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1 MANAGEMENT AND LEADERSHIP

Standards

1.1 Governance of the hospital

1.1.1 Governance responsibilities and accountabilities are described in legislation, policies and procedures or similar documents that show how these duties are to be carried out.

1.1.1 Criteria

1.1.1.1 The hospital’s governance structure is described in written documents and is known to the personnel of the hospital.

1.1.1.2 There is an organisational chart or document that describes the lines of authority and accountability between the governance structure and the hospital as well as within the hospital.

1.1.1.3 Those responsible for governance approve and make public the hospital’s mission statement.

1.1.1.4 Those responsible for governance ensure approval of strategic policies and strategic plans to operate the hospital.

1.1.1.5 Those responsible for governance approve the budget and allocate resources required to meet the hospital’s mission.

1.1.1.6 Those responsible for governance appoint the hospital’s senior manager(s).

1.1.1.7 Those responsible for governance collaborate with the hospital’s managers.

1.1.1.8 Those responsible for governance receive and act upon reports of the quality programme, at least quarterly.

1.1.1.9 Those responsible for governance receive and act upon reports on risk management, at least quarterly.

1.1.1.10 Those responsible for governance evaluate the performance of the hospital’s senior manager at least annually.

1.1.1.11 Communication and co-operation between the hospital’s governance structure, management and the catchment population is established.

1.1.1.12 The effectiveness and performance of the governance structure is evaluated at least annually.
1.2 Management of the hospital
1.2.1 A senior manager is responsible for operating the hospital within applicable laws and regulations.

1.2.2 A senior manager implements processes to manage and control the hospital.

1.2.3 The hospital’s clinical and managerial leaders are identified and are collectively responsible for defining the hospital’s mission and creating the plans and policies needed to fulfil the mission.

1.2.4 The hospital communicates with its catchment population to facilitate access to information about its patient care services.

1.2.5 The hospital provides patient care within ethical and legal norms.

1.2.6 The hospital’s leaders ensure that policies and procedures are implemented to support the activities of the hospital and to guide personnel, patients and visitors.

1.2.7 The leaders direct the development and monitor the implementation of contracts/agreements for clinical, non-clinical or managerial services.

1.2.8 The hospital’s leaders foster communication between individuals and coordinate services among departments.

1.3 Management of departments and services
1.3.1 Identified departmental or service managers control clinical and managerial activities in each department or service.

1.3.2 Policies and procedures and applicable laws and regulations guide the uniform care of all patients.
2 HUMAN RESOURCE MANAGEMENT

Standards

2.1 Human resource management support
2.1.1 Administrative support is provided for the hospital’s human resource strategy in order for it to meet the need for an adequate number of suitably qualified and trained personnel.

2.1.2 A personnel file is maintained for each employee.

2.2 Personnel planning
2.2.1 The hospital’s leaders plan for the provision of adequate numbers of suitably qualified personnel.

2.3 Personnel management
2.3.1 Each personnel member’s responsibilities are defined in a current job description.

2.3.2 The hospital uses a defined process to evaluate the knowledge and skills of personnel to ensure that these are aligned with patient needs.

2.3.3 Sound industrial relations based on current labour legislation are implemented and maintained in the hospital.

2.4 Personnel orientation, induction and education
2.4.1 All personnel members are orientated to the hospital and to their specific job responsibilities at the time of appointment.

2.4.2 Each personnel member receives ongoing in-service training and development to maintain and/or advance his or her skills and knowledge, based on identified hospital needs.

2.4.3 Personnel members participate in continuing education, research and other educational experiences to acquire new skills and knowledge and to support job advancement.

2.5 Verification of personnel credentials
2.5.1 The hospital has an effective process for gathering, verifying and evaluating the credentials (registration, education, training and experience) of those healthcare professionals who are permitted to provide patient care.

2.6 Quality improvement
2.6.1 A formalised, proactive quality improvement approach is maintained in the service.

2.7 Risk management
2.7.1 The department/service implements risk management processes.
3 ADMINISTRATIVE SUPPORT

Standards

3.1 Financial management
3.1.1 Budgeting, reporting and auditing processes are consistent with statutory requirements and accepted standards.

3.2 Supply chain management
3.2.1 There is a system to ensure that equipment and supplies are ordered, available, stored and distributed from a designated point.

3.2.2 All equipment and supplies are safely stored.

3.3 Health record management
3.3.1 There is a system for the management of health records, which meets confidentiality and safety requirements.

3.4 Information Technology equipment management
3.4.1 Where Information Technology equipment is available, it is properly maintained to meet the needs of the services.

3.5 Use of Motor Vehicles
3.5.1 The use of organisational motor vehicles by personnel is planned and monitored to ensure safety and legality.

3.6 Risk management
3.6.1 The department/service implements risk management processes.
4 ACCESS TO CARE AND PATIENT RIGHTS

Standards

4.1 **Access to care**

4.1.1 The hospital seeks to identify and reduce barriers to access and delivery of services.

4.1.2 Structural barriers to access to the hospital are identified and overcome or lessened.

4.1.3 Patients are assessed on arrival to ensure their healthcare needs are met efficiently.

4.1.4 The hospital has established processes for admitting in-patients and registering ambulatory patients.

4.1.5 Admission or transfer to units providing intensive or specialised services is determined by established criteria.

4.2 **Informing and educating patients to encourage patient participation in care**

4.2.1 Patients and their families receive sufficient information to make informed decisions regarding their care.

4.2.2 The hospital respects patients’ wishes and preferences to withhold resuscitative services and forgo or withdraw life-sustaining treatment.

4.2.3 Health education supports patient and family participation in care decisions and care processes.

4.3 **Privacy and confidentiality**

4.3.1 The hospital takes measures to protect patient privacy and maintain confidentiality of patient information.

4.4 **Safety and security**

4.4.1 Patients are protected from assault and harm.

4.5 **Complaint management**

4.5.1 The hospital informs patients and families about its process to receive and act on complaints, conflicts and differences of opinion about patient care and the patient’s right to participate in these processes.

4.6 **Implementation of patient rights**

4.6.1 The hospital is responsible for providing processes that support patient and family rights during care.
5 RISK MANAGEMENT

Standards

5.1 Risk management
5.1.1 Managers and leaders work collaboratively to develop, implement and maintain effective risk management systems in the hospital.

