7.2.4</td>
<td>Support training programme document</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>B.7.2.1 B.7.2.2 B.7.2.3</td>
<td>Patient satisfaction surveys and results</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>B.7.2.1 B.7.2.4</td>
<td>Employee satisfaction surveys and results</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

Interview with hospital management

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are hospital staff trained to deal with patient anxieties and worries?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have entertainment for patients?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Do hospital staff support the families of patients when the patient is terminally ill?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. If so, how?</td>
<td></td>
</tr>
</tbody>
</table>
Interview with patient

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are hospital staff respondent to your needs and caring?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>2. Does the hospital have recreative entertainment provided for the patients?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>3. In general, does hospital staff treat you with respect?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>4. In general, does hospital staff treat you with care?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>5. In general, is hospital staff friendly to you?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Observation

<table>
<thead>
<tr>
<th>Entertainment for patients e.g. music, television, films, library</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place for prayers and meets patient spiritual and religious needs</td>
<td></td>
</tr>
</tbody>
</table>

Scoring guidelines

B.7.2.1
- If the hospital staff were trained to be supportive and to deal with patient anxieties, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital staff were not trained to be supportive and to deal with patient anxieties, score is not met.

B.7.2.2
- If the hospital has entertainment for patients e.g. music, TV, films, library, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not have entertainment for patients e.g. music, TV, films, library, score is not met.

B.7.2.3
- If the hospital has a place for prayers and meets patients' spiritual and religious needs, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not have a place for prayers and does not meet patients' spiritual and religious needs, score is not met.

B.7.2.4
- If the hospital staff support the families of patients when the patient is terminally ill, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital staff support the families of patients when the patient is terminally ill, score is not met.
### Domain C: Safe evidence-based clinical practice standards

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
<th>Number of standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Safe evidence-based clinical practices</td>
<td></td>
<td>Critical</td>
</tr>
<tr>
<td>standards</td>
<td>C.1 The hospital has an effective clinical system that ensures inclusion of</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>patient safety.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C.2 The hospital has a system to reduce risk of healthcare acquired infections</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>(HAI).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C.3 The hospital ensures safety of blood and blood products.</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>C.4 The hospital ensures safe injections, infusions, and immunization.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>C.5 The hospital has a safe medication system.</td>
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<tr>
<td></td>
<td>C.6 The hospital has a complete medical records system.</td>
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<tr>
<td>C.1</td>
<td>Title</td>
<td>General clinical safety</td>
</tr>
<tr>
<td>-----</td>
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</tr>
<tr>
<td>Measurement statement</td>
<td>The hospital has effective clinical governance that ensures inclusion of patient safety.</td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>The hospital has a clinical system that abides by appropriate clinical and communication guidelines and ensures proper identification of vulnerable patients.</td>
<td></td>
</tr>
<tr>
<td>Critical standard</td>
<td>C.1.1.1 The hospital maintains clear channels of communication for urgent critical results.</td>
<td>Doctor</td>
</tr>
<tr>
<td></td>
<td>C.1.1.2 The hospital has systems in place to ensure safe communication of pending test results to patients and care providers after discharge.</td>
<td>Patient safety officer</td>
</tr>
<tr>
<td>Core standard</td>
<td>C.1.2.1 The hospital conforms to clinical practice guidelines wherever appropriate, including WHO guidelines where available.</td>
<td>Medical director</td>
</tr>
<tr>
<td></td>
<td>C.1.2.2 The hospital implements the use of a surgical safety checklist and conforms to guidelines including WHO guidelines on safe surgery.</td>
<td>Medical director</td>
</tr>
<tr>
<td></td>
<td>C.1.2.3 The hospital ensures invasive diagnostic procedures are carried out safely, and according to standard guidelines.</td>
<td>Medical director</td>
</tr>
<tr>
<td></td>
<td>C.1.2.4 The hospital implements guidelines to reduce venous thrombo-embolism (deep venous thrombosis and pulmonary embolism).</td>
<td>Medical director</td>
</tr>
<tr>
<td></td>
<td>C.1.2.5 The hospital screens patients to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection) and acts to reduce risk.</td>
<td>Patient safety officer</td>
</tr>
<tr>
<td></td>
<td>C.1.2.6 The hospital maintains a list of approved abbreviations of medical terms.</td>
<td>Doctor</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>Doctor</td>
</tr>
<tr>
<td></td>
<td>C.1.2.8 The hospital has systems in place for safe and thorough handover of patients between clinical teams (including shift staff).</td>
<td>Patient safety officer</td>
</tr>
<tr>
<td>Developmental standard</td>
<td>C.1.3.1 The hospital has a local clinical guideline committee that meets regularly to select, develop and ensure implementation guidelines, protocols and checklists relevant to safety.</td>
<td>Patient safety officer</td>
</tr>
</tbody>
</table>
Evaluation process

√ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
√ Review the documents listed below.
√ Verify data through interviews with key respondents.
√ Verify data through observation during patient safety tour.
√ Read through the scoring guidelines.

Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>C.1.1.1</td>
<td>Policy and procedures for communication of urgent critical results</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>65</td>
<td>C.1.1.2</td>
<td>Policy and procedures for communication of pending test results to patients and care providers after discharge</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>66</td>
<td>C.1.2.1</td>
<td>Clinical practice guidelines</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>67</td>
<td>C.1.2.1</td>
<td>Staff training records in clinical practice guidelines</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>68</td>
<td>C.1.2.1</td>
<td>Measures to assess, effectiveness and impact of clinical guidelines on patients’ health care outcomes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>69</td>
<td>C.1.2.2</td>
<td>Safe surgery guidelines</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>70</td>
<td>C.1.2.2</td>
<td>Staff training records in safe surgery guidelines</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>71</td>
<td>C.1.2.2</td>
<td>Measures to assess the use, effectiveness and impact of safe surgery guidelines on patients’ health care outcomes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>72</td>
<td>C.1.2.3</td>
<td>Invasive diagnostic procedure guidelines</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>73</td>
<td>C.1.2.3</td>
<td>Staff training records in invasive diagnostic procedures guidelines</td>
<td>Yes</td>
<td>No</td>
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<td>74</td>
<td>C.1.2.3</td>
<td>Measures to assess use, effectiveness and impact of invasive diagnostic procedure guidelines</td>
<td>Yes</td>
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<td>75</td>
<td>C.1.2.4</td>
<td>Guidelines to reduce venous thrombo-embolism</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>76</td>
<td>C.1.2.4</td>
<td>Staff training records in the area of reducing venous thrombo-embolism</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>77</td>
<td>C.1.2.5</td>
<td>Checklist to screen patients to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection) and guidelines to reduce risk</td>
<td>Yes</td>
<td>No</td>
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<td>78</td>
<td>C.1.2.5</td>
<td>Staff training records to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection) and guidelines to reduce risk</td>
<td>Yes</td>
<td>No</td>
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<td>79</td>
<td>C.1.2.6</td>
<td>List of standardized abbreviations of medical terms.</td>
<td>Yes</td>
<td>No</td>
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<td>80</td>
<td>C.1.2.7</td>
<td>Policy and procedures to minimize use of verbal and telephone orders and transmission of results</td>
<td>Yes</td>
<td>No</td>
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<td>81</td>
<td>C.1.2.8</td>
<td>Policy and procedures for handover of patients between clinical teams (including shift staff)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>82</td>
<td>C.1.3.1</td>
<td>Clinical audit reports</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>83</td>
<td>C.1.3.1</td>
<td>Reports of meetings for continuous review of best practices in patient safety</td>
<td>Yes</td>
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Interview with patient safety officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital implement any clinical guidelines?</td>
<td></td>
</tr>
<tr>
<td>2. If yes, please list them.</td>
<td></td>
</tr>
<tr>
<td>3. Does the hospital implement invasive diagnostic procedure guidelines?</td>
<td></td>
</tr>
<tr>
<td>4. Does the hospital implement safe surgery guidelines?</td>
<td></td>
</tr>
<tr>
<td>5. Does the hospital conduct clinical audits on a regular basis?</td>
<td></td>
</tr>
<tr>
<td>6. Does the hospital undergo continuous systemic review of best practices in patient safety and adapt experiences in assessment and management of risks?</td>
<td></td>
</tr>
<tr>
<td>7. Does the hospital use smart pumps?</td>
<td></td>
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</table>

Observation

<table>
<thead>
<tr>
<th>Availability of guidelines</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of job aid</td>
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</tbody>
</table>

Scoring guidelines

**C.1.1.1**
- If the hospital maintains clear channels of communication for urgent critical results, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not maintain clear channels of communication for urgent critical results, score is not met.

**C.1.1.2**
- If the hospital has systems in place to ensure safe communication of pending test results to patients and care providers after discharge, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not have systems in place to ensure safe communication of pending test results to patients and care providers after discharge, score is not met.

**C.1.2.1**
- If the hospital conforms to clinical practice guidelines wherever appropriate, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not conform to clinical practice guidelines wherever appropriate, score is not met.

**C.1.2.2**
- If the hospital implements a surgical checklist and guidelines including WHO guidelines on safe surgery, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not implement a surgical checklist and guidelines for safe surgery, score is not met.
C.1.2.3
• If the hospital ensures invasive diagnostic procedures are carried out safely, and according to standard guidelines, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not ensure invasive diagnostic procedures are carried out safely, and according to standard guidelines, score is not met.

C.1.2.4
• If the hospital implements guidelines to reduce venous thrombo-embolism, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not implement guidelines to reduce venous thrombo-embolism, score is not met.

C.1.2.5
• If the hospital screens patients to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection) and acts to reduce risk, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not screen patients to identify those vulnerable to harm and/or does not act to reduce risk, score is not met.

C.1.2.6
• If the hospital maintains a list of approved abbreviations of medical terms, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not maintain a list of approved abbreviations of medical terms, score is not met.

C.1.2.7
• If the hospital minimizes use of verbal and telephone orders for transmission of results, and “read back” is used where verbal communication is essential, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not minimize use of verbal and telephone orders for transmission of results, and/or “read back” is not used where verbal communication is essential, score is not met.

C.1.2.8
• If the hospital has systems in place for safe and thorough handover of patients between clinical teams, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not have systems in place for safe and thorough handover of patients between clinical teams, score is not met.

C.1.3.1
• If 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, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not have a local clinical guideline committee that meets regularly to select, develop and ensure implementation guidelines, protocols and checklists relevant to safety, score is not met.
C.2

<table>
<thead>
<tr>
<th><strong>Measurement statement</strong></th>
<th><strong>System to reduce health care-associated infections</strong></th>
<th><strong>Key respondent</strong></th>
<th><strong>Final score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The hospital has a system to reduce risk of health care-associated infections (HAI).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Critical standard**

<table>
<thead>
<tr>
<th>Critical standard</th>
<th>Measurement statement</th>
<th>Key respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.2.1.1</td>
<td>The hospital has an infection prevention control programme including an organization scheme, guidelines, plan, and a manual.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.1.2</td>
<td>The hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high risk areas.</td>
<td>Infection prevention and control nurse</td>
</tr>
</tbody>
</table>

**Core standard**

<table>
<thead>
<tr>
<th>Core standard</th>
<th>Measurement statement</th>
<th>Key respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.2.2.1</td>
<td>The hospital conforms to recognized guidelines for infection prevention and control, including WHO guidelines.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.2.2</td>
<td>The hospital ensures continuous availability of essential functioning infection prevention and control equipment and supplies.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.2.3</td>
<td>The hospital has a surveillance system for health care-associated infections.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.2.4</td>
<td>The hospital has functioning isolation protocols, definitions and precautions.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.2.5</td>
<td>The hospital implements policies and procedures for rational use of antibiotics to reduce resistance.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.2.6</td>
<td>The hospital implements recognized guidelines for hand hygiene, including WHO guidelines.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.2.7</td>
<td>Staff should be screened before employment and regularly afterwards for colonization and transmissible infections.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.2.8</td>
<td>The hospital acts to protect staff, volunteers and visitors from health care-associated infections, including by provision of hepatitis B (HBV) vaccination.</td>
<td>Infection prevention and control nurse</td>
</tr>
<tr>
<td>C.2.2.9</td>
<td>The hospital has a functioning system for patient placement and management.</td>
<td>Infection prevention and control nurse</td>
</tr>
</tbody>
</table>

