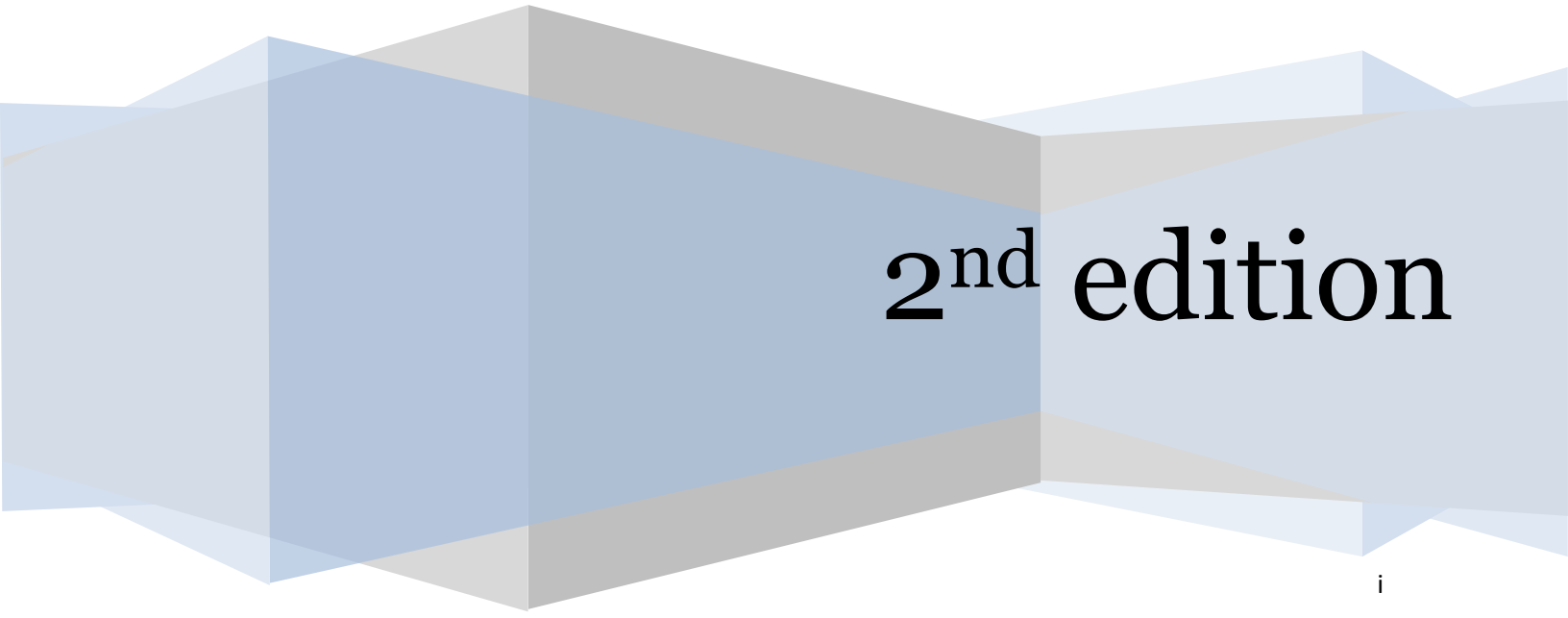
The Philippine Health Insurance Corporation

The Hospital Benchbook

Survey Manual and Self-Assessment Tool



Contents

Enhanced Benchbook: Rationale

What is the goal of the PhilHealth accreditation program for advanced participation (Center of Excellence Award)?

The PhilHealth accreditation program aims to use accreditation as a key tool for installing a culture of quality and safety in hospitals while ensuring members' universal access to health care. Hospitals must provide care that is timely, safe, patient-centered and effective. Just as importantly hospitals are challenged to ensure that such care provides value for money, conserves healthcare resources and promotes health equity. PhilHealth will engage such hospitals in a special way through incentives such as recognition and marketing of accredited facilities via recognition and award system, infrastructure and quality improvement opportunities, and establishing a preferred facility status for accredited health facilities. PhilHealth members are encouraged to seek care from these hospitals because of the organizations' abilities to offer financial risk protection through such policies as case rate payments, all - in service package rates and no balance billing.

What are the purposes of the PhilHealth advanced participation (Center of Excellence Award) accreditation program?