5.2 Patient safety
5.2.1 The hospital develops an approach to improve accuracy of patient identification.
5.2.2 The hospital develops an approach to improve the safety of verbal orders among caregivers.
5.2.3 The hospital develops an approach to improve the safety of high-alert medications.
5.2.4 The hospital develops an approach to ensuring correct-site, correct-procedure and correct-patient surgery.
5.2.5 The hospital develops an approach to reduce the risk of patient harm resulting from falls.
5.2.6 The hospital uses a defined process for identifying and managing sentinel events.

5.3 Occupational Health and Safety
5.3.1 As part of risk management, an occupational health and safety system is implemented in accordance with current legislation.

5.4 Safety and security
5.4.1 A security system is maintained for the routine monitoring and safeguarding of the premises, patients, personnel, volunteers and visitors.
5.4.2 Structured systems to ensure fire safety are implemented.
5.4.3 A documented plan to respond to emergencies is developed and rehearsed.

5.5 Waste management
5.5.1 The hospital has documented control systems for the handling, storage and disposal of healthcare waste.
6 RESUSCITATION SYSTEM

Standards

6.1 Resuscitation committee
6.1.1 A resuscitation committee coordinates the management of resuscitation equipment, procedures and training systems.

6.2 Equipment and medications
6.2.1 Essential resuscitation equipment and medications are available in each patient care area.

6.3 Education and training
6.3.1 All personnel are suitably trained and educated to provide resuscitation and competencies are regularly tested.

6.4 Quality improvement
6.4.1 A formalised proactive quality improvement approach is maintained in the service.
7 INFORMATION MANAGEMENT AND QUALITY IMPROVEMENT

Standards

7.1 Planning and implementation of information management systems
7.1.1 The hospital plans and implements processes to meet the information needs of clinical and managerial services, and those outside the hospital that require data and information from the hospital.

7.1.2 Confidentiality, security and integrity of data and information are maintained.

7.1.3 Information management systems are implemented and supported by sufficient personnel and other resources.

7.2 Data processing and analysis
7.2.1 The hospital has a process to aggregate data for user needs.

7.2.2 The hospital contributes to external databases.

7.3 Quality leadership and design
7.3.1 There are documented quality management and improvement processes which are implemented throughout the hospital.

7.3.2 The leaders coordinate the quality management and improvement processes and provide technological and other support.

7.4 Clinical and managerial quality monitoring
7.4.1 Clinical processes are reviewed and the data obtained is used to drive improvements in patient care.

7.4.2 The quality of clinical record keeping is monitored by means of patient record audit.

7.4.3 There are relevant managerial quality monitoring systems.

7.4.4 Analysed data is used to improve the quality of managerial and clinical services.

7.5 Achieving and sustaining quality
7.5.1 Improvement in quality is achieved and sustained.
8 PREVENTION AND CONTROL OF INFECTION

Standards

8.1 Infection control management
8.1.1 Coordinated processes to reduce the risk of healthcare-associated infections in patients and healthcare workers are designed and implemented in line with the hospital’s risk management programme.

8.2 Infection control processes
8.2.1 The hospital identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

8.2.2 Protective clothing, disinfectants and barrier techniques are available and used correctly when required.

8.3 Obtaining of laboratory cultures
8.3.1 Laboratory cultures are obtained from designated environmental sites in the hospital which are associated with significant risk of infection.

8.4 Infection control education for personnel
8.4.1 The hospital provides education on infection control practices to personnel, patients and, when appropriate, family and other caregivers.

8.5 Infection control quality management
8.5.1 The infection control processes are integrated with the hospital’s processes for quality management and improvement.
9 GENERAL MEDICAL/SURGICAL/PAEDIATRIC AND OBSTETRIC CARE

Standards

9.1 Facilities and equipment

9.1.1 Adequate resources are available for the provision of safe care to patients in the ward.

9.1.2 Specific resources are available for the provision of safe care to patients in the obstetric and maternity unit/ward.

9.1.3 Specific resources are available for the provision of safe care to patients in the paediatric ward.

9.1.4 There is a dedicated area for the preparation of infant feeds.

9.2 Service management

9.2.1 During all phases of care, there are qualified individuals responsible for the patient’s care.

9.2.2 Clinical practice guidelines are used to guide patient care and reduce undesirable variation.

9.2.3 Policies and procedures guide the care of high risk patients and the provision of high risk services.

9.3 Assessment of patients

9.3.1 All patients cared for by the hospital have their healthcare needs identified through an established assessment process.

9.3.2 Each patient has an initial assessment that complies with current policies, procedures and guidelines.

9.3.3 Healthcare professionals responsible for patient care collaborate to analyse and integrate assessment information.

9.3.4 The delivery of services is integrated and coordinated amongst care providers.

9.4 Patient care

9.4.1 The care provided to each patient is planned and documented in the patient’s record.

9.4.2 Each healthcare professional supports patient, family and caregiver participation in care decisions and care processes.

9.4.3 Adequate information is provided when obtaining informed consent from patients or their legal representatives.

9.4.4 Pre- and post-procedural assessments are documented.

9.4.5 The hospital implements processes to support the patient in managing pain.

9.4.6 The hospital develops processes to manage end-of-life care.
9.5 Medication management
9.5.1 Medication is ordered according to hospital policy and stored in a secure and clean environment.

9.5.2 Medication use throughout the hospital complies with applicable laws and regulations.

9.6 Food and nutrition therapy
9.6.1 Food and nutrition therapy appropriate for the patient and consistent with his or her clinical care is regularly available.

9.7 Continuity of care
9.7.1 The hospital designs and implements processes to provide continuity of patient care services within the hospital and coordination among health professionals.

9.7.2 There is a process known to personnel to refer patients for specialised consultation, investigations and/or treatment at other healthcare organisations.

9.7.3 There is a process to transfer patients to another organisation to meet their continuing needs.

9.7.4 There is an organised process to discharge patients.

9.8 Quality improvement
9.8.1 A formalised proactive quality improvement approach is maintained in the service.

9.9 Patient rights
9.9.1 The department/service implements processes that support patient and family rights during care.

9.10 Prevention and control of infection
9.10.1 The department/service implements infection prevention and control processes.

9.11 Risk management
9.11.1 The department/service implements risk management processes.
10 MEDICAL CARE

Standards

10.1 Facilities and equipment
10.1.1 Adequate resources are available for the provision of safe care to patients in the ward.

10.2 Service management
10.2.1 During all phases of care, there are qualified individuals responsible for the patient’s care.
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10.10 **Prevention and control of infection**

10.10.1 The department/service implements infection prevention and control processes.

10.11 **Risk management**

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11 SURGICAL CARE

Standards

11.1 Facilities and equipment
11.1.1 Adequate resources are available for the provision of safe care to patients in the ward.