**Evaluation process**

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### Required documents

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<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>84</td>
<td>C.2.1.1</td>
<td>Infection control organizational structure and terms of reference of infection prevention and control committee</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>85</td>
<td>C.2.1.1</td>
<td>Minutes of infection prevention and control committee</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>86</td>
<td>C.2.1.1 C.2.1.2 C.2.2.1</td>
<td>Infection control policies and procedures</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>87</td>
<td>C.2.1.2</td>
<td>Policies and procedures for decontamination and sterilization of equipment with special emphasis on high risk areas</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>88</td>
<td>C.2.2.1</td>
<td>Infection prevention and control guidelines</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>89</td>
<td>C.2.2.2</td>
<td>List of essential functioning infection prevention and control equipment, personal protective equipment, and supplies</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>90</td>
<td>C.2.2.3</td>
<td>HAI surveillance reports</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>91</td>
<td>C.2.2.4</td>
<td>Isolation protocols for specific infectious disease; certain health conditions; and for high-risk settings</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>92</td>
<td>C.2.2.5</td>
<td>Policies and procedures for rational use of antibiotics to reduce resistance</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>93</td>
<td>C.2.2.6</td>
<td>Hand hygiene guidelines</td>
<td>☐ Yes ☐ No</td>
<td></td>
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<tr>
<td>94</td>
<td>C.2.2.7 C.2.2.8</td>
<td>Staff occupational safety records</td>
<td>☐ Yes ☐ No</td>
<td></td>
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</table>

### Interview with infection control officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have an infection prevention and control policy?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have an infection prevention and control committee?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Does the hospital have an infection prevention and control organizational chart?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Does the hospital assess infection control?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. If so, how?</td>
<td></td>
</tr>
<tr>
<td>6. Does the hospital have an infection control action plan and assigned budget for it?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7. Does the hospital have an infection control information, education, and communication strategy for staff?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>8. Does the hospital have a list of essential infection control equipment and supplies?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>9. Does the hospital conduct an outbreak investigation?</td>
<td>☐ Yes ☐ No</td>
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</table>

### Observation

<table>
<thead>
<tr>
<th>Availability</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of essential functioning infection prevention and control equipment, personal protective equipment, and supplies</td>
<td></td>
</tr>
<tr>
<td>Availability of reminders</td>
<td></td>
</tr>
</tbody>
</table>
Scoring guidelines

C.2.1.1
• If the hospital has an infection prevention control programme including organization structure, guidelines, plan, and a manual, score is fully met.
• If the hospital has an infection prevention control programme organization structure, or guidelines, or plan or a manual (any combination of the list but not all are available), score is partially met.
• If the hospital does not have an infection prevention control programme, score is not met.

C.2.1.2
• If the hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high risk areas, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not ensure proper cleaning, disinfection and sterilization of all equipment, score is not met.

C.2.2.1
• If the hospital conforms to recognized guidelines for infection prevention and control, including WHO guidelines, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not conform to recognized guidelines for infection prevention and control, including WHO guidelines, score is not met.

C.2.2.2
• If the hospital ensures continuous availability of essential functioning infection prevention and control equipment and supplies, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not ensure continuous availability of essential functioning infection prevention and control equipment and supplies, score is not met.

C.2.2.3
• If the hospital has a surveillance system for health care-associated infections, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not have a surveillance system for health care-associated infections, score is not met.

C.2.2.4
• If the hospital has functioning isolation protocols, definitions and precautions, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not have functioning isolation protocols, definitions and precautions, score is not met.

C.2.2.5
• If the hospital implements policies and procedures for rational use of antibiotics to reduce resistance, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not implement policies and procedures for rational use of antibiotics to reduce resistance, score is not met.
C.2.2.6
• If the hospital implements recognized guidelines for hand hygiene, including WHO guidelines, score is fully met.
• If there is partial compliance with standard, score is partially met.
• If the hospital does not implement recognized guidelines for hand hygiene, including WHO guidelines, score is not met.

C.2.2.7
• If 80%–100% of staff are screened before employment and regularly afterwards for colonization and transmissible infections, score is fully met.
• If 60%–79% of staff are screened before employment and regularly afterwards for colonization and transmissible infections, score is partially met.
• If less than 60% of staff are screened before employment and/or are irregularly screened afterwards for colonization and transmissible infections, score is not met.

C.2.2.8
• If the hospital acts to protect staff, volunteers and visitors from health care-associated infections, including by HBV vaccination, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not act to protect staff, volunteers and visitors from health care-associated infections, including by HBV vaccination, score is not met.

C.2.2.9
• If the hospital has a functioning system for patient placement and management, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If hospital does not have a functioning system for patient placement and management, score is not met.
C.3 Title
Safe blood and blood products

Measurement statement
The hospital ensures safety of blood and blood products.

Rationale
The hospital has a system to avoid adverse events that result from unsafe 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 e.g. recruitment, selection and retention of voluntary blood donors, blood screening (e.g. HIV, HBV). | 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 performs safe administration of blood and blood products. | Blood bank manager |
| C.3.2.3 | The hospital has a policy 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 |

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</thead>
<tbody>
<tr>
<td>95</td>
<td>C.3.1.1</td>
<td>Hospital safe blood and blood products guidelines</td>
<td>☐ Yes ☐ No</td>
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<td>96</td>
<td>C.3.1.2</td>
<td>Pre-transfusion policies and procedures</td>
<td>☐ Yes ☐ No</td>
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<td>97</td>
<td>C.3.2.1</td>
<td>Cross-matching policies and procedures</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>98</td>
<td>C.3.2.2</td>
<td>Safe administration of blood and blood products policies and procedures</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>C.3.2.3</td>
<td>Post-blood exposure incident management policies and procedures</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>C.3.3.1</td>
<td>Clinical practices that reduce blood loss and the need for blood transfusion</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>C.3.3.2</td>
<td>Guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>
Interview with blood bank officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How does the hospital implement safe blood and blood product guidelines?</td>
<td></td>
</tr>
</tbody>
</table>

Scoring guidelines

C.3.1.1
- If the hospital implements guidelines, including WHO guidelines, on safe blood and blood products, score is fully met.
- If the hospital has guidelines on safe blood and blood products, but does not regularly implement them, score is partially met.
- If the hospital does not have guidelines on safe blood and blood products, score is not met.

C.3.1.2
- If the hospital implements safe pre-transfusion procedures e.g. recruitment, selection and retention of voluntary blood donors, blood screening (e.g. HIV, HBV), score is fully met.
- If the hospital has safe pre-transfusion procedures, but does not regularly implement them, score is partially met.
- If the hospital does not have safe pre-transfusion procedures, score is not met.

C.3.2.1
- If the hospital ensures that patient blood samples for cross-matching are securely identified with two unique identifiers, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not have a cross-matching policy and procedures document, score is not met.

C.3.2.2
- If the hospital implements safe administration of blood and blood products, score is fully met.
- If the hospital has a safe administration of blood and blood products policy and procedures document, with no evidence of implementation, score is partially met.
- If the hospital does not have a safe administration of blood and blood products policy and procedures document, score is not met.

C.3.2.3
- If the hospital implements post-blood exposure incident management policies and procedures, score is fully met.
- If hospital has post-blood exposure incident management policies and procedures, with no evidence of implementation, score is partially met.
- If the hospital does not have post-blood exposure incident management policies and procedures, score is not met.

C.3.3.1
- If the hospital uses clinical practices that reduce blood loss and the need for blood transfusion, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not use clinical practices that reduce blood loss and the need for blood transfusion, score is not met.
C.3.3.2

- If the hospital conforms to guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids, score is fully met.
- If hospital has guidelines on safe and appropriate prescribing of blood and blood products, with no evidence of implementation, score is partially met.
- If the hospital does not have guidelines on safe and appropriate prescribing of blood and blood products, score is not met.
C.4 Title: Safe injections, infusions, and immunizations

<table>
<thead>
<tr>
<th>Measurement statement</th>
<th>The hospital ensures safe injections, infusions, and immunization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The hospital has processes to prevent adverse events that result from unsafe injections, infusions, and immunization.</td>
</tr>
<tr>
<td>Core standard</td>
<td>C.4.2.1 The hospital has systems in place to ensure safe injection practice through: • preventing reuse of needles at hospital • educating patients and families regarding transmission of bloodborne pathogens; • ensuring safe sharp disposal practices e.g. no recapping, safety boxes. Nurse</td>
</tr>
</tbody>
</table>

**Evaluation process**

✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
✓ Review the documents listed below.
✓ Verify data through interviews with key respondents.
✓ Verify data through observation during patient safety tour.
✓ Read through the scoring guidelines.

**Required documents**

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>102</td>
<td>C.4.2.1</td>
<td>Safe injection policies and procedures</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**Interview with hospital management**

**Question**

What are the systems in place to ensure safe injection practices?

**Answer**


**Observation**

<table>
<thead>
<tr>
<th>Comment</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring safe syringe disposal practices e.g. no recapping, safety boxes</td>
<td></td>
</tr>
<tr>
<td>Skin preparation (aseptic) before administration of any injections, infusions, and immunization</td>
<td></td>
</tr>
</tbody>
</table>

**Scoring guidelines**

C.4.2.1

- If the hospital has systems in place to ensure safe injection practice and monitors it, score is fully met.
- If the hospital has systems in place to ensure safe injection practices, with no evidence of monitoring or any of the three substandards is not met, score is partially met.
- If the hospital does not have systems in place to ensure safe injection practices, score is not met.
### C.5 Medication management system

<table>
<thead>
<tr>
<th>Measurement statement</th>
<th>The hospital has a safe medication system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The hospital has a medication management system to ensure patient safety.</td>
</tr>
</tbody>
</table>
| Critical standard     | C.5.1.1 The hospital ensures availability of life-saving medications at all times.  
                       | Critical standard C.5.1.1 The hospital ensures availability of life-saving medications at all times.  
                       | Final score |  |
| Core standard         | C.5.2.1 The hospital’s safe medication system covers the following: 
                       | • selection and procurement 
                       | • storage of medication 
                       | • ordering and transcribing 
                       | • preparing and dispensing 
                       | • administration and follow-up.  
                       | Core standard C.5.2.1 The hospital’s safe medication system covers the following:  
                       | Final score |  |
|                       | C.5.2.2 The hospital ensures legible handwriting when prescribing or writing doctors’ orders.  
                       | Core standard C.5.2.2 The hospital ensures legible handwriting when prescribing or writing doctors’ orders.  
                       | Final score |  |
|                       | C.5.2.3 The hospital ensures medicine reconciliation at admission and discharge.  
                       | Core standard C.5.2.3 The hospital ensures medicine reconciliation at admission and discharge.  
                       | Final score |  |
|                       | C.5.2.4 The hospital ensures patient (or carer) education about medication at discharge.  
                       | Core standard C.5.2.4 The hospital ensures patient (or carer) education about medication at discharge.  
                       | Final score |  |
| Developmental standard| C.5.3.1 The hospital has a process to ensure pharmacist review of medication orders.  
                       | Developmental standard C.5.3.1 The hospital has a process to ensure pharmacist review of medication orders.  
                       | Final score |  |
|                       | C.5.3.2 The hospital has a policy and procedures to manage medication error.  
                       | Developmental standard C.5.3.2 The hospital has a policy and procedures to manage medication error.  
                       | Final score |  |

### Evaluation process

- Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
- Read through the scoring guidelines.

### Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>103</td>
<td>C.5.2.1 C.5.2.2 C.5.2.3 C.5.1.1</td>
<td>Medication records, doctor orders, etc.</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>C.5.1.1 C.5.2.1 C.5.2.2 C.5.2.3</td>
<td>Safe medication policies and procedures</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>
### Interview with pharmacist

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have a safe medication system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. If so, what does it cover?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• Selection and procurement, storage</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• Ordering and transcribing</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• Preparing and dispensing, administration and follow-up</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Does the hospital have an effective automated medication alarm system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Is the following technology used in the facility?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• Computerized physician order entry and decision support</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• Bar coding technology</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

### Observation

<table>
<thead>
<tr>
<th>Medication storage</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>High concentrated solutions</td>
<td></td>
</tr>
<tr>
<td>Storage by expiry date</td>
<td></td>
</tr>
<tr>
<td>Dispensing of medication</td>
<td></td>
</tr>
<tr>
<td>Life-saving medication access</td>
<td></td>
</tr>
<tr>
<td>Drug interaction and adverse drug reactions</td>
<td></td>
</tr>
</tbody>
</table>

### Scoring guidelines

**C.5.1.1**
- If the hospital ensures availability of life-saving medications at all times through an implemented policy and evidence of continuous monitoring, score is fully met.
- If the hospital ensures availability of life-saving medications at all times through policy and no evidence of continuous monitoring, score is partially met.
- If the hospital does not ensure availability of life-saving medications at all times through an implemented policy and with no evidence of continuous monitoring, score is not met.