The purpose of the PhilHealth is to support Universal Health Care while stimulating demonstration of continuous performance improvement through good governance, strategic resource development, administrative discipline and evidence-based patient care processes.

How were the standards of the Benchbook updated?

Since the Benchbook standards were first developed in 2000, rapid progress in the science of health care quality improvement has led to new concepts and principles that have been integrated into international accreditation standards such as the Joint Commission as well as the Australia, Canadian and British health care accreditation systems. These concepts have been adopted into some of the international models of best hospital practice and may become branding features of hospitals which will be engaged in the PHIC advanced participation program.

These include the concepts supporting:

1. Patient safety
2. Sentinel events
3. Risk management
4. Disclosure of unexpected outcomes
5. International benchmarks of quality and safety

6. The role of governance
7. Life-saving interventions for which high quality evidence of benefit exist
8. The critical importance of anesthesia and surgical care

These concepts have been incorporated into the Benchbook standards, criteria and indicators will be carefully considered in this project. The initial draft underwent considerable revisions after detailed consultations with quality experts and organizations. As in the original Benchbook, the validity, measurability and achievability of the revised set of standards that support these concepts were determined through careful pilot testing in a broad range of hospital settings and ownerships.

As part of PhilHealth's efforts towards achieving universal health coverage, it has become obvious that PhilHealth – accredited Health Care Institutions (HCIs) must be improved in order to provide services that are worth paying for. DOH – financed government facilities enhancement is a necessary first step but one which does not necessarily add value to health services nor increase access to care by low income groups. If one defines health care value as health outcome per peso of cost spent, and if one considers that health care expenditures in country GDP do not necessarily correlate with good health outcomes, then one readily concludes that health facility inputs alone will not guarantee health care value.

Hence, to contribute to universal health coverage, facilities enhancement must be accompanied by the achievement of demonstrable improvement of patient outcomes. In this respect, PhilHealth must pay special attention to organizational capacity to improve performance (the seventh Benchbook standards chapter). This is to ensure that facilities provide even more value health care as responsible and autonomous stewards of the capitation funds which PhilHealth is envisaged to increasingly award to HCIs in the advanced participation (Center of Excellence) program.

In addition, organizational performance must be aligned with the health system goal of universal coverage. Thus this revised edition of the Benchbook includes standards and indicators that measure the extent to which hospitals are able to produce better health outcomes at lower costs, i.e., provide better value, raises the protective value of insurance against financially catastrophic illnesses. Specific quality of care measures and administrative measures are incorporated into the new Information Resource Management chapter. This paves the way for processes and outcomes of care for diseases that are of interest to PHIC (i.e., those for which case payments are being offered) to be targeted for tracking and utilization review, offering the possibility for improving actual clinical care while protecting patients from catastrophic expenditures.

When there are DOH standards, local or national government laws, or professional society standards related to a Benchbook standard, which will apply?

When the Benchbook standards and other government or professional standards address similar performance areas, whichever sets the stricter or higher requirement applies. See Appendix for a sample listing of local or national laws and standards that are related to Benchbook standards.

When are the Benchbook standards updated?

The Standards are updated and revised every three years through a process that includes comprehensive review of international best practices in health care accreditation, policy analysis and stakeholder consultation.

What are Goals?

Standard Goals represent the intent, rationale or justification that underpins the Standard. The Goals guide the outpatient facility and the accreditation surveyors in determining levels of achievement. They also permit a broader and more flexible interpretation of the acceptable Evidence of Compliance that facilities may offer. When assessing the acceptability of ECs, facility staff and surveyors must ask: "Is the Goal of the Standard achieved by this EC?"

What are Performance Criteria?

Compliance to each of the criteria for a particular standard constitutes compliance with that standard. The criteria include structural, process or outcome elements that surveyors can measure to reliably assess compliance. Criteria are individually scored and averaged for each Standard.

What are Indicators of Compliance?

The Indicators of Compliance consist of specific examples that provide objective proof of compliance with Performance Criteria. These are determined by a variety of observational, interview and document review techniques. Surveyors then make a judgment regarding adequacy and consistency across settings and time points of the observed demonstrations of compliance to enable them to award one of three scores:

0 – Not Met: No satisfactory Evidence of Compliance demonstrated

1 – Partly Met: Some Evidence of Compliance demonstrated.