11.2 Service management
11.2.1 During all phases of care, there are qualified individuals responsible for the patient's care.
11.2.2 Clinical practice guidelines are used to guide patient care and reduce undesirable variation.
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11.4.4 Pre- and post-operative assessments are documented.
11.4.5 The hospital implements processes to support the patient in managing pain.
11.4.6 The hospital develops processes to manage end-of-life care.

11.5 Medication management
11.5.1 Medication is ordered according to hospital policy and stored in a secure and clean environment.
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11.10 **Prevention and control of infection**
11.10.1 The department/service implements infection prevention and control processes.

11.11 **Risk management**
11.11.1 The department/service implements risk management processes.
12 PAEDIATRIC CARE

Standards

12.1 Facilities and equipment
12.1.1 Adequate resources are available for the provision of safe care to patients in the ward.
12.1.2 Specific resources are available for the provision of safe care to patients in the paediatric ward.
12.1.3 There is a dedicated area for the preparation of infant feeds.

12.2 Service management
12.2.1 During all phases of care there are qualified individuals responsible for the patient’s care.
12.2.2 Clinical practice guidelines are used to guide patient care and reduce undesirable variation.
12.2.3 Policies and procedures guide the care of high risk patients and the provision of high risk services.

12.3 Assessment of patients
12.3.1 All patients cared for by the hospital have their healthcare needs identified through an established assessment process.
12.3.2 Each patient has an initial assessment that complies with current policies, procedures and guidelines.
12.3.3 Healthcare professionals responsible for patient care collaborate to analyse and integrate assessment information.
12.3.4 The delivery of services is integrated and coordinated amongst care providers.

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12.5 **Medication management**
12.5.1 Medication is ordered according to hospital policy and stored in a secure and clean environment.
12.5.2 Medication use throughout the hospital complies with applicable laws and regulations.

12.6 **Food and nutrition therapy**
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12.7 **Continuity of care**
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12.10 **Prevention and control of infection**
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12.11 **Risk management**
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13 OBSTETRIC AND MATERNITY CARE

Standards

13.1 **Facilities and equipment**
13.1.1 Adequate resources are available for the provision of safe care to patients in the ward.
13.1.2 Specific resources are available for the provision of safe care to patients in the obstetric and maternity unit/ward.
13.1.3 There is a dedicated area for the preparation of infant feeds.

13.2 **Service management**
13.2.1 During all phases of care, there are qualified individuals responsible for the patient’s care.
13.2.2 Clinical practice guidelines are used to guide patient care and reduce undesirable variation.
13.2.3 Policies and procedures guide the care of high-risk patients and the provision of high-risk services.

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13.11 **Risk management**
13.11.1 The department/service implements risk management processes.
14 OPERATING THEATRE AND ANAESTHETIC SERVICES

Standards

14.1 Facilities and equipment, supplies and medication
14.1.1 Facilities for safe surgical and anaesthetic care are provided and maintained.
14.1.2 Anaesthetic equipment, supplies and medication comply with the recommendations of anaesthetic professional organisations or alternate authoritative sources.
14.1.3 Medical equipment available meets the minimum requirements for the level of care provided.
14.1.4 Resuscitation and personal protective equipment are provided in the operating theatre.
14.1.5 Recovery room facilities and equipment are available to provide safe and effective care.

14.2 Service management
14.2.1 The operating theatre and anaesthetic services are managed and staffed to provide a safe and effective service.
14.2.2 Clinical practice guidelines are used to guide patient care and reduce undesirable variation.
14.2.3 Documented policies and procedures relating to the activities in the operating theatre are implemented.
14.2.4 Policies and procedures that guide the care of patients undergoing moderate and deep sedation are implemented.

14.3 Peri-operative care
14.3.1 Each patient's physiological status is monitored and recorded during anaesthesia and surgery.
14.3.2 There is a system to monitor and document each patient's post-anaesthetic status and to discharge the patient from the recovery area according to accepted guidelines.

14.4 Quality improvement
14.4.1 A formalised proactive quality improvement approach is maintained in the theatre and anaesthetic services.

14.5 Patient rights
14.5.1 The department/service implements processes that support patient and family rights during care.

14.6 Prevention and control of infection
14.6.1 The department/service implements infection prevention and control processes.

14.7 Risk management
14.7.1 The department/service implements risk management processes.
15 CRITICAL CARE

Standards

15.1 Facilities and equipment
15.1.1 Adequate resources are available for the provision of safe care to patients in the ward.

15.1.2 Specific resources are available for the provision of safe care to patients in the critical care unit.

15.1.3 There is a dedicated area for the preparation of infant feeds.

15.2 Service management
15.2.1 During all phases of care there are qualified individuals responsible for the patient's care.

15.2.2 Clinical practice guidelines are used to guide patient care and reduce undesirable variation.

15.2.3 Policies and procedures guide the care of high risk patients and the provision of high risk services.

15.2.4 Admission or transfer to units providing critical care services is determined by established criteria.

15.3 Assessment of patients
15.3.1 All patients cared for by the hospital have their healthcare needs identified through an established assessment process.

15.3.2 Each patient has an initial assessment that complies with current policies, procedures and guidelines.

15.3.3 Healthcare professionals responsible for patient care collaborate to analyse and integrate assessment information.

15.3.4 The delivery of services is integrated and coordinated amongst care providers.

15.4 Patient care
15.4.1 The care provided to each patient is planned and documented in the patient’s record.

15.4.2 Each healthcare professional supports patient, family and care giver participation in care decisions and care processes.

15.4.3 Adequate information is provided when obtaining informed consent from patients or their legal representatives.

15.4.4 Pre- and post-procedural assessments are documented.

15.4.5 The hospital implements processes to support the patient in managing pain.

15.4.6 The hospital develops processes to manage end-of-life care.
15.5 **Medication management**
15.5.1 Medication is ordered according to hospital policy and stored in a secure and clean environment.

15.5.2 Medication use throughout the hospital complies with applicable laws and regulations.

15.6 **Food and nutrition therapy**
15.6.1 Food and nutrition therapy appropriate for the patient and consistent with his or her clinical care is regularly available.

15.7 **Continuity of care**
15.7.1 The hospital designs and implements processes to provide continuity of patient care services within the hospital and coordination among health professionals.