**C.5.2.1**
- If the hospital has evidence of an implemented safe medication system that covers the following:
  - selection and procurement
  - storage of medication
  - ordering and transcribing
  - preparing and dispensing
  - administration and follow-up.
  and monitors its implementation, score is fully met.
- If the hospital has a safe medication system that covers some of the following:
  - selection and procurement
  - storage of medication
  - ordering and transcribing
  - preparing and dispensing
  - administration and follow-up.
  and/or does not monitor its implementation, score is partially met.
- If the hospital does not have safe medication system and does not monitor its implementation, score is not met.
C.5.2.2
• If the hospital monitors and ensures legible handwriting when prescribing or writing doctors’ orders, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not ensure legible handwriting when prescribing or writing doctors’ orders, score is not met.

C.5.2.3
• If the hospital implements and monitors medicine reconciliation at admission and discharge, score is fully met.
• If the hospital implements, but does not monitor, medicine reconciliation at admission and discharge, score is partially met.
• If the hospital does not implement medicine reconciliation at admission and discharge, score is not met.

C.5.3.1
• If the hospital implements a process to ensure pharmacist review of medication orders to prevent drug interactions and drug-food interaction, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not implement a process to ensure pharmacist review of medication orders to prevent drug interactions and drug-food interaction, score is not met.

C.5.3.2
• If the hospital has an implemented and monitored policy to manage medication error, score is fully met.
• If the hospital has an implemented policy to manage medication error, but the policy is not monitored, score is partially met.
• If the hospital does not have a policy to manage medication error, score is not met.
### C.6 Title

**Medical records system**

<table>
<thead>
<tr>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical records staff member</td>
<td></td>
</tr>
</tbody>
</table>

#### Rationale

The hospital has a medical records system to ensure patient safety, record accessibility and confidentiality.

#### Core standard

<table>
<thead>
<tr>
<th>Measurement statement</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital has a structured medical records system.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
<tr>
<td>The hospital has a medical records system to ensure patient safety, record accessibility and confidentiality.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core standard</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.6.2.1 The hospital has and maintains a medical records archiving system.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
<tr>
<td>C.6.2.2 The hospital ensures that each and every patient has a single completed medical record with a unique identifier.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
<tr>
<td>C.6.2.3 The hospital uses standardized codes for diseases [ICD–10], diagnosis and procedures.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
<tr>
<td>C.6.2.4 The hospital ensures that medical records are easily accessed by the care providers whenever needed.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
</tbody>
</table>

#### Developmental standard

<table>
<thead>
<tr>
<th>Developmental standard</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.6.3.1 Patients should have access to their medical records with the opportunity to review and amend.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
<tr>
<td>C.6.3.2 The hospital has an automated information management and electronic medical records with an appropriate backup system.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
<tr>
<td>C.6.3.3 The hospital has a computerized physician order entry.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
<tr>
<td>C.6.3.4 The hospital has an effective automated clinical alarm system.</td>
<td>Medical records staff member</td>
<td></td>
</tr>
</tbody>
</table>

#### Evaluation process

- Read the subdomain, rationale, critical, core and developmental standards.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
- Read through the scoring guidelines.

#### Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>105</td>
<td>C.6.2.1, C.6.2.2, C.6.2.3</td>
<td>Medical records</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>106</td>
<td>C.6.2.4</td>
<td>Policies and procedures for medical records</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>C.6.3.2, C.6.3.3, C.6.3.4</td>
<td>Automated information system</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>
Interview with medical records officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is there a unique identifier and record for every patient?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have policies and standard operating procedures regarding medical records?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Does the hospital use standardized codes for diseases?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Does the hospital have automated information management and electronic medical records?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. Does the hospital have an effective automated clinical alarm system?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Observation

<table>
<thead>
<tr>
<th>Archiving</th>
<th>Comment</th>
</tr>
</thead>
</table>

Medical records review

<table>
<thead>
<tr>
<th>Completeness</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient identification</td>
<td></td>
</tr>
<tr>
<td>Consent</td>
<td></td>
</tr>
<tr>
<td>Handwriting</td>
<td></td>
</tr>
<tr>
<td>Nurse notes</td>
<td></td>
</tr>
<tr>
<td>Doctor notes</td>
<td></td>
</tr>
<tr>
<td>Disease coding</td>
<td></td>
</tr>
</tbody>
</table>

Scoring guidelines

C.6.2.1
- If the hospital has and maintains a medical records archiving system, score is fully met.
- If the hospital has a medical records archiving system, score is partially met.
- If the hospital does not maintain a medical records archiving system, score is not met.

C.6.2.2
- If each and every patient has a single completed medical record with a unique identifier, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If each and every patient does not have a single completed medical record with a unique identifier, score is not met.

C.6.2.3
- If the hospital uses standardized codes for diseases [ICD], diagnosis and procedures, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not use standardized codes for diseases [ICD], diagnosis and procedures, score is not met.

C.6.2.4
- If medical records are easily accessed by the care providers whenever needed, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If medical records are not easily accessed by the care providers whenever needed, score is not met.
C.6.3.1
• If patients have access to their medical records with the opportunity to review and amend, score is fully met.
• If there is partial compliance with standard, score is partially met.
• If patients do not have access to their medical records with the opportunity to review and amend, score is not met.

C.6.3.2
• If the hospital has an automated information management and electronic medical records with an appropriate backup system, score is fully met.
• If there is partial compliance with standard, score is partially met.
• If the hospital does not have an automated information management and electronic medical records with appropriate backup system, score is not met.

C.6.3.3
• If the hospital has a computerized physician order entry, score is fully met.
• If there is partial compliance with standard, score is partially met.
• If the hospital does not have a computerized physician order entry, score is not met.

C.6.3.4
• If the hospital has an effective automated clinical alarm system, score is fully met.
• If there is partial compliance with standard, score is partially met.
• If the hospital does not have an effective automated clinical alarm system, score is not met.
## Domain D: Safe environment standards

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
<th>Number of standards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Critical</td>
</tr>
<tr>
<td>D. Safe environment standards</td>
<td>D.1 The hospital has a safe and secure physical environment for patients, staff, volunteers, and visitors.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>D.2 The hospital has a safe waste management system.</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Standards: 2 Critical, 19 Core, 0 Developmental
## D.1 Safe physical environment

<table>
<thead>
<tr>
<th>Measurement statement</th>
<th>The hospital has a safe and secure physical environment for patients, staff, volunteers, and visitors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The hospital establishes and maintains a safe environment to ensure safety for all.</td>
</tr>
<tr>
<td>Core standard</td>
<td></td>
</tr>
<tr>
<td>D.1.2.1</td>
<td>The hospital has a multi-disciplinary environmental safety committee.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.2</td>
<td>The hospital design should be maximized to provide a safe environment, including for infection control.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.3</td>
<td>The hospital should establish a preventive maintenance programme for its physical environment.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.4</td>
<td>The hospital implements a security programme.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.5</td>
<td>The hospital ensures staff should display personal identification.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.6</td>
<td>The hospitals should use secure areas where appropriate.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.7</td>
<td>The hospital implements an external emergency plan.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.8</td>
<td>The hospital implements an internal emergency plan.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.9</td>
<td>The hospital implements a fire and smoke safety programme with an evacuation plan.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.10</td>
<td>The hospital has an effective utility system plan. It includes: water, medical gases, fuel, communication systems, and is composed of preventative maintenance and a backup plan in case of failure or interruption.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.11</td>
<td>The hospital has a radiation safety programme.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.12</td>
<td>The hospital displays warning signs marking unsafe areas.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.13</td>
<td>The hospital supplies appropriate and safe food and drinks for patients, staff and visitors.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.14</td>
<td>The hospital maintains a clean environment.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member</td>
</tr>
<tr>
<td>D.1.2.15</td>
<td>The hospital has a smoke-free policy.</td>
</tr>
<tr>
<td></td>
<td>Environmental safety staff member Doctor</td>
</tr>
</tbody>
</table>

### Evaluation process
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### Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>108</td>
<td>D.1.2.1</td>
<td>Notification letter of a multi-disciplinary environmental safety committee</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>D.1.2.1</td>
<td>Terms of reference of the multi-disciplinary environmental safety committee</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>D.1.2.1 D.1.2.2</td>
<td>Minutes of multi-disciplinary environmental safety committee meetings</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>D.1.2.3</td>
<td>Policies and procedures for building safety</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>D.1.2.3</td>
<td>Preventive maintenance for physical environment</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>D.1.2.4 D.1.2.6</td>
<td>Security policies and procedures</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>D.1.2.5</td>
<td>Staff identification policies and procedures</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>D.1.2.7</td>
<td>External disaster action plan</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>116</td>
<td>D.1.2.8</td>
<td>Internal disaster action plan</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>117</td>
<td>D.1.2.9</td>
<td>Fire and smoke safety policies and procedures</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>118</td>
<td>D.1.2.7 D.1.2.8 D.1.2.9</td>
<td>Training records for fire and smoke safety</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>119</td>
<td>D.1.2.10</td>
<td>Preventive maintenance utility records and a backup plan in case of failure or interruption</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>120</td>
<td>D.1.2.11</td>
<td>Radiation safety policies and procedures</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>121</td>
<td>D.1.2.13</td>
<td>Food safety policies and procedures</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>122</td>
<td>D.1.2.13</td>
<td>Screening of kitchen staff</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>123</td>
<td>D.1.2.14</td>
<td>Housekeeping policies and procedures</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>124</td>
<td>D.1.2.15</td>
<td>Smoke-free policy</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Interview with hospital management

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have a multi-disciplinary safety committee?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2. Does the hospital have a preventive and corrective building safety programme?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3. Does the hospital have a security programme?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4. Does the hospital have an external disaster action plan?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5. If so, how frequently is it rehearsed?</td>
<td></td>
</tr>
<tr>
<td>6. Does the hospital have an internal disaster action plan?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>7. If so, how frequently is it rehearsed?</td>
<td></td>
</tr>
<tr>
<td>8. Does the hospital have a fire safety programme with special emphasis on high-risk areas: lab, kitchen, etc.?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>9. Does the hospital have an emergency light and power lights in high-risk areas (e.g. operation rooms, intensive care unit, blood bank, medical gas system, etc) and elevators?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>10. Does the hospital have an effective utility system plan, which is composed of preventative maintenance and a backup plan in case of failure or interruption?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>11. Does the hospital have a radiation safety programme?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>12. How does the hospital ensure appropriate and safe food and drink for patients, staff, and visitors?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
**Observation**

<table>
<thead>
<tr>
<th>Warning signs</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directive signs</td>
<td></td>
</tr>
<tr>
<td>Hospital restricts access by a security system or personnel</td>
<td></td>
</tr>
<tr>
<td>Floors are slip-resistant</td>
<td></td>
</tr>
<tr>
<td>Handrails provided on all slopes</td>
<td></td>
</tr>
<tr>
<td>Resting places</td>
<td></td>
</tr>
<tr>
<td>Doors allow wheelchair or trolley</td>
<td></td>
</tr>
<tr>
<td>Staff members identified by ID badges</td>
<td></td>
</tr>
<tr>
<td>Cleanliness</td>
<td></td>
</tr>
<tr>
<td>No smoke policy</td>
<td></td>
</tr>
</tbody>
</table>

**Scoring guidelines**

**D.1.2.1**
- If the hospital has a multi-disciplinary environmental safety committee that meets on a regular basis, score is fully met.
- If the hospital has a multi-disciplinary environmental safety committee that does not meet on a regular basis, score is partially met.
- If the hospital does not have a multi-disciplinary environmental safety committee, score is not met.

**D.1.2.2**
- If the hospital design provides a safe environment, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital design does not provide a safe environment, score is not met.

**D.1.2.3**
- If the hospital has a preventive maintenance programme for its physical environment, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not have a preventive maintenance programme for its physical environment, score is not met.

**D.1.2.4**
- If the hospital has an implemented security programme, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not have an implemented security programme, score is not met.

**D.1.2.5**
- If the hospital ensures staff display personal identification, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not ensure that staff display personal identification, score is not met.

**D.1.2.6**
- If the hospital uses secure areas where appropriate, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not use secure areas where appropriate, score is not met.

**D.1.2.7**
- If the hospital implements an external emergency plan, score is fully met.
- If the hospital has an external emergency plan, score is partially met.
- If the hospital does not have an external emergency plan, score is not met.
D.1.2.8
• If the hospital implements an internal emergency plan, score is fully met.
• If the hospital has an internal emergency plan, score is partially met.
• If the hospital does not have an internal emergency plan, score is not met.