2 – Fully Met: Satisfactory Evidence of Compliance demonstrated

The PhilHealth Accreditation Policies

What is the purpose of an accreditation survey?

An accreditation survey aims to assess a facility's degree of compliance with the PhilHealth Benchbook standards. To do this, the surveyor conducts the following activities:

1. Interviews of the organization's leadership, managers, staff and clients
2. Observations of internal and external physical environment of the facility
3. Observations of client care processes and community activities
4. Review of policy documents and records
5. Review of self-assessment report

The survey also aims to educate the hospital staff in quality improvement, patient safety and the PhilHealth accreditation program.

What is the scope of an accreditation survey?

The accreditation survey includes all services and programs for which the organization is publicly accountable and to which the Benchbook standards are considered applicable. The survey will be carried out on inpatient and outpatient services. It will also include administrative and engineering services. Services that are contracted or outsourced are also included whenever the standards apply to them. For example, third party providers of laboratory, radiologic, housekeeping or security services will be surveyed. The survey will also consider and respect the influences of local laws and cultural values in shaping client care processes, community activities and administrative policies.

What does it take for a facility to be awarded Center of Excellence?

For a facility to be awarded Center of Excellence, it must meet ALL the PhilHealth Benchbook standards AND obtain minimum Chapter level and overall average scores.

What is expected of a facility during an accreditation survey?

The facility must provide accurate and truthful information at all times in the accreditation process and particularly during the survey. If the facility falsifies any information relevant to the accreditation process, either by commission or by omission, it will be considered ineligible for re-evaluation for one year or, if it is an accredited facility, its accreditation award will be immediately terminated. Falsification is the

fabrication, in whole or in part, of any information provided by an applicant or accredited facility to PhilHealth. Other than deliberate lying and misrepresentation, fabrication includes altering the content of documents through redrafting, reformatting or deleting contents. To ensure reliability and accuracy of their assessments, surveyors will often "drill down" to the level of detail that enables them to understand what facility staff members are really doing. Facility staff must not take offense at this technique of drilling down and should simply tell the surveyors all that they really do.

How does an organization plan for an accreditation survey?

The leadership team (that is, the local chief executives or designates for public facilities or the proprietors or board members for private facilities), the management team and the staff must collaborate in the preparation for the survey. They must read and understand the Benchbook standards and this Manual as basic preparation guides. Questions about the interpretation of the Standards, Performance Criteria and Indicators of Compliance may be referred to the PRO.

Many of the Standards, PCs and ICs require the presence of operations manuals and specific policies and procedures for managing the organization and its resources and providing patient care. The managers and staff must therefore collaborate in the writing, testing, finalization and approval of these policies and procedures. Approval by the leadership team is required for these to be considered official. A list of the required Policies and Procedures is found in the Appendix.

In addition, because all accredited organizations are expected to comply with national regulations, local laws and professional codes, the facility manager and leadership team must ascertain that all staff members, devices, equipment and the building itself have current licenses, valid permits and evidence of compliance with safety codes. All pending compliance issues with PhilHealth and DOH regulations must also be addressed prior to the survey and documentary evidence must be prepared.

The next step is for the managers and staff to conduct a thorough and objective self-assessment to identify compliance gaps and areas of achievement. Special attention must be made in determining that the standards are being achieved consistently by all staff members, at both inpatient and outpatient settings and for some duration of time as prescribed by the compliance rules. The establishment of a track record of at least 4 months for new applicants is particularly important.

Depending on the compliance gaps, the organization may need to address deficiencies in structures (that is, improve, renovate or add new building features, amenities, equipment or devices), processes (that is, improve or design new policies and procedures) or outcomes (that is, demonstrate that patients, staff, and communities are experiencing better health, higher satisfaction, etc).

Because quality improvement and patient safety are the foci of the Benchbook survey, leadership, management and staff must be educated in its basic principles. The Plan – Do – Check – Act (PDCA) cycle is a tool for systematically planning and implementing the process of continuous quality improvement. The Plan stage consists of analytical tools for understanding the nature and causes of the problem. The Do stage is where potential solutions are pilot tested. The Check stage enables an evaluation of the effectiveness of the potential solutions. The Act stage involves institutionalizing the solutions that have been proven to be effective. Monitoring of the remaining problems becomes the basis for launching subsequent PDCA cycles. Online educational resources are available at several websites, including those of the Institute for Healthcare Improvement (www.ihi.org), Joint Commission Resources (www.jcrinc.org), Agency for Healthcare Research and Quality (www.ahrq.gov) and the World Health Organization (www.who.int).