15.7.2 There is a process known to personnel to refer patients for specialised consultation, investigations and/or treatment at other healthcare organisations.

15.7.3 There is a process to transfer patients to another healthcare organisation to meet their continuing needs.

15.7.4 There is an organised process to discharge patients.

15.8 **Quality improvement**
15.8.1 A formalised proactive quality improvement approach is maintained in the service.

15.9 **Patient rights**
15.9.1 The department/service implements processes that support patient and family rights during care.

15.10 **Prevention and control of infection**
15.10.1 The department/service implements infection prevention and control processes.

15.11 **Risk management**
15.11.1 The department/service implements risk management processes.
16 MENTAL HEALTH SERVICE

Standards

16.1 **Facilities and equipment**
16.1.1 Adequate resources are available for the provision of safe care to patients in the ward.

16.2 **Service management**
16.2.1 During all phases of care, there are qualified individuals responsible for the patient's care.

16.2.2 Clinical practice guidelines are used to guide patient care and reduce unwanted variation.

16.2.3 Policies and procedures guide the care of high risk patients and the provision of high risk services.

16.2.4 Admission or transfer to the mental health unit is determined by established criteria.

16.3 **Assessment of patients**
16.3.1 All patients cared for by the hospital have their healthcare needs identified through an established assessment process.

16.3.2 Each patient has an initial assessment that complies with current policies, procedures, guidelines and legislation.

16.3.3 The delivery of services is integrated and coordinated amongst care providers.

16.4 **Patient care**
16.4.1 The care provided to each patient is planned and written in the patient's record.

16.4.2 Each patient participates in a structured treatment plan.

16.4.3 Each healthcare professional supports patient, family and caregiver participation in care decisions and care processes.

16.4.4 Adequate information is provided when obtaining informed consent from patients or their legal representatives.

16.4.5 Pre- and post-anaesthetic assessments are documented.

16.4.6 The hospital implements processes to support the patient in managing pain.

16.4.7 The hospital develops processes to manage end-of-life care.
16.5 **Medication management**
16.5.1 Medication is ordered according to hospital policy and stored in a secure and clean environment.
16.5.2 Medication use throughout the hospital complies with applicable laws and regulations.

16.6 **Food and nutrition therapy**
16.6.1 Food and nutrition therapy appropriate for the patient and consistent with his or her clinical care is regularly available.

16.7 **Continuity of care**
16.7.1 The hospital designs and carries out processes to provide continuity of patient care services within the hospital and coordination among health professionals.
16.7.2 There is a process known to personnel to refer patients for specialised consultation/investigations at other healthcare facilities.
16.7.3 There is a process to transfer patients to another healthcare organisation to meet their continuing needs.
16.7.4 There is an organised process to discharge patients.

16.8 **Special psychiatric services**
16.8.1 Where electro-convulsive therapy is provided, the service is managed and staffed to ensure patient safety.
16.8.2 Where observation and/or forensic services are provided, they comply with country-specific legislation.

16.9 **Quality improvement**
16.9.1 A formalised proactive quality improvement approach is maintained in the service.

16.10 **Patient rights**
16.10.1 The department/service implements processes that support patient and family rights during care.

16.11 **Prevention and control of infection**
16.11.1 The department/service implements infection prevention and control processes.

16.12 **Risk management**
16.12.1 The department/service implements risk management processes.
17 MEDICAL ONCOLOGY

Standards

17.1 Facilities and equipment
17.1.1 Adequate resources are available for the provision of safe care to patients in the ward.

17.2 Service management
17.2.1 During all phases of care, there are qualified individuals responsible for the patient's care
17.2.2 Clinical practice guidelines are used to guide patient care and reduce unwanted variation.
17.2.3 Policies and procedures guide the care of high risk patients and the provision of high risk services.
17.2.4 Admission or transfer to units providing intensive or specialised services is determined by established criteria.

17.3 Assessment of patients
17.3.1 All patients cared for by the hospital have their healthcare needs identified through an established assessment process.
17.3.2 Each patient has an initial assessment that complies with current policies, procedures and guidelines.
17.3.3 Healthcare professionals responsible for patient care collaborate to analyse and integrate assessment information.
17.3.4 The delivery of services is integrated and coordinated amongst care providers.

17.4 Patient care
17.4.1 The care provided to each patient is planned and written in the patient's record.
17.4.2 Each healthcare professional supports patient, family and caregiver participation in care decisions and care processes.
17.4.3 Adequate information is provided when obtaining informed consent from patients or their legal representatives
17.4.4 Pre- and post-procedural assessments are documented.
17.4.5 The hospital implements processes to support the patient in managing pain.
17.4.6 The hospital develops processes to manage end-of-life care.
17.5 Medication and chemotherapy management
17.5.1 Medication and chemotherapy use in the hospital complies with applicable laws and regulations.
17.5.2 Medication and chemotherapy are safely administered.
17.5.3 Medication/chemotherapy is stored in a safe and clean environment.

17.6 Food and nutrition therapy
17.6.1 Food and nutrition therapy appropriate for the patient and consistent with his or her clinical care is regularly available.

17.7 Continuity of care
17.7.1 The hospital designs and carries out processes to provide continuity of patient care services within the hospital and coordination among health professionals.
17.7.2 There is a process known to personnel to refer patients for specialised consultation, investigations and/or treatment at other healthcare organisations.
17.7.3 There is a process to transfer patients to another healthcare organisation to meet their continuing needs.
17.7.4 There is an organised process to discharge patients.

17.8 Quality improvement
17.8.1 A formalised proactive quality improvement approach is maintained in the service.

17.9 Patient rights
17.9.1 The department/service implements processes that support patient and family rights during care.

17.10 Prevention and control of infection
17.10.1 The department/service implements infection prevention and control processes.

17.11 Risk management
17.11.1 The department/service implements risk management processes.
18 EMERGENCY CARE

Standards

18.1 Facilities and equipment
18.1.1 Adequate resources are available for the provision of safe care to patients in the unit.
18.1.2 Clinical areas within the emergency unit are adequate to meet the needs of patients.
18.1.3 Resuscitation equipment is available in accordance with the policies of the hospital.
18.1.4 There is a rest area for personnel in close proximity to the clinical areas.

18.2 Patient registers
18.2.1 Patient registers are kept in accordance with country-specific requirements and/or hospital policy.

18.3 Service management
18.3.1 During all phases of care, there are qualified individuals responsible for the patient's care.
18.3.2 Clinical practice guidelines are used to guide patient care and reduce undesirable variation.