D.1.2.9
• If the hospital implements a fire and smoke safety programme with an evacuation plan, score is fully met.
• If the hospital has a fire and smoke safety programme with an evacuation plan, but with no evidence of training or implementation, score is partially met.
• If the hospital does not have a fire and smoke safety programme with an evacuation plan, score is not met.

D.1.2.10
• If the hospital has an effective utility system plan including water, medical gases, fuel, communication systems, and the system includes measures for preventative maintenance and a backup plan in case of failure or interruption, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not have an effective utility system plan, score is not met.

D.1.2.11
• If the hospital demonstrates a radiation safety programme, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not demonstrate a radiation safety programme, score is not met.

D.1.2.12
• If the hospital demonstrates warning signs marking unsafe areas, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not demonstrate warning signs marking unsafe areas, score is not met.

D.1.2.13
• If the hospital supplies appropriate and safe food and drink for patients, staff and visitors, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not supply appropriate and safe food and drink for patients, staff and visitors, score is not met.

D.1.2.14
• If the hospital maintains a clean environment, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not maintain a clean environment, score is not met.

D.1.2.15
• If the hospital implements a smoke free-policy, score is fully met.
• If the hospital has a smoke free-policy, with no evidence of full implementation, score is partially met.
• If the hospital does not have a smoke free-policy, score is not met.
### D.2 Title

**Waste management**

<table>
<thead>
<tr>
<th>Measurement statement</th>
<th>The hospital has a safe waste management system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The hospital has a waste management system to ensure patient, staff, community and environment safety.</td>
</tr>
</tbody>
</table>
| Critical standard     | D.2.1.1 The hospital segregates waste according to hazard level (see guideline) and colour codes it.  
                        | D.2.1.2 The hospital conforms to guidelines (including WHO guidelines) on management of sharps waste. |
| Core standard         | D.2.2.1 The hospital conforms to guidelines (including WHO guidelines) on safe management of wastes from health care activities.  
                        | D.2.2.2 The hospital conforms to guidelines (including WHO guidelines) on management of biological waste.  
                        | D.2.2.3 The hospital conforms to guidelines (including WHO guidelines) on management of chemical waste.  
                        | D.2.2.4 The hospital conforms to guidelines (including WHO guidelines) on management of radiological waste. |

### Evaluation process

- Read the subdomain, rationale, critical, core and developmental standards.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Verify data through observation during patient safety tour.
- Read through the scoring guidelines.

### Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>125</td>
<td>D.2.1.1</td>
<td>Health care waste management guidelines</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>126</td>
<td>D.2.1.1</td>
<td>Health care waste management policies and procedures</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>D.2.1.2</td>
<td>Sharps management guidelines</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>128</td>
<td>D.2.2.2</td>
<td>Biological waste management guidelines</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>129</td>
<td>D.2.2.3</td>
<td>Chemical waste management guidelines</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>130</td>
<td>D.2.2.4</td>
<td>Radiological waste management guidelines</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>
Interview with health care waste management officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many staff are in charge of health care waste management?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Did they receive any kind of training?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Are the staff aware of risks of handling health care waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Does the hospital vaccinate its staff against hepatitis B and other infectious diseases?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. Does the hospital segregate its waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>6. Does the hospital use any colour coding for the waste system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7. What protective equipment do employees use in handling waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>8. Do you have special containers for infectious waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>9. Do you have special containers for sharps?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>10. Is the storage area for waste secured?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>11. Is healthcare waste collected and transported safely?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>12. How is health care waste treated?</td>
<td></td>
</tr>
<tr>
<td>13. Where is the final health care waste disposal site?</td>
<td></td>
</tr>
<tr>
<td>14. How many cases were reported for needle stick injury in the last 6 months?</td>
<td></td>
</tr>
<tr>
<td>15. What measures does the hospital take when a needle stick is reported?</td>
<td></td>
</tr>
</tbody>
</table>

Observation

<table>
<thead>
<tr>
<th>Segregation of waste</th>
<th>Storage</th>
<th>Transfer</th>
</tr>
</thead>
</table>

Scoring guidelines

D.2.1.1
- If the hospital segregates waste according to hazard level and colour codes it, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not segregate waste according to hazard level and does not colour code it, score is not met.

D.2.1.2
- If the hospital conforms to guidelines on management of sharps, including WHO guidelines, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not conform to guidelines on management of sharps, including WHO guidelines, score is not met.

D.2.2.1
- If the hospital conforms to guidelines on safe management of waste from health care activities, including WHO guidelines, score is fully met.
- If there is partial compliance with the standard, score is partially met.
- If the hospital does not conform to guidelines on safe management of waste from health care activities, score is not met.

1 WHO guidelines are preferred but relevant alternative guidelines are acceptable.
D.2.2.2
• If the hospital conforms to guidelines on management of biological waste, including WHO guidelines, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not conform to guidelines on management of biological waste, score is not met.

D.2.2.3
• If the hospital conforms to guidelines on management of chemical waste, including WHO guidelines, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not conform to guidelines on management of chemical waste, score is not met.

D.2.2.4
• If the hospital conforms to guidelines on management of radiological waste, score is fully met.
• If there is partial compliance with the standard, score is partially met.
• If the hospital does not conform to guidelines on management of radiological waste, score is not met.
## Domain E: Lifelong learning standards

<table>
<thead>
<tr>
<th>Domains</th>
<th>Subdomains</th>
<th>Number of standards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Critical</td>
</tr>
<tr>
<td>E. Lifelong learning</td>
<td>E.1 The hospital has a staff professional development programme with patient safety as a cutting theme.</td>
<td>0</td>
</tr>
<tr>
<td>standards</td>
<td>E.2 The hospital verifies competency (particular issue knowledge).</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>E.3 The hospital conducts research in patient safety on ongoing basis.</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
**Measurement statement**

The hospital has a staff professional development programme with patient safety as a cutting theme.

**Rationale**

The hospital has a staff professional development programme to ensure staff awareness of and training on patient safety.

**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

- **E.1.2.3** All staff are familiar with the reporting procedure for near misses, adverse events and sentinel events and steps to be taken during or after an adverse event.
  - Nurse
  - Doctor

**Evaluation process**

- Read the subdomain, rationale, critical, core and developmental standards.
- Review the documents listed below.
- Verify data through interviews with key respondents.
- Read through the scoring guidelines.

**Required documents**

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>131</td>
<td>E.1.2.1</td>
<td>Patient safety orientation training manual</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>132</td>
<td>E.1.2.2</td>
<td>Patient safety training kit</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>133</td>
<td>E.1.2.1, E.1.2.2</td>
<td>Staff professional development records</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>134</td>
<td>E.1.2.3</td>
<td>Relevant policies and procedures</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>135</td>
<td>E.1.2.3</td>
<td>Percentage of hospital staff trained in patient safety reporting system and patient safety</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**Interview with hospital management**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have a patient safety orientation programme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have a staff professional development programme with patient safety as a cutting theme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. If so, what does it include?</td>
<td></td>
</tr>
</tbody>
</table>
Scoring guidelines

E.1.2.1
- If 80%–100% of hospital staff were provided with a patient safety orientation programme, score is fully met.
- If 60%–79% of hospital staff were provided with a patient safety orientation programme, score is partially met.
- If less than 60% of hospital staff were provided with a patient safety orientation programme, score is not met.

E.1.2.2
- If the hospital promotes ongoing training for 80%–100% of staff to ensure safe patient care, score is fully met.
- If the hospital promotes ongoing training for 60%–79% of staff to ensure safe patient care, score is partially met.
- If the hospital promotes ongoing training for less than 60% of staff to ensure safe patient care, score is not met.

E.1.2.3
- If 80%–100% of 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, score is fully met.
- If 60%–79% of 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, score is partially met.
- If less than 60% of 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, score is not met.
### Measurement statement

The hospital verifies competency for all health care professionals working in it or contracted.

### Rationale

The hospital ensures competency of its professionals.

### Developmental standard

- **E.2.3.1** The medical staff committee monitors competency for all health care professionals.
  - **Key respondent**: 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.
  - **Key respondent**: Staff professional development programme coordinator

### Evaluation process

- √ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
- √ Review the documents listed below.
- √ Verify data through interviews with key respondents.
- √ Read through the scoring guidelines.

### Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>136</td>
<td>E.2.3.1</td>
<td>Staff qualifications records</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>137</td>
<td>E.2.3.2</td>
<td>Medical credentialing records</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

### Interview with staff professional development programme coordinator

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the medical staff committee monitor competency (qualifications) for all health care professionals working in the hospital?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital verify competency for all health professionals working through an internal medical credentialing committee?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. If yes, what evidence supports this?</td>
<td></td>
</tr>
</tbody>
</table>
Scoring guidelines

E.2.3.1
• If the medical staff committee monitors competency for 80%–100% of health care professionals, score is fully met.
• If the medical staff committee monitors competency for 60%–79% of health care professionals, score is partially met.
• If the medical staff committee monitors competency for less than 60% of health care professionals, score is not met.

E.2.3.2
• If the hospital verifies the credentials of 80%–100% health care professionals including staff received from other national, regional and international institutions, score is fully met.
• If the hospital verifies the credentials of 60%–79% health care professionals including staff received from other national, regional and international institutions, score is partially met.
• If the hospital verifies the credentials of less than 60% health care professionals including staff received from other national, regional and international institutions, score is not met.
### Patient safety assessment manual

#### E.3

<table>
<thead>
<tr>
<th>Title</th>
<th>Research in patient safety</th>
<th>Key respondent</th>
<th>Final score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measurement statement</strong></td>
<td>The hospital conducts research in patient safety on an ongoing basis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>The hospital conducts research to assess magnitude and nature of adverse events to ensure safer care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Core standard</strong></td>
<td>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 quarter.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E.3.2.2 All patient safety research is approved and monitored by the patient safety internal body according to the needs of the hospital.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E.3.2.3 The hospital generates internal research reports that include statistics on frequency of iatrogenic harm and communicates results for action both internally and externally.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
<tr>
<td><strong>Developmental standard</strong></td>
<td>E.3.3.1 The hospital conducts retrospective studies to assess the magnitude and nature of adverse event to ensure safer care on a regular basis.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E.3.3.2 Staff are trained to use scientific research tools to address patient safety problems.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E.3.3.3 The hospital uses large data sets and prospective studies to assess the magnitude and nature of adverse events to ensure safer care.</td>
<td>Patient safety officer</td>
<td></td>
</tr>
</tbody>
</table>

### Evaluation process

- √ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring.
- √ Review the documents listed below.
- √ Verify data through interviews with key stakeholders.
- √ Read through the scoring guidelines.

### Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>138</td>
<td>E.3.2.1</td>
<td>Cross-sectional study reports and action plan for patient safety improvement</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>139</td>
<td>E3.2.2</td>
<td>Patient safety internal body minutes of meeting and records</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>140</td>
<td>E3.2.3</td>
<td>Internal research reports that include statistics on frequency of iatrogenic harm and communicates results for action both internally and externally</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>141</td>
<td>E3.3.1</td>
<td>Retrospective record review study reports and action plan for patient safety improvement</td>
<td>☐ Yes ☐ No</td>
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<td>142</td>
<td>E.3.3.2</td>
<td>Patient safety task force reports</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>143</td>
<td>E3.3.3</td>
<td>Large data sets and prospective study reports and action plan for patient safety improvement</td>
<td>☐ Yes ☐ No</td>
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</table>
Interview with patient safety coordinator

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital conduct cross-sectional studies to assess the magnitude and nature of adverse events?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>2. If so, how frequently?</td>
<td></td>
</tr>
<tr>
<td>3. Does the patient safety internal body approve and monitor patient safety research?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>4. Does the hospital conduct retrospective record review studies to assess the magnitude and nature of adverse events?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>5. If so, how frequently?</td>
<td></td>
</tr>
<tr>
<td>6. Does the patient safety task force use scientific tools, e.g. root cause analysis and improvement tools e.g. Plan, Do, Study, Act (PDSA)?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>7. 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?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>8. Does the hospital use large data sets and prospective studies to assess the magnitude and nature of adverse events?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Scoring guidelines

E.3.2.1
- If the hospital conducts cross-sectional studies to assess the magnitude and nature of adverse events at least once every quarter, score is fully met.
- If the hospital conducts cross-sectional studies to assess the magnitude and nature of adverse event on an irregular basis, score is partially met.
- If the hospital does not conduct cross-sectional studies to assess the magnitude and nature of adverse events, score is not met.