Staff and managers must remember that the goal of closing the compliance gaps is not to achieve accreditation alone but more importantly to meet the needs of their own co-workers, patients, clients, communities and partners in a real and sustainable way. They must resist the temptation of doing unplanned and unsustainable improvements which amount to nothing more than window dressing and *ningas cogon*. Above all, they must resist the temptation to falsify or fabricate activities and outcomes because (a) falsification requires huge efforts that can be better directed at striving to achieve real results, and (b) falsification triggers sanctions such as withdrawal of accreditation or disqualification from the accreditation program.

How does a facility determine if it is ready for an accreditation survey?

Based on a pre-survey self-assessment, a facility can consider itself accreditation ready if its compliance ratings meet the minimum thresholds, including the minimum track record requires that organizations are in compliance with all the Benchbook standards for at least 4 months immediately prior to the survey date.

How is confidentiality of the accreditation process ensured?

PhilHealth will not publicly release any survey information directly identifying the organization other than its current status of accreditation. The organization itself may release information about its performance in the accreditation process but, for public interests, PhilHealth may correct or clarify such information that would otherwise be considered confidential.

What are the outcomes of the accreditation process?

The final accreditation decision is based on acceptable compliance with all Benchbook standards as detailed in the survey team's report. The Accreditation Committee (AC) of

PhilHealth acts upon the survey team's report and recommendations and endorses the accreditation decision to the PhilHealth Board of Directors which is vested with the authority to accredit all health care facilities.

The Self-Assessment Process

The goal and purpose of self-assessment

The goal of self-assessment is to enable an organization to measure its current performance against the Benchbook standards. The ensuing self-awareness and learning is the critical first step that forms the basis for quality improvement.

The purposes of the self-assessment are to:

1. Educate the staff about the principles of quality improvement and patient and staff safety
2. Enable the facility to comprehensively evaluate its compliance with the Benchbook standards
3. Enable the facility to plan, prioritize and conduct quality improvement initiatives and thus close its compliance gaps
4. Guide the facility in assessing and improving organizational performance

A pre-survey self-assessment is equivalent to a mock accreditation survey performed by the facility staff itself. Self-assessment can however be conducted independently of accreditation preparation because it provides the facility with an excellent tool for organizational learning and improvement.

Survey Process Guide

The time allotted for the on-site survey of a hospital is extremely limited. Every effort must be made, therefore, to efficiently use the survey team's time and efforts in order for them to fully understand a hospital's distinctive features and operating systems. To accomplish a successful survey, planning and preparation is important.

To plan for the survey, the hospital must ensure the following:

1. The hospital is in normal operation on the day of the survey. Offices and patient care areas must be open and clinical services ongoing.
2. Most of the hospital staff members are present. The hospital must provide the surveyors a list of names and designations of all the staff members on duty and present udirng the survey dates to save time and help involve everyone during the survey.

3. The operations manual, building plans, licenses, permits, administrative records, activity reports and other documents for review are complete, clearly labeled and organized in one area.
4. A hospital staff member must be assigned to meet the survey team members at an easily accessible place, such as the hospital lobby, and guide them to the work area specifically prepared for the surveyors and the site of the opening conference.
5. The survey team leader will work with the facility manager in arranging for a translator if this is necessary.
6. The survey team leader will work with the hospital manager assigned to coordinate the survey activities in finalizing a pre-approved survey agenda to optimize survey efficiency.
7. Designate an area in the hospital where the surveyors can review documents, take notes and confer with themselves privately.

Opening Conference and Agenda Review with Leadership and Management

Hospital's Overview of Organization Services

Purpose

- To orient the hospital to the purpose and agenda of the survey
- To introduce the hospital's organizational structure and leaders to the surveyors
- To review and validate the purposes of the on-site survey and the timeline of activities. If there are particular areas that require special surveyor attention these are also confirmed.

Participants

- Survey team
- Hospital management team
- Other staff members as decided by the hospital management

Standards /Issues to be addressed

Leadership and Management

Documents / Materials needed

- Organizational structure with names and designations of managers

What will happen?

Survey team members will review the purpose and activities of the survey. Senior managers will introduce the hospital management team to the surveyors and provide a 15-minute presentation of the organizational structure, case mix and overall direction of the hospital. Surveyors will clarify organizational details.