18.4 Visitor control
18.4.1 A system of visitor control is maintained to ensure the safety of patients and personnel.

18.5 Assessment of patients
18.5.1 The hospital has a formal triage process which uses documented guidelines to determine urgency
18.5.2 All patients cared for by the hospital have their healthcare needs identified through an established assessment process.

18.6 Diagnostic services
18.6.1 Diagnostic imaging services are available to meet patient needs.
18.6.2 The emergency unit is supported by adequate clinical laboratory services.
18.7 **Patient care**
18.7.1 The delivery of services is integrated and coordinated amongst care providers.
18.7.2 Adequate information is provided when obtaining informed consent from patients or their legal representatives.
18.7.3 Invasive procedures and minor operations performed in the emergency unit are controlled by policy.
18.7.4 Patients being transferred from the Emergency Unit to the operating theatre are appropriately prepared.
18.7.5 Post-operative assessments are documented.
18.7.6 The hospital implements processes to support the patient in managing pain.
18.7.7 There is access to emergency blood and blood products in accordance with hospital policy.

18.8 **Medication management**
18.8.1 Medication is ordered according to hospital policy and stored in a secure and clean environment.
18.8.2 Medication use throughout the hospital complies with applicable laws and regulations.

18.9 **Patient and family education**
18.9.1 Education supports patient and family participation in care decisions and care processes.

18.10 **Continuity of care**
18.10.1 The hospital designs and carries out processes to provide continuity of patient care services within the hospital and coordination among health professionals.
18.10.2 The hospital implements policies for the management of patients requiring short-term observation and care.
18.10.3 There is a process for admitting patients to inpatient facilities.
18.10.4 There is a process known to personnel to refer patients for specialised consultation, investigations and/or treatment at other healthcare organisations.
18.10.5 There is a process to transfer patients to another healthcare organisation to meet their continuing needs.
18.10.6 There is an organised process to discharge patients who are being treated and released.

18.11 **Ambulance services**
18.11.1 Where the hospital provides an ambulance service, this service is delivered in line with relevant laws and regulations.
18.12 Quality improvement
18.12.1 A formalised proactive quality improvement approach is maintained in the service.

18.13 Patient rights
18.13.1 The department/service implements processes that support patient and family rights during care.

18.14 Prevention and control of infection
18.14.1 The department/service implements infection prevention and control processes.

18.15 Risk management
18.15.1 The department/service implements risk management processes.
19 OUTPATIENT CARE

Standards

19.1 Facilities and equipment
19.1.1 Adequate resources are available for the provision of safe care to patients in the department.

19.1.2 Clinical areas within the outpatient department are adequate to meet the needs of patients.

19.2 Service management
19.2.1 During all phases of care, there are qualified individuals responsible for the patient’s care.

19.2.2 Clinical practice guidelines are used to guide patient care and reduce unwanted variation.

19.3 Assessment of patients
19.3.1 There is a system to ensure that patients are seen within the shortest possible time.

19.3.2 All patients cared for by the hospital have their healthcare needs identified through an established assessment process.

19.4 Diagnostic services
19.4.1 Diagnostic imaging services are available to meet patient needs.

19.4.2 The outpatient department is adequately supported by clinical laboratory services.

19.5 Patient care
19.5.1 The delivery of services is integrated and coordinated amongst care providers.

19.5.2 Adequate information is provided when obtaining informed consent from patients or their legal representatives.

19.5.3 Minor invasive procedures performed in the outpatient department are controlled by policy.

19.5.4 The hospital implements processes to support the patient in managing pain.

19.6 Medication management
19.6.1 Medication is ordered according to hospital policy and stored in a secure and clean environment.

19.6.2 Medication use throughout the hospital complies with applicable laws and regulations.
19.7 Patient and family education
19.7.1 Each patient receives relevant education, which is documented in his or her record.

19.8 Continuity of care
19.8.1 The hospital designs and implements processes to provide continuity of patient care services within the hospital and coordination among health professionals.

19.8.2 There is a process for admitting patients to inpatient facilities.

19.8.3 There is a process known to personnel to refer patients for specialised consultation/investigations and/or treatment at other healthcare organisations.

19.8.4 There is a process to transfer patients to another healthcare organisation to meet their continuing needs.

19.8.5 There is an organised process to discharge patients who no longer require treatment or follow-up care at the hospital.

19.9 Quality improvement
19.9.1 A formalised proactive quality improvement approach is maintained in the service.

19.10 Patient rights
19.10.1 The department/service implements processes that support patient and family rights during care.

19.11 Prevention and control of infection
19.11.1 The department/service implements infection prevention and control processes.

19.12 Risk management
19.12.1 The department/service implements risk management processes.
20  COMBINED OUTPATIENT AND EMERGENCY SERVICE

Standards

20.1  Facilities and equipment
20.1.1  Adequate resources are available for the provision of safe care to patients in the unit.
20.1.2  Clinical areas within the outpatient/emergency department are adequate to meet the needs of patients.
20.1.3  Resuscitation equipment is available in accordance with the policies of the hospital.
20.1.4  There is a rest area for personnel in close proximity to the clinical areas.

20.2  Patient registers
20.2.1  Patient registers are kept and comply with country-specific requirements and/or hospital policy.

20.3  Service management
20.3.1  During all phases of care, there are qualified individuals responsible for the patient's care.
20.3.2  Clinical practice guidelines are used to guide patient care and reduce unwanted variation.

20.4  Visitor control
20.4.1  A system of visitors control is maintained to ensure the safety of patients and personnel.

20.5  Assessment of patients
20.5.1  The hospital has a formal triage process which uses documented guidelines to determine urgency.
20.5.2  All patients cared for by the hospital have their healthcare needs identified through an established assessment process.
20.5.3  There is a system to ensure that patients are seen within the shortest possible time.

20.6  Diagnostic services
20.6.1  Diagnostic imaging services are available to meet patient needs.
20.6.2  The outpatient and emergency department is adequately supported by clinical laboratory services.
20.7 **Patient care**

20.7.1 The delivery of services is integrated and coordinated amongst care providers.

20.7.2 Adequate information is provided when obtaining informed consent from patients or their legal representatives.

20.7.3 Invasive procedures and minor operations performed in the outpatient and emergency department are controlled by policy.