E.3.2.2
- If all patient safety research is approved and monitored by the patient safety internal body according to the needs of the hospital, score is fully met.
- If all patient safety research is approved by the patient safety internal body according to the needs of the hospital, but there is no evidence of monitoring, score is partially met.
- If all patient safety research is neither approved nor monitored by the patient safety internal body according to the needs of the hospital, score is not met.

E.3.2.3
- If the hospital generates internal research reports that include statistics on frequency of iatrogenic harm and communicates results for action both internally and externally on a regular basis, score is fully met.
- If the hospital generates internal research reports that include statistics on frequency of iatrogenic harm and communicates results for action both internally and externally on an irregular basis, score is partially met.
- If the hospital does not generate internal research reports that include statistics on frequency of iatrogenic harm and does not communicate results for action, score is not met.

E.3.3.1
- If the hospital conducts retrospective studies to assess the magnitude and nature of adverse events on a regular basis, score is fully met.
- If the hospital conducts retrospective studies to assess the magnitude and nature of adverse events on an irregular basis, score is partially met.
- If the hospital does not conduct retrospective studies to assess magnitude and nature of adverse events, score is not met.
E.3.3.2
• If 80%–100% of staff are trained to use scientific research tools to address patient safety problems, score is fully met.
• If 60%–79% of staff are trained to use scientific research tools to address patient safety problems, score is partially met.
• If less than 60% of staff are trained to use scientific research tools to address patient safety problems, score is not met.

E.3.3.3
• If the hospital uses large data sets and prospective studies to assess the magnitude and nature of adverse events on a regular basis, score is fully met.
• If the hospital uses large data sets and prospective studies to assess the magnitude and nature of adverse events on an irregular basis, score is partially met.
• If the hospital does not use large data sets and prospective studies to assess the magnitude and nature of adverse events, score is not met.
Section 2. Patient safety friendly hospital assessment tools

Preamble

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

The 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) patient safety tour: this tool puts together requisite observation sites for collection of information on those aspects that need to be observed and noted by visiting different units or departments in a hospital; d) interview tools: these include several questionnaires that help in obtaining specific information from different hospital staff or patients during the assessment. They are arranged such that all questions, across all five domains, that need to be addressed by the evaluator to each individual staff 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 standard.

Following this method will facilitate collection of information without going back and forth to the different standards in the various domains. As the evaluators gain more experience, it will become much easier to link the different elements of the assessment tools with the respective standards in the different domains to obtain the final score.
Hospital in brief

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

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:

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 non-medical services that support the hospital:

5. List any contracted (out sourced) services:

6. Do you operate ambulances?

7. Site description: List all buildings affiliated with the hospital.
# Required documents

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Patient safety standard</th>
<th>Document</th>
<th>Availability</th>
<th>Comments from interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A.1.1.1</td>
<td>Document demonstrating a patient safety strategy (hospital strategy)</td>
<td>☑ Yes ☐ No</td>
<td></td>
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<tr>
<td>2</td>
<td>A.1.1.1</td>
<td>The hospital's patient safety action plan</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>3</td>
<td>A.1.1.2</td>
<td>Notification letter for appointment of a senior patient safety staff member</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>4</td>
<td>A.1.1.2</td>
<td>Terms of reference of the senior patient safety staff member</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>5</td>
<td>A.1.1.3</td>
<td>The patient safety annual budget plan (hospital budget)</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>6</td>
<td>A.1.1.4</td>
<td>Last adverse event report</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>7</td>
<td>A.1.1.5</td>
<td>Patient safety executive walk report</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>8</td>
<td>A.1.1.6</td>
<td>A written and approved code of ethics policies and procedures</td>
<td>☑ Yes ☐ No</td>
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<td>9</td>
<td>A.1.2.1</td>
<td>Patient safety is included in employees’ satisfaction questionnaires</td>
<td>☑ Yes ☐ No</td>
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<td>10</td>
<td>A.1.2.2</td>
<td>Staff attitudes towards patient safety culture questionnaire</td>
<td>☑ Yes ☐ No</td>
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<td>11</td>
<td>A1.2.2</td>
<td>Results of staff attitudes towards patient safety culture and actions taken towards gathered data</td>
<td>☑ Yes ☐ No</td>
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<td>12</td>
<td>A.2.1.1</td>
<td>Hospital organigram (organizational structure)</td>
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<td>13</td>
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<td>Patient safety unit terms of reference</td>
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<td>A.2.1.2</td>
<td>Notification letter for patient safety officer</td>
<td>☑ Yes ☐ No</td>
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<td>15</td>
<td>A.2.1.2</td>
<td>Patient safety officer terms of reference</td>
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<td>16</td>
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<td>Risk management reactive reports</td>
<td>☑ Yes ☐ No</td>
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<td>17</td>
<td>A.2.1.4</td>
<td>Minutes of mortality and morbidity meetings</td>
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<td>Patient safety audit reports</td>
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<td>19</td>
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<td>Patient safety internal body minutes over the last 12 months</td>
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<td>20</td>
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<td>21</td>
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<td>External patient safety reports</td>
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<td>22</td>
<td>A.2.2.2</td>
<td>Risk management proactive reports</td>
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<tr>
<td>23</td>
<td>A.3.1.1</td>
<td>Targets related to patient safety goals (hospital strategy)</td>
<td>☑ Yes ☐ No</td>
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<td>24</td>
<td>A.3.1.2</td>
<td>Patient safety process and output measures</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>25</td>
<td>A.3.2.1</td>
<td>Patient safety performance management reports</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>26</td>
<td>A.3.2.2</td>
<td>Patient safety benchmarking results and action plan for improvement</td>
<td>☑ Yes ☐ No</td>
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<td>27</td>
<td>A.4.1.1</td>
<td>Essential equipment list</td>
<td>☑ Yes ☐ No</td>
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<td>28</td>
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<td>Policies and procedures for preventive equipment maintenance</td>
<td>☑ Yes ☐ No</td>
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<td>29</td>
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<td>Maintenance contracts</td>
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<td>Preventive equipment maintenance reports</td>
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<tr>
<td>31</td>
<td>A.4.1.3</td>
<td>Policies and procedures for corrective equipment maintenance</td>
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<td>Serial no.</td>
<td>Patient safety standard</td>
<td>Document</td>
<td>Availability</td>
<td>Comments from interviews</td>
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<td>32</td>
<td>A.4.1.4</td>
<td>Staff training records on training on relevant medical equipment</td>
<td>☐ Yes ☐ No</td>
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<td>33</td>
<td>A.4.1.5</td>
<td>Policies and procedures for decontamination and sterilization of all reusable medical devices</td>
<td>☐ Yes ☐ No</td>
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<td>A.4.1.6</td>
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<tr>
<td>35</td>
<td>A.5.2.1 A.5.2.3</td>
<td>Duty rosters for clinical staff</td>
<td>☐ Yes ☐ No</td>
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<td>36</td>
<td>A.5.2.2 A.5.2.3</td>
<td>Duty rosters for non-clinical support staff</td>
<td>☐ Yes ☐ No</td>
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<td>37</td>
<td>A.5.2.4</td>
<td>Staff qualifications and licenses</td>
<td>☐ Yes ☐ No</td>
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<td>Occupational health programme records</td>
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<td>Policies and standard operating procedures manuals for all departments and services</td>
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<td>A.6.1.2</td>
<td>Staff training records about relevant SOP</td>
<td>☐ Yes ☐ No</td>
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<td>42</td>
<td>B.1.1.1</td>
<td>A written and approved patient and family rights statement</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>43</td>
<td>B.1.1.2</td>
<td>A written and approved patient and family rights statement in which patient safety is incorporated</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>44</td>
<td>B.2.1.1</td>
<td>Educational material used: may include flyers, literature, lectures notes</td>
<td>☐ Yes ☐ No</td>
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<td>45</td>
<td>B.2.1.1</td>
<td>Minutes of last three disease-specific support group meetings and their signature of attendance</td>
<td>☐ Yes ☐ No</td>
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<td>47</td>
<td>B.3.1.1</td>
<td>Patient identifiers policy</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>48</td>
<td>B.3.1.1</td>
<td>Patient identification protocol for patients without identification or with the same name</td>
<td>☐ Yes ☐ No</td>
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<td>50</td>
<td>B.4.1.2</td>
<td>Minutes of last three community involvement meetings and events</td>
<td>☐ Yes ☐ No</td>
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<td>51</td>
<td>B.4.1.3</td>
<td>Patient safety press releases</td>
<td>☐ Yes ☐ No</td>
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<td>53</td>
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<td>Patient safety incident reports</td>
<td>☐ Yes ☐ No</td>
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<td>54</td>
<td>B.5.2.1</td>
<td>Adverse event disclosure policy and procedures</td>
<td>☐ Yes ☐ No</td>
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<td>B.5.2.2</td>
<td>Health care mediator terms of reference</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>56</td>
<td>B.6.1.1</td>
<td>Reports on leadership walk rounds, focus group reports, complaint letters, safety hotline, staff feedback, and suggestion box comments and action taken</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>57</td>
<td>B.6.1.1</td>
<td>Patient satisfaction survey results, analysis and action taken</td>
<td>☐ Yes ☐ No</td>
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<td>58</td>
<td>B.6.1.2</td>
<td>Feedback to patients on how their complaints were managed and changes that have taken place to prevent further recurrence of the complaint</td>
<td>☐ Yes ☐ No</td>
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<td>60</td>
<td>B.6.1.3</td>
<td>Information circulars, brochures etc. on patient safety, health literacy and patient well-being</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>Serial no.</td>
<td>Patient safety standard</td>
<td>Document</td>
<td>Availability</td>
<td>Comments from interviews</td>
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<td>62</td>
<td>B.7.1.1, B.7.1.2, B.7.1.3</td>
<td>Patient satisfaction surveys and results</td>
<td>☐ Yes ☐ No</td>
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<td>63</td>
<td>B.7.1.1, B.7.1.3</td>
<td>Employee satisfaction surveys and results</td>
<td>☐ Yes ☐ No</td>
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<td>64</td>
<td>C.1.1.1</td>
<td>Clinical practice guidelines</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>65</td>
<td>C.1.1.1</td>
<td>Staff training records in clinical practice guidelines</td>
<td>☐ Yes ☐ No</td>
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<td>67</td>
<td>C.1.1.2</td>
<td>Safe surgery guidelines</td>
<td>☐ Yes ☐ No</td>
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<td>68</td>
<td>C.1.1.2</td>
<td>Staff training records in safe surgery guidelines</td>
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<td>70</td>
<td>C.1.1.3</td>
<td>Invasive diagnostic procedure guidelines</td>
<td>☐ Yes ☐ No</td>
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<td>71</td>
<td>C.1.1.3</td>
<td>Staff training records in invasive diagnostic procedure guidelines</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>73</td>
<td>C.1.1.4</td>
<td>Guidelines to reduce venous thrombo-embolism</td>
<td>☐ Yes ☐ No</td>
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<td>74</td>
<td>C.1.1.4</td>
<td>Staff training records in guidelines to reduce venous thrombo-embolism</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>75</td>
<td>C.1.1.5</td>
<td>Checklist to screen patients to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection) and guidelines to reduce risk</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>77</td>
<td>C.1.1.6</td>
<td>List of standardized abbreviations of medical terms</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>78</td>
<td>C.1.1.7</td>
<td>Policy to minimize use of verbal and telephone orders and transmission of results</td>
<td>☐ Yes ☐ No</td>
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<td>79</td>
<td>C.1.1.8</td>
<td>Policy for communication for urgent critical results</td>
<td>☐ Yes ☐ No</td>
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<td>80</td>
<td>C.1.1.9</td>
<td>Policy for communication of pending test results to patients and care providers after discharge</td>
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<td>81</td>
<td>C.1.1.10</td>
<td>Policy for handover of patients between clinical teams (including shift staff)</td>
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<td>C.1.2.1</td>
<td>Clinical audit reports</td>
<td>☐ Yes ☐ No</td>
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<td>83</td>
<td>C.1.2.1</td>
<td>Reports of meetings for continuous systemic review of best practices in patient safety</td>
<td>☐ Yes ☐ No</td>
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<td>84</td>
<td>C.2.1.1</td>
<td>Infection control organizational structure and terms of reference of infection prevention and control committee</td>
<td>☐ Yes ☐ No</td>
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<td>C.2.1.1</td>
<td>Minutes of infection prevention and control committee meetings</td>
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<td></td>
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<tr>
<td>86</td>
<td>C.2.1.1, C.2.1.11</td>
<td>Infection control policies and procedures</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>87</td>
<td>C.2.1.2</td>
<td>Infection prevention and control guidelines</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>C.2.1.3</td>
<td>List of essential functioning infection prevention and control equipment, personal protective equipment and supplies</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>C.2.1.4</td>
<td>Health care-associated infection surveillance reports</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Serial no.</td>
<td>Patient safety standard</td>
<td>Document</td>
<td>Availability</td>
<td>Comments from interviews</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>90</td>
<td>C.2.1.5</td>
<td>Isolation protocols for specific infectious diseases</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>C.2.1.6</td>
<td>Policies and procedures for rational use of antibiotics to reduce resistance</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>C.2.1.7</td>
<td>Policies and procedures for decontamination and sterilization of equipment with special emphasis on high risk areas</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>C.2.1.8</td>
<td>Hand hygiene guidelines</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>C.2.1.9 C.2.1.10</td>
<td>Staff occupational safety records</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>C.3.1.1</td>
<td>Hospital safe blood and blood products guidelines</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>C.3.1.2</td>
<td>Cross-matching policies and procedures</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>C.3.1.3</td>
<td>Pre-transfusion policies and procedures</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>C.3.1.4</td>
<td>Safe administration of blood and blood products policies and procedures</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>C.3.1.5</td>
<td>Post-blood exposure incident management: policies and procedures</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>100</td>
<td>C.3.2.1</td>
<td>Clinical practices that reduce blood loss and the need for blood transfusion</td>
<td>☑ Yes ☐ No</td>
<td></td>
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<tr>
<td>101</td>
<td>C.3.2.2</td>
<td>Guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>C.4.1.1</td>
<td>Safe injection policies and procedures</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>C.5.1.1 C.5.1.2 C.5.1.3 C.5.1.4</td>
<td>Medication records, doctor orders, etc</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>C.5.1.1 C.5.1.2 C.5.1.3 C.5.1.4</td>
<td>Safe medication policies and procedures</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>106</td>
<td>C.6.1.4</td>
<td>Policies and procedures for medical record completion and archiving</td>
<td>☑ Yes ☐ No</td>
<td></td>
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<tr>
<td>107</td>
<td>C.6.2.2 C.6.2.3 C.6.2.4</td>
<td>Automated information system</td>
<td>☑ Yes ☐ No</td>
<td></td>
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<tr>
<td>108</td>
<td>D.1.1.1</td>
<td>Notification letter of multi-disciplinary environmental safety committee</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>D.1.1.1</td>
<td>Terms of reference of multi-disciplinary environmental safety committee</td>
<td>☑ Yes ☐ No</td>
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<tr>
<td>110</td>
<td>D.1.1.1 D.1.1.2</td>
<td>Minutes of multi-disciplinary environmental safety committee</td>
<td>☑ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>D.1.1.3</td>
<td>Policies and procedures for hospital building safety</td>
<td>☑ Yes ☐ No</td>
<td></td>
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<tr>
<td>112</td>
<td>D.1.1.3</td>
<td>Document(s) indicating preventative maintenance for physical environment</td>
<td>☑ Yes ☐ No</td>
<td></td>
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<tr>
<td>113</td>
<td>D.1.1.4 D.1.1.6</td>
<td>Security policies and procedures</td>
<td>☑ Yes ☐ No</td>
<td></td>
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<tr>
<td>Serial no.</td>
<td>Patient safety standard</td>
<td>Document</td>
<td>Availability</td>
<td>Comments from interviews</td>
</tr>
<tr>
<td>-----------</td>
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<td>-------------------------</td>
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<tr>
<td>114</td>
<td>D.1.1.5</td>
<td>Staff identification policies and procedures</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>D.1.1.7</td>
<td>External disaster action plan</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>116</td>
<td>D.1.1.8</td>
<td>Internal disaster action plan</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>117</td>
<td>D.1.1.9</td>
<td>Fire and smoke safety policies and procedures</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>118</td>
<td>D.1.1.7 D.1.1.8 D.1.1.9</td>
<td>Training records for fire and smoke safety</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>119</td>
<td>D.1.1.10</td>
<td>Preventive maintenance utility records and backup plan in case of failure or interruption</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>120</td>
<td>D.1.1.11</td>
<td>Radiation safety policies and procedures</td>
<td>□ Yes □ No</td>
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<tr>
<td>121</td>
<td>D.1.1.13</td>
<td>Food safety policies and procedures</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>122</td>
<td>D.1.1.13</td>
<td>Screening of kitchen staff</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>123</td>
<td>D.1.1.14</td>
<td>Housekeeping policies and procedures</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>124</td>
<td>D.1.1.15</td>
<td>Smoke-free policy document</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>125</td>
<td>D.2.1.1</td>
<td>Health care waste management guidelines</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>126</td>
<td>D.2.1.1 D.2.1.2</td>
<td>Health care waste management policies and procedures</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>D.2.1.3</td>
<td>Biological waste management guidelines</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>128</td>
<td>D.2.1.4</td>
<td>Sharps management guidelines</td>
<td>□ Yes □ No</td>
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<tr>
<td>129</td>
<td>D.2.1.5</td>
<td>Chemical waste management guidelines</td>
<td>□ Yes □ No</td>
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<tr>
<td>130</td>
<td>D.2.1.6</td>
<td>Radiological waste management guidelines</td>
<td>□ Yes □ No</td>
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<tr>
<td>131</td>
<td>E.1.1.1</td>
<td>Patient safety orientation training manual</td>
<td>□ Yes □ No</td>
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<tr>
<td>133</td>
<td>E.1.1.1 E.1.1.2</td>
<td>Staff professional development records</td>
<td>□ Yes □ No</td>
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<tr>
<td>135</td>
<td>E.1.1.3</td>
<td>Document indicating the percentage of hospital staff and patients trained in patient safety</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>136</td>
<td>E.2.1.1</td>
<td>Staff qualification records</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>137</td>
<td>E.2.2.1</td>
<td>Medical credentialling records</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>138</td>
<td>E.3.2.1</td>
<td>Cross-sectional study reports and action plan for patient safety improvement</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>139</td>
<td>E.3.2.2</td>
<td>Patient safety internal body minutes of meetings and records</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>140</td>
<td>E.3.2.3</td>
<td>Internal research reports that include statistics on frequency of iatrogenic harm</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>141</td>
<td>E.3.2.1</td>
<td>Retrospective record review studies reports and action plan for patient safety improvement</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>142</td>
<td>E.3.2.2</td>
<td>Patient safety task force reports</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>143</td>
<td>E.3.3.3</td>
<td>Large data sets and reports on prospective studies</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>
**Patient safety tour**