How to prepare?

Review the contents of the Application Form. Create a brief presentation introducing the hospital. Prepare IDs for survey participants with names and titles.

Tour of Facility

Purpose

To address safety and security issues related to

- The physical facility
- Medical equipment, drugs and supplies
- Safety of clients, patients, visitors and staff
- Infection Control
- Community setting

Participants

All surveyors and one designated hospital staff member

Standards/ Issues to be addressed

- Access to care
- Care Planning and Care Delivery
- Medication management
- Leadership and management
- Safe Practice and Environment
- Infection Control
- Human Resource Management
- Improving performance

Documents / Materials needed

- Hospital facility plans
- Safety inspection reports and actions
- Disaster preparedness policies. procedures and reports of training, drills and monitoring
- Other plans, policies and procedures, reports that monitor safety and security of the physical facility, equipment, drugs, clients, staff and visitors

What will happen?

1. The surveyors will visit all areas of the facility and its immediate external premises. They will observe the general hygiene, structural soundness and security of the facility.

2. They will observe power and water supply provisions, disposal systems for sharps, sewage and other biological and hazardous wastes, equipment storage and use, supplies storage and use, medicines storage, preparation, dispensing and administration.
3. The surveyors will observe hand hygiene and other infection control practices. They will also observe disaster preparedness equipment and facilities.
4. Throughout the tour, the surveyors will focus on:
    a. The identification, assessment and management of hazards and risks posed by the hospital to its staff, clients, patients, visitors and the community
    b. The reporting and prevention of accidents and adverse events experienced by staff and clients
    c. The maintenance of safety in the premises and the surrounding community

How to prepare?

1. The hospital manager must conduct an inspection of the entire facility, together with sanitary engineers. Inspection findings must be documented. Deficiencies must be addressed and any corrective action implemented and documented prior to survey.
2. The hospital manager must ensure that all disaster preparedness training, drills, activities and facilities have been put in place prior to the survey. Any deficiency must be addressed and corrective plans documented.
3. The hospital manager must ensure that power, water and sewage systems are compliant with engineering and legal requirements. Medical equipment must be in working order and have been calibrated / maintained with documentation. Drug management systems must be compliant with standard pharmacy practice.
4. A representative of the hospital staff must be able to explain and show how electricity and potable water are available during the hours of hospital operation. Adequacy of sewage and hazardous waste disposal must also be explained and demonstrated to the surveyors.
5. The hospital manager must ensure that staff practices on the use, re-use, cleaning and disinfection of equipment, supplies and work areas comply with standard infection control policies.
6. Prepare and organize needed documents as specified in the Required Policies and Procedures list in the Appendix
7. Prepare the following:
    - Floor plan of hospital
    - As built electrical and plumbing plans
    - Flashlight
    - Keys

- Ladder (for inspecting roof and ceiling)

Leadership Interview

Purpose

To assess organizational relationships and working procedures between hospital manager and leadership team

Participants

Hospital manager

One leadership team representative (local health official, board member or proprietor)

All surveyors

Standards/Issues to be addressed

- Patient rights and organizational ethics
- Assessment of patients
- Care planning and care delivery
- Leadership and management
- Safe practice and environment
- Human resource management
- Information resource management
- Improving performance
- Other standards as may be deemed relevant

Documents / Materials needed

- Organizational structure
- Operations manual

- Human resource development plan
- Compendium of DOH, PHIC and local laws and codes
- Compendium of clinical practice guidelines and pathways applicable to the hospital
- Quality monitoring and control plans and improvement reports

What will happen?

The surveyors will interview the hospital leaders on how policies and decisions are made and how they plan, lead and monitor hospital programs. The surveyors will evaluate how the leadership team, hospital leaders and staff collaborate in the design and delivery of patient care and how the quality and safety of such care is regularly evaluated and acted upon. The roles and responsibilities that they discharge will be assessed against the organizational structure, their functions and qualifications. Compliance with the operations manual will also be assessed.

How to prepare?

Identify the hospital participants and ask them to carefully read and understand the Leadership and management standards. Critically ask if each PC is being achieved and in what ways. Be mindful that the surveyors are going to validate the effectiveness of governance by asking the hospital staff themselves.