20.7.4 Post-procedure assessments are documented.

20.7.5 The hospital implements processes to support the patient in managing pain.

20.7.6 There is access to emergency blood and blood products in accordance with hospital policy.

20.8 **Medication management**

20.8.1 Medications are ordered according to hospital policy and stored in a secure and clean environment.

20.8.2 Medication use throughout the hospital complies with applicable laws and regulations.

20.9 **Patient and family education**

20.9.1 Each patient receives relevant education, which is written in his or her record.

20.10 **Continuity of care**

20.10.1 The hospital designs and carries out processes to provide continuity of patient care services within the hospital and coordination among health professionals.

20.10.2 The hospital implements policies for the management of patients requiring short-term observation and care.

20.10.3 There is a process for admitting patients to in-patient facilities.

20.10.4 There is a process known to personnel to refer patients for specialised consultation/investigations at other healthcare facilities.

20.10.5 There is a process to transfer patients to another healthcare organisation to meet their continuing needs.

20.10.6 There is an organised process to discharge patients who are being treated and released.

20.11 **Ambulance services**

20.11.1 Where the hospital provides an ambulance service, this service is delivered in line with relevant laws and regulations.

20.12 **Quality improvement**

20.12.1 A formalised proactive quality improvement approach is maintained in the service.
20.13  **Patient rights**  
20.13.1  The department/service implements processes that support patient and family rights during care.

20.14  **Prevention and control of infection**  
20.14.1  The department/service implements infection prevention and control processes.

20.15  **Risk management**  
20.15.1  The department/service implements risk management processes.
21 OCCUPATIONAL HEALTH SERVICE

Standards

21.1 Organisation and coordination
21.1.1 The service is organised to provide a safe and effective service and is coordinated with other relevant services.

21.2 Facilities and equipment
21.2.1 Required furniture and equipment are available and functional.

21.3 Management of the Occupational Health Service
21.3.1 The Occupational Health Service is managed, to provide the personnel and resources required for an effective service.
21.3.2 The mission statement and overall policy of the Occupational Health Service reflect current international best practice.
21.3.3 Where students are trained as part of undergraduate or postgraduate programmes, the Occupational Health Service ensures formal training.

21.4 Provision of Occupational Health services
21.4.1 The functions of the occupational health practitioners are provided in accordance with ethical and professional practices and legal requirements.
21.4.2 The hospital provides appropriate medical care to the employees of the hospital and/or organisation.
21.4.3 Details of the hospital’s and/or organisation’s absenteeism and sickness rates are recorded and analysed to allow for informed decision making by the senior management team.
21.4.4 The Occupational Health Service has an appropriate medical surveillance programme, which meets the needs of the population served.

21.5 Health promotion
21.5.1 The Occupational Health Service builds capacity in the workplace through the provision of information, education and counselling services.

21.6 Communicable diseases
21.6.1 The Occupational Health Service undertakes monitoring and prevention measures for notifiable medical conditions and communicable diseases where relevant.
21.7 Information management
21.7.1 There is a system to ensure that reports and records are efficiently managed with due regard for confidentiality.

21.7.2 The organisation establishes, implements and maintains procedures for controlling relevant documents and data.

21.8 Quality management and improvement
21.8.1 A formalised proactive quality improvement approach is maintained in the service.

21.9 Employee rights
21.9.1 The department/service implements processes that support employee rights during care.

21.10 Prevention and control of infection
21.10.1 The department/service implements infection prevention and control processes.

21.11 Risk management
21.11.1 Risks to the health and safety of personnel, employees or visitors are assessed and control measures introduced in order to minimise or eliminate risk and promote safety.
22 LABORATORY SERVICE

Standards

22.1 Management of the service
22.1.1 Laboratory services are available to meet the needs of patients in compliance with local and national laws, regulations and standards.

22.1.2 A qualified individual is responsible for managing the laboratory service.

22.1.3 Individuals with adequate training, skills, orientation and experience administer tests and interpret the results.

22.2 Facilities and equipment
22.2.1 Laboratory buildings are adequate to provide a safe and effective laboratory service.

22.2.2 Laboratory fixtures and fittings are adequate to provide a safe and effective laboratory service.

22.2.3 There is adequate laboratory equipment to provide a safe and effective laboratory service.

22.3 Reagents, chemicals and kits
22.3.1 The supplies of laboratory consumables, reagents, chemicals and kits are adequate to provide a safe and effective laboratory service.

22.4 Management of specimens and results
22.4.1 Procedures are followed for collecting, identifying, transporting and tracking specimens or samples and reporting the results.

22.4.2 Established norms and ranges are used to interpret and report clinical laboratory results.

22.5 Quality management
22.5.1 Quality control procedures are implemented and documented.

22.5.2 A formalised, proactive quality improvement approach is maintained in the service.

22.6 Patient rights
22.6.1 The department/service implements processes that support patient and family rights during care.

22.7 Prevention and control of infection
22.7.1 The department/service implements infection prevention and control processes.

22.8 Risk management
22.8.1 The department/service implements risk management processes.
23 RADIOLOGY AND DIAGNOSTIC IMAGING SERVICE

Standards

23.1 Management of the service
23.1.1 A radiology and diagnostic imaging service is provided by the hospital, or is readily available through arrangements with outside sources, to meet the needs of its catchment population.

23.1.2 A qualified individual is responsible for managing the radiology and diagnostic imaging service.

23.1.3 Individuals with adequate training, skills and experience perform diagnostic imaging procedures and interpret the results.

23.2 Patient and personnel safety
23.2.1 Measures to protect patients and personnel from unnecessary exposure are applied.

23.2.2 Essential resuscitation equipment and medications are available.

23.3 Reporting and recording
23.3.1 Reporting and recording policies and procedures within the radiology and diagnostic imaging service ensure safety and legality.

23.3.2 The radiology and diagnostic imaging service meets applicable local and national standards and legislation.

23.3.3 X-ray film and other supplies are regularly available.

23.4 Medication management
23.4.1 Medications are ordered according to hospital policy and stored in a secure and clean environment.

23.4.2 Medication use throughout the hospital complies with applicable laws and regulations.

23.5 Quality improvement
23.5.1 Quality control procedures are implemented and documented.

23.5.2 A formalised proactive quality improvement approach is maintained in the service.

23.6 Patient rights
23.6.1 The department/service implements processes that support patient and family rights during care.

23.7 Prevention and control of infection
23.7.1 The department/service implements infection prevention and control processes.

23.8 Risk management
23.8.1 The department/service implements risk management processes.
24 NUCLEAR MEDICINE SERVICE

Standards

24.1 Referral services
24.1.1 Where there is an arrangement with an outside service, this service meets applicable local and national standards, laws and regulations.