Random sample inpatient department, outpatient clinic e.g. dental clinic, operation room, blood back, intensive care, emergency department, pharmacy, central sterilization unit, kitchen, medical records department, radiology department, laboratory and waste storage.

**Observation**

Go to the endoscopy unit, dental clinic and central sterilization unit and first observe then conduct interview.

<table>
<thead>
<tr>
<th>A.1.4</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of essential supplies and equipment</td>
<td></td>
</tr>
<tr>
<td>Decontamination and sterilization</td>
<td></td>
</tr>
</tbody>
</table>

Go to reception, admission office

<table>
<thead>
<tr>
<th>B.1</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient and family rights statement is available and visible throughout the hospital</td>
<td></td>
</tr>
</tbody>
</table>

Go to patient wards

<table>
<thead>
<tr>
<th>B.3</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient identification bands</td>
<td></td>
</tr>
<tr>
<td>Allergy identification bands</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.7</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entertainment for patients e.g. music, TV, films, library</td>
<td></td>
</tr>
<tr>
<td>Place for prayers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.1</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of guidelines</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.2</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of essential functioning infection prevention and control equipment, personal protective equipment, and supplies.</td>
<td></td>
</tr>
<tr>
<td>Availability of reminders (e.g. for hand washing)</td>
<td></td>
</tr>
<tr>
<td>Isolation rooms, pressure monitoring devices functioning properly</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.4</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring safe syringe disposal practices e.g. no recapping, safety boxes</td>
<td></td>
</tr>
<tr>
<td>Skin preparation (aseptic) before administration of any injections, infusions, and immunization</td>
<td></td>
</tr>
</tbody>
</table>
### Go to pharmacy

<table>
<thead>
<tr>
<th>C.5</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage system for medications with similar names but different functions (relevant to the WHO look alike sound alike patient safety solution)</td>
<td></td>
</tr>
<tr>
<td>Highly concentrated solutions</td>
<td></td>
</tr>
<tr>
<td>Storage by expiry date</td>
<td></td>
</tr>
<tr>
<td>Dispensing of medication</td>
<td></td>
</tr>
<tr>
<td>Life saving medication access</td>
<td></td>
</tr>
<tr>
<td>Drug interaction and adverse drug reaction policies</td>
<td></td>
</tr>
<tr>
<td>Are medication carts and medication rooms locked</td>
<td></td>
</tr>
</tbody>
</table>

### Go to medical records

<table>
<thead>
<tr>
<th>C.6</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Archiving system</td>
<td></td>
</tr>
<tr>
<td>Computer screens not visible to the public</td>
<td></td>
</tr>
<tr>
<td>Patient records secure</td>
<td></td>
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</tbody>
</table>

### General

<table>
<thead>
<tr>
<th>D.1</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warning signs around the hospital, indicating potential harm, e.g. slippery floors</td>
<td></td>
</tr>
<tr>
<td>Directive signs</td>
<td></td>
</tr>
<tr>
<td>Hospital restricts access of individuals by use of a security system or otherwise</td>
<td></td>
</tr>
<tr>
<td>Floors are slip resistant</td>
<td></td>
</tr>
<tr>
<td>Handrails provided on all slopes</td>
<td></td>
</tr>
<tr>
<td>Resting places</td>
<td></td>
</tr>
<tr>
<td>Doors allow wheel chair or trolley</td>
<td></td>
</tr>
<tr>
<td>All fire extinguishers have current tags</td>
<td></td>
</tr>
<tr>
<td>Sprinkler heads and smoke detectors free of dust and paint</td>
<td></td>
</tr>
<tr>
<td>Cleanliness</td>
<td></td>
</tr>
<tr>
<td>No smoke policy</td>
<td></td>
</tr>
<tr>
<td>Lights function properly</td>
<td></td>
</tr>
<tr>
<td>Emergency call cords accessible to patients in toilet and bathing areas</td>
<td></td>
</tr>
<tr>
<td>Bathrooms are in good condition</td>
<td></td>
</tr>
<tr>
<td>Staff wearing an identification badge and an appropriate uniform</td>
<td></td>
</tr>
<tr>
<td>Fire doors, aisles, and exits kept clear</td>
<td></td>
</tr>
<tr>
<td>Full and empty oxygen cylinders stored separately in upright position</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D.2</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segregation of waste</td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td></td>
</tr>
<tr>
<td>Transfer</td>
<td></td>
</tr>
</tbody>
</table>
### Interview with hospital manager

- **Chief executive officer**
- **Medical director**
- **Senior patient safety staff**
- **Other please mention**

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

<table>
<thead>
<tr>
<th>Observation</th>
<th>Document review</th>
<th>Interview question</th>
<th>Interview answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not applicable</td>
<td>☐ Hospital strategy</td>
<td>1. Does the hospital have patient safety as a strategic priority?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ Not applicable</td>
<td>☐ Patient safety action plan</td>
<td>2. Does the hospital have a patient safety action plan?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

#### A.1.1.2 Hospital has designated a senior staff member with responsibility, accountability and authority for patient safety.

<table>
<thead>
<tr>
<th>Observation</th>
<th>Document review</th>
<th>Interview question</th>
<th>Interview answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not applicable</td>
<td>☐ Nomination letter for hospital appointment</td>
<td>3. Is there a designated senior staff member with responsibility, accountability and authority for patient safety?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ Not applicable</td>
<td>☐ Terms of reference of senior patient safety liaison</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### A.1.1.3 The hospital has an annual budget for patient safety activities based on a detailed action plan.

<table>
<thead>
<tr>
<th>Observation</th>
<th>Document review</th>
<th>Interview question</th>
<th>Interview answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not applicable</td>
<td>☐ Patient safety annual budget plan</td>
<td>4. Does the hospital have an annual budget for patient safety activities based on a detailed action plan?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

#### A.1.1.4 The leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence.

<table>
<thead>
<tr>
<th>Observation</th>
<th>Document review</th>
<th>Interview question</th>
<th>Interview answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not applicable</td>
<td>☐ Last adverse event report</td>
<td>5. What happens when a staff member reports a patient safety incident?</td>
<td></td>
</tr>
<tr>
<td>☐ Not applicable</td>
<td></td>
<td>6. Does the leadership support staff involved in patient safety incidents as long as there is no intentional harm or negligence?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

#### A.1.1.5 The leadership conducts regular patient safety executive walk to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.

<table>
<thead>
<tr>
<th>Observation</th>
<th>Document review</th>
<th>Interview question</th>
<th>Interview answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not applicable</td>
<td>☐ Patient safety executive walk reports and action plans</td>
<td>7. Does the leadership conduct patient safety executive walks?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

#### A.1.1.6 The hospital follows a code of ethics, for example in relation to research, resuscitation, consent, confidentiality, relations to industry

<table>
<thead>
<tr>
<th>Observation</th>
<th>Document review</th>
<th>Interview question</th>
<th>Interview answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not applicable</td>
<td>☐ A written and approved code of ethics policies and procedures.</td>
<td>8. Does the hospital follow a code of ethics?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
A.1.2.1 There is an open, non-punitive, non-blaming, learning and continuous improvement patient safety culture at all levels of the hospital.

<table>
<thead>
<tr>
<th>Observation</th>
<th>Document review</th>
<th>Interview question</th>
<th>Interview answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Not applicable</td>
<td>☐ Staff attitudes towards patient safety culture questionnaire</td>
<td>9. What happens when a staff member reports a patient safety incident?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Results of staff attitudes towards patient safety culture and actions taken towards gathered data.</td>
<td>10. Describe the hospital’s patient safety culture?</td>
<td></td>
</tr>
</tbody>
</table>

**Interview with hospital manager**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have patient safety as a strategic priority?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have a patient safety action plan?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Is there a designated a senior staff member with responsibility, accountability and authority for patient safety?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Does the hospital have an annual budget for patient safety activities based on a detailed action plan?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. What happens when a staff member reports a patient safety incident?</td>
<td></td>
</tr>
<tr>
<td>6. Does the leadership support staff involved in patient safety incidents as long as there is no intentional harm or negligence?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7. Does the leadership conduct patient safety executive walks?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>8. Does the hospital follow a code of ethics?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>9. What happens when a staff member reports a patient safety incident?</td>
<td></td>
</tr>
<tr>
<td>10. Describe the hospital’s patient safety culture</td>
<td></td>
</tr>
<tr>
<td>11. Does the hospital have sufficient clinical workforce?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>12. Does the hospital have sufficient non-clinical workforce?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>13. Does the hospital have an occupational health programme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>14. Does the hospital have policies and procedures for all departments and services?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>15. How do you train staff on relevant policies and procedures related to their duties?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>16. Does the hospital have a patient safety orientation programme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>17. Does the hospital have a staff professional development programme with patient safety as a cutting theme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>18. If so, what does it include?</td>
<td></td>
</tr>
</tbody>
</table>

**Interview with patient safety officer**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have a programme of patient safety and risk management in operation?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. If so, what does it include?</td>
<td></td>
</tr>
<tr>
<td>2a. Infection control</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2b. Safe use of medicine</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2c. Safe environment of care</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Question</td>
<td>Answer (Yes/No)</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>2d. Safe clinical practice</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2e. Equipment safety</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2f. Emergency management</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Are patient safety programme activities coordinated with the quality improvement department?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. How do you integrate different patient safety activities?</td>
<td></td>
</tr>
<tr>
<td>5. What are the focuses of the programme?</td>
<td></td>
</tr>
<tr>
<td>6. What is your role as a patient safety and risk management coordinator?</td>
<td></td>
</tr>
<tr>
<td>7. Are patient safety incidents reported and analysed?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>8. Does the patient safety reporting ensure confidentiality?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>9. Does the patient safety reporting minimize individual blame?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>10. Does it allow for ease of reporting?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>11. Does the hospital have an active patient safety internal body (PSIB) that analyses prioritized events?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>12. Who are the stakeholders involved in the patient safety internal body?</td>
<td></td>
</tr>
<tr>
<td>13. Which tools do the patient safety internal body use to analyse and recommend patient safety improvement activities?</td>
<td></td>
</tr>
<tr>
<td>14. Currently are there any patient safety improvement projects?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>15. If so, please mention?</td>
<td></td>
</tr>
<tr>
<td>16. Is there a standard procedure for patient safety?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>17. Does the hospital have a morbidity and mortality committee?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>18. How often do the morbidity and mortality committee members meet?</td>
<td></td>
</tr>
<tr>
<td>19. Does the hospital develop reports on different patient safety activities and does it dissemnat them ?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>20. Does the hospital have measurable targets related to patient safety goals?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>21. 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?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>22. 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?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>23. Does the hospital send the patient safety report cards on a monthly basis to the national organization responsible for oversight of the patient safety friendly hospital (e.g. Ministry of Health) for benchmarking with other hospitals?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>24. Does the hospital act on benchmarking results through an action plan and development of patient safety improvement projects?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>25. Does the hospital have “campaigns” of patient safety?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>26. How does the hospital involve its community in patient safety activities?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>27. Does the hospital have a structured disclosure system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>28. Does the hospital have a health care mediator to disclose incidents?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>29. Does the hospital obtain patients’ and their carers’ feedback?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>30. If so, using which tools?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>30a.1. Satisfaction surveys</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>30a.2. If so, how often?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>30b.1. Leadership walk rounds</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>30b.2. If so, how often?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>30c.1. Focus groups</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>30c.2. If so, how often?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
### Patient safety friendly hospital assessment tools

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30d. Complaint letters</td>
<td>Yes/No</td>
</tr>
<tr>
<td>30e. Safety hotline</td>
<td>Yes/No</td>
</tr>
<tr>
<td>30f. Staff feedback</td>
<td>Yes/No</td>
</tr>
<tr>
<td>30g. Suggestion box</td>
<td>Yes/No</td>
</tr>
<tr>
<td>30h. Community surveys</td>
<td>Yes/No</td>
</tr>
<tr>
<td>31. Does the hospital involve patients and their carers in setting policies and implementing quality improvement and patient safety activities?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>32. If so, how?</td>
<td></td>
</tr>
<tr>
<td>33. Does the hospital provide chat/message board for patients and their carers to write their concerns, and share their solutions?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>34. Does the hospital provide access to computer-based information on patient safety, health literacy and patient well-being?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>35. Does the hospital conduct cross-sectional studies to assess magnitude and nature of adverse events?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>36. If so, how frequently?</td>
<td></td>
</tr>
<tr>
<td>37. Does patient safety internal body approve and monitor patient safety research?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>38. Does the hospital conduct retrospective record review studies to assess the magnitude and nature of adverse events?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>39. If so, how frequently?</td>
<td></td>
</tr>
<tr>
<td>40. Does the patient safety task force use scientific tools e.g. root cause analysis and improvement tools e.g. PDSA?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>41. 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?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>42. Does the hospital use large data sets and prospective studies to assess the magnitude and nature of adverse events?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Interview with health promotion officer**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have support groups for the most frequent diagnoses?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2. Does the hospital support patient-to-patient activities to build health literacy?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3. Does the hospital facilitate lectures for patients on common and frequent health topics?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4. Does the hospital have a health care portal and patients have access to it?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Interview with infection prevention and control officer**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have an infection prevention and control policy?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2. Does the hospital have an infection prevention and control committee?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3. Does the hospital have an infection prevention and control organizational chart?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4. Does the hospital have a surveillance system for HAI?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5. Does the hospital assess infection control?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>6. If so, how?</td>
<td></td>
</tr>
<tr>
<td>7. Does the hospital conform to recognized guidelines for infection prevention and control?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>8. Does the hospital implement policies and procedures for rational use of antibiotics to reduce resistance?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Question | Answer (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 implement recognized guidelines for hand hygiene, including WHO guidelines? | ☐ Yes ☐ No
15. Does the hospital act to protect staff, volunteers and visitors from health-care acquired infections, including by HBV 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 blood bank manager**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How does the hospital implement safe blood and blood product guidelines?</td>
<td></td>
</tr>
<tr>
<td>2. Does the hospital ensure that patient blood samples for cross-match are securely identified with two unique identifiers?</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
</tr>
<tr>
<td>4. Does the hospital have a policy for post blood exposure incident management?</td>
<td></td>
</tr>
</tbody>
</table>

**Interview with medical records officer**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is there a unique identifier and record for every patient?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have policies and standard operating procedures regarding medical records?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Does the hospital use standardized codes for diseases?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Does the hospital have automated information management and electronic medical records?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. Does the hospital have an effective automated clinical alarm system?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

**Medical records review to address the following items**

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completeness</td>
</tr>
<tr>
<td>Patient identification, unique identifier</td>
</tr>
<tr>
<td>Consent</td>
</tr>
<tr>
<td>Handwriting</td>
</tr>
<tr>
<td>Nurse notes</td>
</tr>
<tr>
<td>Doctor notes</td>
</tr>
<tr>
<td>Disease coding</td>
</tr>
<tr>
<td>Presence of a computerized physician order entry</td>
</tr>
<tr>
<td>Presence of an effective automated clinical alarm system</td>
</tr>
<tr>
<td>Easy access for patients and providers</td>
</tr>
</tbody>
</table>
## Interview with doctor

Conduct three interviews.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the leadership support staff involved in patient safety incidents as long as there is no intentional harm or negligence?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2. Does the hospital follow a code of ethics, for example in relationship to research, resuscitation, consent, confidentiality?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3. In your opinion, is there an open, non punitive, non blaming, learning and continuous improvement patient safety culture at all levels of the hospital?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4. Does the leadership assess staff attitudes towards patient safety culture regularly?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5. Does the hospital ensure that staff receive appropriate training for available equipment?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>6. Are all patients identified and verified with at least 2 identifiers including full name and date of birth?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>8. Is there a system in place that ensures that invasive diagnostic procedures are carried out safely, and according to standard guidelines?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>9. Does the hospital implement guidelines to reduce venous thrombo-embolism?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>10. In your practice, do you commonly screen patients to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection)?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>11. Does the hospital maintain a list of approved abbreviations of medical terms?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>12. Does the hospital minimize the use of verbal and telephone orders and transmission of results, and “read back” is used where verbal communication is essential?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>13. Does the hospital maintain clear channels of communication for urgent critical results?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>14. Does the hospital have systems in place to ensure safe communication of pending test results to patients and care providers after discharge?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>15. Does the hospital have systems in place for safe and thorough handover of patients between clinical teams?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16. Does the hospital have a local guideline committee that meets regularly to select, develop and implement guidelines, protocols and checklists relevant to safety?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

## Interview with nurse

Conduct three interviews.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the leadership support staff involved in patient safety incidents as long as there is no intentional harm or negligence?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2. In your opinion, is there an open, non punitive, non blaming, learning and continuous improvement patient safety culture at all levels of the hospital?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3. Does the leadership assess staff attitudes towards patient safety culture regularly?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4. Does the hospital undertake regular preventative maintenance for equipment including calibration?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5. Does the hospital undertake regular repair or replacement of broken (malfunctioning) equipment?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>6. Does the hospital ensure staff receive appropriate training for available equipment?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>7. Does the hospital ensure that all reusable medical devices are properly decontaminated prior to use?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>8. Does the hospital have sufficient supplies to ensure prompt decontamination and sterilization?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>9. Are all patients identified and verified with at least 2 identifiers including full name and date of birth?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
### Patient Safety Assessment Manual

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Is there a system in place to identify allergies, e.g. by a colour-coding system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>11. Do you take into consideration the patients’ and their carers’ feelings during all processes of care?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>12. Are you given instructions by hospital leadership to support patient’s family and their carers in end-of-life cases?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>13. Are there systems in place to ensure safe injection practice through:</td>
<td></td>
</tr>
<tr>
<td>• Preventing reuse of needles at hospital?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• Educating patients and families regarding transmission of bloodborne pathogens?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• Ensuring safe syringe disposal practices e.g. no recapping, use of safety boxes?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• Ensuring skin preparation (aseptic) before administration of any injections, infusions, and immunization?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>• The presence of guidelines for anaphylactic reactions that might occur following injections, infusions, and immunization?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>14. Were you provided with a patient safety orientation programme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>15. Is there ongoing training for all staff to ensure safe patient care?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>16. Are you familiar with the reporting procedure and steps to be taken during or after an adverse event?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>17. Do you have any broken equipment?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>18. Did you ever face any delays in patient treatment due to malfunction equipment?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>19. What happens if equipment broke/malfunctions?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>20. Were you trained on relevant equipment use, decontamination and sterilization?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>21. Do you brief patients about the hospital's patient and family rights policy?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