24.2 Management of the service
24.2.1 Where the hospital provides on-site nuclear medicine services, the service is organised and managed in accordance with applicable laws, regulations and standards.

24.3 Radiation safety
24.3.1 A radiation safety programme is in place, followed and documented.
24.3.2 There are documented policies and procedures to guide personnel in all aspects of the provision of nuclear medicine services.
24.3.3 All diagnostic equipment is regularly inspected and maintained and appropriate records are kept of those activities.
24.3.4 Facilities ensure the safe, efficient and effective functioning of the nuclear medicine service.
24.3.5 Radiopharmaceuticals intended for administration to patients are prepared in a manner which satisfies both radiation safety and pharmaceutical quality requirements.
24.3.6 The management of organ disease using open radionuclides is practised, taking into account the safety and well-being of patients and personnel as a consequence of the high radiation levels.

24.4 Administration of tests
24.4.1 Individuals with adequate training, skills, orientation and experience administer tests and interpret the results.

24.5 Quality improvement
24.5.1 A formalised proactive quality improvement approach is maintained in the service.

24.6 Patient rights
24.6.1 The department/service implements processes that support patient and family rights during care.

24.7 Prevention and control of infection
24.7.1 The department/service implements infection prevention and control processes.

24.8 Risk management
24.8.1 The department/service implements risk management processes.
25 PHARMACEUTICAL SERVICE

Standards

25.1 Management of the service
25.1.1 Medication use is organised throughout the hospital to meet the needs of patients.

25.2 Access to appropriate medication
25.2.1 An appropriate selection of medication for prescribing or ordering is stocked or readily available.

25.3 Policies and procedures
25.3.1 There is a collaborative process to develop and monitor policies and procedures for the pharmaceutical service.

25.4 Dispensing
25.4.1 Medication is dispensed in accordance with legislation, regulations and professional standards of practice.

25.5 Control and storage of medication
25.5.1 Medication is stored in a secure and clean environment.

25.6 Quality improvement
25.6.1 A formalised proactive quality improvement approach is maintained in the service.

25.7 Patient rights
25.7.1 The service implements processes that support patient and family rights during care.

25.8 Prevention and control of infection
25.8.1 The department/service implements infection prevention and control processes.

25.9 Risk management
25.9.1 The department/service implements risk management processes.
26 THERAPEUTIC SUPPORT SERVICES

Standards

26.1 Management of the therapeutic support services
   26.1.1 Each service is managed to ensure the provision of a safe and effective service.

26.2 Multi/Interdisciplinary approach
   26.2.1 Policies and procedures guide the activities of the multi / interdisciplinary team.
   26.2.2 Clinical practice guidelines are used to guide patient care and reduce undesirable variation.

26.3 Facilities and equipment
   26.3.1 Resources are available to meet the treatment needs of the population served.

26.4 Patient care
   26.4.1 All patients treated by the multi/interdisciplinary team have their healthcare needs identified through an established assessment process.
   26.4.2 The delivery of services is integrated and coordinated amongst care providers.
   26.4.3 The care provided to each patient is planned and written in the patient’s record.

26.5 Patient and family education
   26.5.1 Education supports patient and family participation in care decisions and care processes.

26.6 Quality improvement
   26.6.1 A formalised proactive quality improvement approach is maintained in the service.

26.7 Patient rights
   26.7.1 The department/service implements processes that support patient and family rights during care.

26.8 Prevention and control of infection
   26.8.1 The department/service implements infection prevention and control processes.

26.9 Risk management
   26.9.1 The department/service implements risk management processes.
## 27 CENTRAL STERILE SUPPLIES DEPARTMENT

### Standards

#### 27.1 Management of the service

27.1.1 CSSD is managed to ensure the provision of a safe and effective service.

#### 27.2 Facilities and equipment

27.2.1 The unit is designed to allow for effective sterilising and disinfecting of equipment and supplies.

27.2.2 Effective sterilising equipment is available.

27.2.3 The sterility of equipment and supplies is maintained.

#### 27.3 Quality improvement

27.3.1 A formalised proactive quality improvement approach is maintained in the service.

#### 27.4 Prevention and control of infection

27.4.1 The department/service implements infection prevention and control processes.

#### 27.5 Risk management

27.5.1 The department/service implements risk management processes.
28 FOOD AND THERAPEUTIC NUTRITIONAL SERVICES

Standards

28.1 Management of the service
28.1.1 The food service is managed to ensure the provision of a safe and effective service.

28.2 Facilities and equipment
28.2.1 The kitchen is designed to allow for hygienic food management.
28.2.2 The food service premises are designed to provide facilities for food handlers.
28.2.3 The therapeutic nutritional service has adequate facilities and equipment to meet the treatment needs of the population served.

28.3 Policies and procedures
28.3.1 Policies and procedures guide the management of the service.

28.4 Menu planning
28.4.1 Menus are planned and meals are prepared to meet patient needs.

28.5 Maintenance of food hygiene
28.5.1 Food handlers maintain a hygienic food preparation environment.
28.5.2 Food products and meals are hygienically stored, prepared and served.
28.5.3 Food is stored under conditions which ensure security, hygiene and freshness.

28.6 Patient care
28.6.1 The therapeutic nutritional service is managed to ensure the provision of a safe and effective service.
28.6.2 All patients treated by dieticians/nutritionists have their healthcare needs identified through an established assessment process.
28.6.3 The care provided to each patient is planned and written in the patient’s record.

28.7 Patient and family education
28.7.1 Education supports patient and family participation in care decisions and care processes.

28.8 Quality improvement
28.8.1 A formalised proactive quality improvement approach is maintained in the food service.
28.9 **Patient rights**
28.9.1 The department/service implements processes that support patient and family rights during care.

28.10 **Prevention and control of infection**
28.10.1 The department/service implements infection prevention and control processes.

28.11 **Risk management**
28.11.1 The department/service implements risk management processes.
29 LINEN MANAGEMENT

Standards

29.1 Management
29.1.1 The linen management service is managed to ensure the provision of a safe and effective service.

29.2 Facilities and equipment
29.2.1 Where there is a laundry on site, the department is designed to allow for safe and effective processing of linen.
29.2.2 Where there is no on-site laundry, the linen-bank facilities allow for efficient handling of linen.
29.2.3 Linen stock control mechanisms are implemented.

29.3 Policies and procedures
29.3.1 Policies and procedures guide the management of the service.

29.4 Quality improvement
29.4.1 A formalised proactive quality improvement approach is maintained in the linen management service.

29.5 Patient rights
29.5.1 The department/service implements processes that support patient and family rights during care.

29.6 Prevention and control of infection
29.6.1 The department/service implements infection prevention and control processes.

29.7 Risk management
29.7.1 The department/service implements risk management processes.
30 HOUSEKEEPING SERVICE

Standards

30.1 Management of the service
30.1.1 The housekeeping service is managed to ensure the provision of a safe and effective service.

30.2 Facilities and equipment
30.2.1 Facilities and equipment are adequate to provide a safe and effective cleaning service.

30.3 Policies and procedures
30.3.1 Policies and procedures guide the management of the department.

30.4 Waste disposal
30.4.1 The housekeeping personnel work with the infection control committee to ensure safe waste disposal.

30.5 Quality improvement
30.5.1 A formalised proactive quality improvement approach is maintained in the housekeeping service.

30.6 Patient rights
30.6.1 The department/service implements processes that support patient and family rights during care.

30.7 Prevention and control of infection
30.7.1 The department/service implements infection prevention and control processes.

30.8 Risk management
30.8.1 The department/service implements risk management processes.
31 MAINTENANCE SERVICE

Standards

31.1 Management of the service
31.1.1 The Facility Maintenance Service is managed to ensure the provision of a safe and effective service.

31.1.2 Service facilities and equipment.
31.1.3 There is an adequate number of suitably qualified and/or experienced personnel to provide a safe and effective service.

31.2 Hospital facilities and equipment
31.2.1 The hospital implements a documented planned preventative maintenance (PPM) programme for buildings, plant, installations and machinery.

31.2.2 Medical gas systems are regularly inspected, maintained and when necessary improved.
31.2.3 Medical vacuum systems are regularly inspected and maintained.
31.2.4 Functional facilities are available to provide safety and comfort for patients and personnel.

31.3 Emergency preparedness
31.3.1 The hospital has a process to protect hospital occupants in the event of water or electrical system disruption, contamination or failure, which is tested on a regular basis.

31.3.2 Water supplies are regularly inspected, tested, maintained and, when appropriate, improved.

31.4 Quality improvement
31.4.1 A formalised proactive quality improvement approach is maintained in the service.

31.5 Prevention and control of infection
31.5.1 The department/service implements infection prevention and control processes.

31.6 Risk management
31.6.1 The department/service implements risk management processes.
32 MEDICAL EQUIPMENT MANAGEMENT SERVICE

Standards

32.1 Medical equipment support
32.1.1 Adequate human resources are available for the Medical Equipment Management Service (MEMS) to ensure safety and the correct management, usage and operation of medical equipment.

32.2 Medical equipment management
32.2.1 Medical equipment is managed and maintained throughout the hospital.

32.3 Personnel training
32.3.1 There are systems in place to ensure that all users of medical equipment and devices are competent in the use thereof.

32.4 Equipment safety
32.4.1 Where clinical engineering personnel are employed, systems are in place to ensure safe working conditions and the safety of equipment in clinical engineering workshops.

32.5 Quality improvement
32.5.1 A formalised proactive quality improvement approach is maintained in the service.

32.6 Prevention and control of infection
32.6.1 The department/service implements infection prevention and control processes.

32.7 Risk management
32.7.1 The department/service implements risk management processes.
33 MEDICAL PHYSICS SERVICE

Standards

33.1 Management of the service
33.1.1 A medical physics service is provided by the hospital, or is readily available through arrangements with outside sources, to meet the needs of its catchment population.

33.1.2 A qualified individual is responsible for managing the medical physics service.

33.1.3 Individuals with adequate training, skills and experience perform medical physics procedures and interpret the results.

33.1.4 Personnel are provided with documented policies and guidelines for all aspects of the provision of medical physics services.

33.2 Administration of radiation tests and treatments
33.2.1 Individuals with adequate training, skills, orientation and experience administer all tests and treatments.

33.3 Radiation safety
33.3.1 A radiation safety programme is in place, is implemented and is documented.

33.3.2 All medical physics related equipment is regularly inspected and maintained and appropriate records are kept of these activities.

33.3.3 Facilities ensure the safe, efficient and effective functioning of the medical physics service.

33.3.4 Radioactive materials (open and sealed sources) intended for administration to, or implantation into, patients are prepared in a manner which satisfies both radiation safety and pharmaceutical quality requirements.

33.3.5 The management and treatment of organ disease using radio-nuclides is practised taking into account the safety and well-being of patients and personnel as a consequence of the high radiation levels.

33.4 Quality improvement
33.4.1 Quality control procedures are in place, followed and documented.

33.4.2 A formalised proactive quality improvement approach is maintained in the service.

33.5 Patient rights
33.5.1 The department/service implements processes that support patient and family rights during care.

33.6 Prevention and control of infection
33.6.1 The department/service implements infection prevention and control processes.

33.7 Risk management
33.7.1 The department/service implements risk management processes.
34 RADIATION ONCOLOGY

Standards

34.1 Management of the service
34.1.1 A radiation oncology service is provided by the hospital, or is readily available through arrangements with outside sources, to meet the needs of its patient population.

34.1.2 A qualified individual is responsible for managing the Radiation Oncology Service.

34.1.3 Personnel are provided with documented policies and guidelines for all aspects of the provision of radiation oncology services.

34.2 Administration of radiation tests and treatments
34.2.1 Individuals with adequate training, skills, orientation and experience administer all tests and treatments.

34.3 Radiation safety
34.3.1 A radiation safety programme is in place, is implemented and documented.

34.3.2 Facilities ensure the safe, efficient and effective functioning of the Radiation Oncology Service.

34.3.3 All therapy-related equipment is regularly inspected and maintained and appropriate records are kept of these activities.

34.3.4 Radioactive materials (open and sealed sources) intended for administration to, or implantation into, patients are prepared in a manner which satisfies both radiation safety and pharmaceutical quality requirements.

34.3.5 The management of organ disease using radionuclides is practised taking into account the safety and well-being of patients and personnel as a consequence of the high radiation levels.

34.4 Quality improvement
34.4.1 Quality control procedures are in place, followed and documented.

34.4.2 A formalised proactive quality improvement approach is maintained in the service.

34.5 Patient rights
34.5.1 The department/service implements processes that support patient and family rights during care.

34.6 Prevention and control of infection
34.6.1 The department/service implements infection prevention and control processes.

34.7 Risk management
34.7.1 The department/service implements risk management processes.