### Patient Interview

Conduct three interviews with discharged patients.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were you briefed about the hospital’s patient and family rights policy?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Is the hospital’s patient and family rights statement visible throughout the hospital?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Did you obtain from your treating physician complete updated information on your diagnosis, treatment, or any prognosis?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Did you participate in making decisions regarding your health care?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. Did you sign a consent before any risky procedure?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>6. Did the hospital train you or your carers to take care of you after you were discharged?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7. Did you receive patient education concerning your case/diagnosis upon discharge?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>8. Did you receive information about your medication?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>9. Are hospital staff respondent to your needs and caring?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>10. Does the hospital have entertainment to entertain you?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>11. In general, do hospital staff treat you with care and respect?</td>
<td>Scale 1-10 (10 = excellent)</td>
</tr>
<tr>
<td>12. In general is hospital staff friendly to you?</td>
<td>Scale 1-10 (10 = excellent)</td>
</tr>
</tbody>
</table>
### Interview with environmental safety officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have a multidisciplinary environmental safety committee?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have a preventative and corrective building safety programme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Does the hospital have a security programme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Does the hospital have an external disaster action plan?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. If so, how frequently is it rehearsed?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>6. Does the hospital have an internal disaster action plan?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7. If so, how frequently is it rehearsed?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>8. Does the hospital have a fire safety programme with special emphasis on high-risk areas: lab, kitchen, etc.?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>9. Does the hospital have an emergency light and power lights in high-risk areas (e.g. operation rooms, intensive care unit, blood bank, medical gas system, etc.) and elevators?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>10. Does the hospital have an effective utility system plan, which is composed of preventative maintenance and backup plan in case of failure or interruption?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>11. Does the hospital have a radiation safety programme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>12. How does the hospital ensure appropriate and safe food and drink for patients, staff, and visitors?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>13. Does the hospital implement a smoke-free policy?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

### Interview with waste management officer

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many staff are in charge of health care waste management?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Did they receive any kind of training?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. Are the staff aware of risks of handling healthcare waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4. Does the hospital vaccinate its staff against hepatitis B and other infectious diseases?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. Does the hospital segregate its waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>6. Does the hospital use any colour coding for the waste system?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7. What protective equipment do staff use in handling waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>8. Do you have special containers for infectious waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>9. Do you have special containers for sharps?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>10. Is the storage area for waste secured?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>11. Is health care waste collected and transported in a safe way?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>12. How is health care waste treated?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>13. Does the hospital conform to guidelines on management of biological waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>14. Does the hospital conform to guidelines on management of sharps?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>15. Does the hospital conform to guidelines on management of chemical waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>16. Does the hospital conform to guidelines on management of radiological waste?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>17. Where is the final health care waste disposal site?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>18. How many cases were reported for needle stick injury in the last 6 months?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>19. What measures does the hospital undertake when a needle stick is reported?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
Interview with staff professional development

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the hospital have a patient safety orientation programme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2. Does the hospital have a staff professional development programme with patient safety as a cutting theme?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3. If so, what does it include?</td>
<td></td>
</tr>
<tr>
<td>4. Are all staff familiar with the reporting procedure and steps to be taken during or after an adverse event?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5. Does the medical staff committee monitor competency (qualifications) for all healthcare professionals working in the hospital?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>6. Does the hospital verify competency for all health professionals working through an internal medical credentialling committee?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>7. If yes, is there evidence to support this?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
**Suggested assessment agenda**

A few days prior to assessment, the “Hospital in brief” form, and a list of required documents for evaluation are sent to the focal point of the hospital in order to prepare for the assessment.

<table>
<thead>
<tr>
<th>Day one</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All evaluators</strong></td>
<td><strong>9:00–9:15</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>9:15–9:30</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>9:45–11:45</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>11:45–12:00</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>12:00–14:00</strong></td>
<td></td>
</tr>
<tr>
<td><strong>All evaluators</strong></td>
<td><strong>14:00–15:00</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Day two**

All together with one hospital staff e.g. patient safety officer, quality officer, hospital management

<table>
<thead>
<tr>
<th><strong>All evaluators</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9:00–11:30</strong></td>
<td>Patient safety tour (to include if available: emergency department, blood bank, pharmacy, intensive care unit, surgical wards, obstetrics delivery ward, obstetrics ward, outpatient clinics, admission, kitchen, central sterilization unit, neonatology unit, waste storage, medical records department, blood bank, laboratory, imaging and human resources department)</td>
<td></td>
</tr>
<tr>
<td><strong>11:30–12:00</strong></td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td><strong>Evaluator 1</strong></td>
<td><strong>12:30–13:00</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluator 2</strong></td>
<td><strong>12:30–13:00</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluator 3</strong></td>
<td><strong>12:30–13:00</strong></td>
<td></td>
</tr>
<tr>
<td><strong>13:00–13:30</strong></td>
<td>Interview with quality coordinator</td>
<td></td>
</tr>
<tr>
<td><strong>Evaluator 2</strong></td>
<td><strong>13:00–13:15</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluator 3</strong></td>
<td><strong>13:00–13:15</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluator 1</strong></td>
<td><strong>13:15–13:30</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluator 2</strong></td>
<td><strong>13:15–13:30</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluator 3</strong></td>
<td><strong>13:15–13:30</strong></td>
<td></td>
</tr>
<tr>
<td><strong>13:30–13:45</strong></td>
<td>Interview with blood bank manager</td>
<td></td>
</tr>
<tr>
<td><strong>13:45–14:00</strong></td>
<td>Interview with laboratory manager</td>
<td></td>
</tr>
<tr>
<td><strong>13:45–14:00</strong></td>
<td>Interview with a pharmacist (random selection)</td>
<td></td>
</tr>
<tr>
<td><strong>All evaluators</strong></td>
<td><strong>14:00–15:00</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Only evaluators in room for briefing (no hospital staff should attend) identifying missing gaps for assessment and any clarifications.</td>
<td></td>
</tr>
</tbody>
</table>
## Day three

<table>
<thead>
<tr>
<th>All evaluators</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Together with one hospital staff (e.g. patient safety officer, quality officer, hospital management)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9:00–11:30</strong></td>
<td><strong>11:30–12:00</strong></td>
<td><strong>12:00–14:00</strong></td>
</tr>
<tr>
<td>Patient safety tour (continued)</td>
<td>Break</td>
<td>Any missing information and clarifications</td>
</tr>
<tr>
<td><strong>Evaluator 1</strong></td>
<td><strong>Evaluator 2</strong></td>
<td><strong>Evaluator 3</strong></td>
</tr>
<tr>
<td>12:00–12:15 Interview with doctor 1 (using doctor interview template)</td>
<td>12:00–12:15 Interview with doctor 2</td>
<td>12:00–12:15 Interview with doctor 3</td>
</tr>
<tr>
<td>12:15–12:30 Interview with nurse 1</td>
<td>12:15–12:30 Interview with nurse 2</td>
<td>12:15–12:30 Interview with nurse 3</td>
</tr>
<tr>
<td>12:30–12:45 Interview with head of human resources</td>
<td>12:30–12:45 Interview with emergency manager</td>
<td>12:30–12:45 Interview with maintenance staff member</td>
</tr>
</tbody>
</table>

### Day four

<table>
<thead>
<tr>
<th>All evaluators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9:00–12:00</strong></td>
<td><strong>12:00–15:00</strong></td>
</tr>
<tr>
<td>Writing assessment report of recommendations (no hospital staff should attend)</td>
<td>Discussing findings with hospital management and patient safety coordinator</td>
</tr>
<tr>
<td>Documenting an action plan for improvement of patient safety for partially met and not met critical standards</td>
<td></td>
</tr>
</tbody>
</table>
### Critical scoring

<table>
<thead>
<tr>
<th>Critical standards</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.1.1.1 The hospital has patient safety as a strategic priority. This strategy is</td>
<td>Not met</td>
<td></td>
</tr>
<tr>
<td>being implemented through a detailed action plan.</td>
<td>Partially met</td>
<td></td>
</tr>
<tr>
<td>A.1.1.2 The hospital has a designated senior staff member with responsibility,</td>
<td>Fully met</td>
<td></td>
</tr>
<tr>
<td>accountability and authority for patient safety.</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>A.1.1.3 The leadership conducts regular patient safety executive walk-rounds to</td>
<td>Not met</td>
<td></td>
</tr>
<tr>
<td>promote patient safety culture, learn about risks in the system, and act on patient</td>
<td>Partially met</td>
<td></td>
</tr>
<tr>
<td>safety improvement opportunities.</td>
<td>Fully met</td>
<td></td>
</tr>
<tr>
<td>A.2.1.1 A designated person coordinates patient safety and risk management</td>
<td>Not met</td>
<td></td>
</tr>
<tr>
<td>activities (middle management).</td>
<td>Partially met</td>
<td></td>
</tr>
<tr>
<td>A.2.1.2 The hospital conducts regular monthly morbidity and mortality meetings.</td>
<td>Fully met</td>
<td></td>
</tr>
<tr>
<td>A.4.1.1 The hospital ensures availability of essential equipment.</td>
<td>Not met</td>
<td></td>
</tr>
<tr>
<td>A.4.1.2 The hospital ensures that all reusable medical devices are properly</td>
<td>Partially met</td>
<td></td>
</tr>
<tr>
<td>decontaminated prior to use.</td>
<td>Fully met</td>
<td></td>
</tr>
<tr>
<td>A.4.1.3 The hospital has sufficient supplies to ensure prompt decontamination and</td>
<td>Not met</td>
<td></td>
</tr>
<tr>
<td>sterilization.</td>
<td>Partially met</td>
<td></td>
</tr>
<tr>
<td>A.5.1.1 Qualified clinical staff, both permanent and temporary, are registered</td>
<td>Fully met</td>
<td></td>
</tr>
<tr>
<td>to practice with an appropriate body.</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>B.2.1.1 Before any invasive procedure, a consent is signed by the patient. He/she</td>
<td>Not met</td>
<td></td>
</tr>
<tr>
<td>is informed of all risks, benefits and potential side effects of a procedure in</td>
<td>Partially met</td>
<td></td>
</tr>
<tr>
<td>advance. The physician explains, and the nurse oversees the signing.</td>
<td>Fully met</td>
<td></td>
</tr>
<tr>
<td>B.3.1.1 All patients are identified and verified with at least two identifiers</td>
<td>Not met</td>
<td></td>
</tr>
<tr>
<td>including full name and date of birth (and room number is not one of them)</td>
<td>Partially met</td>
<td></td>
</tr>
<tr>
<td>whenever the patient undergoes any procedure (e.g. laboratory, diagnostic or</td>
<td>Fully met</td>
<td></td>
</tr>
<tr>
<td>therapeutic procedures) or transfer or is administered any medication or blood</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>or blood components before care is administered, with special emphasis on high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>risk groups e.g. newborn babies, patients in coma, senile patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical standards</td>
<td>Score</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------</td>
</tr>
<tr>
<td>C.1.1.1 The hospital maintains clear channels of communication for urgent critical results.</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
<tr>
<td>C.1.1.2 The hospital has systems in place to ensure safe communication of pending test results to patients and care providers after discharge.</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
<tr>
<td>C.2.1.1 The hospital has an infection prevention control programme including an organization scheme, guidelines, plan, and a manual.</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
<tr>
<td>C.2.1.2 The hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high risk areas.</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
<tr>
<td>C.3.1.1 The hospital implements guidelines, including WHO guidelines, on safe blood and blood products.</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
<tr>
<td>C.3.1.2 The hospital has safe pre-transfusion procedures e.g. recruitment, selection and retention of voluntary blood donors, blood screening (e.g. HIV, HBV).</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
<tr>
<td>C.5.1.1 The hospital ensures availability of life-saving medications at all times.</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
<tr>
<td>D.2.1.1 The hospital segregates waste according to hazard level (see guideline) and colour codes it.</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
<tr>
<td>D.2.1.2 The hospital conforms to guidelines (including WHO guidelines) on management of sharps waste.</td>
<td>Not met</td>
<td>Partially met</td>
</tr>
</tbody>
</table>

A patient safety score card can be downloaded from the patient safety page at www.emro.who.int
Unsafe health care remains a problem of immense magnitude worldwide. The development of solutions and initiatives aimed at driving change towards greater patient safety has become a pressing need, and is recognized by the public health community. As part of one such initiative – the patient safety friendly hospital initiative – the WHO Regional Office for the Eastern Mediterranean developed a set of patient safety standards and tools, with the aim of assessing the patient safety programmes in hospitals and instilling a culture of safety. This manual contains the patient safety standards and a set of patient friendly hospital assessment tools, which is intended for use by trained evaluators in assessing hospital patient safety programmes. Ministries of health, academic institutions and professional associations are encouraged to adopt and use these tools.