Document Review

Purpose

To assess compliance with the documentation requirements of the different Standards and to orient the surveyors to the organizational systems of the hospital

Participants

All surveyors

Standards/Issues to be addressed

The surveyors will test the adequacy of documentation of policies, procedures and their implementation related to all Benchbook Standards requiring policies, procedures and similar documents (see Appendix for a detailed list).

Documents / Materials needed

1. Operations manual
2. Building plans
3. Power, water, sewage plans
4. Hospital licenses and permits
5. Staff licenses, permits, credentials and 201 files
6. Disaster preparedness plans
7. Memoranda of agreement and contracts of service
8. Compendium of clinical care and managerial measures
9. Compendium of clinical practice guidelines and pathways applicable to the hospital
10. Quality monitoring and control plans and improvement reports
11. All documents specified in the list of required policies and procedures in the appendix

What will happen?

The surveyors will review the documents by themselves. A hospital staff member who is familiar with the documents and their sorting should be available to assist the surveyors.

How to prepare?

Organize, label and sequence the documents as numbered in the Appendix list and place in a secure area of the hospital where surveyors will have adequate space for reading, conferring and taking notes.

Identify a hospital staff member who can orient the surveyors on the documents and who can be available for follow-up questions regarding the documents for review.

Infection Control Interview and System Tracer

Purpose

During the infection control interview, the surveyor(s) and hospital will be able to:

- Review the strengths and potential risks in the infection control program
- Identify some possible corrective actions on the identified risks andin infection prevention and control processes
- Assess compliance with relevant standards
- Identify infection prevention and control issues requiring further exploration

Hospital participants

- Clinical staff, including physicians, nurses, pharmacists, and laboratory personnel
- Clinical staff, including all individuals involved in infection prevention and control
- Staff responsible for the physical plant
- Hospital leadership
- Surveyors

What will happen?

Infection Control System Tracer

- Infection Control Committee members discuss scope and major activities of the Infection Control Committee.

Surveyors determine which patient care area/s to visit.

- The surveyor(s) may move to other settings as appropriate and applicable to tracing infection prevention and control processes across the hospital.
- The surveyor(s) will observe staff and engage them in discussion focused on infection prevention and control practices in any setting that is visited during this system tracer activity.

Discussion

The surveyor(s) will draw from his or her tracer activity experience, hospital infection prevention and control surveillance data, and other infection prevention and control–related data to explore specific processes in infection control such as:

- How patients with infections are identified and managed by the hospital according to infection prevention and control program
- Current and past surveillance activity that took place in the previous 12 months or more for re-surveys and 4 months or more for initial surveys
- Type of analysis being conducted on the infection prevention and control data, including comparisons
- Reporting of infection prevention and control data, including frequency and audience
- Process for handling an influx of infectious patients
- Prevention and control activities (for example, staff training, education of patient/resident/client population, and housekeeping procedures)
- Physical facility changes, either completed or in progress, that have an impact on infection prevention and control
- Actions taken as a result of surveillance and the outcomes of those actions
- Effectiveness of hand-hygiene program

The hospital is encouraged to present examples of cases that will highlight various aspects of the infection prevention and control program, such as:

- Patients with fever of unknown origin
- Patients with a postoperative infection
- Patients admitted to the ICU
- Patients with sepsis
- Patients placed in isolation due to an infectious disease.
- Patients with infectious disease of public importance such as active TB, meningococcemia, HIV etc
- Infection prevention and control practices related to emergency management
- Patients placed in isolation because they are immunocompromised
- Recent changes in physical facilities that have an impact on infection prevention and control
- Dietary, laundry and housekeeping activities

Conclusion

The surveyor(s) and hospital will summarize identified strengths and potential areas of concern in the infection prevention and control program.

Medication Management Interview and System Tracer

Purpose

This session explores the hospital's medication management process as well as risk points in the system. Potential actions to address these risk points will also be explored by the surveyor and the hospital participants.

Hospital participants

- Clinical staff of pharmacy and other clinical support departments that are part of the medication management system will participate in the focused-tracer activity.
- Clinical staff, such as a nurse, physician, therapist, or dietitian, who have a role in medication management processes as part of the clinical services they render
- Therapeutics / formulary committee
- Staff member responsible for medication education of staff and patients
- A staff involved in performance improvement initiatives associated with medication management, if any have been conducted
- Biomedical personnel involved in the maintenance of pumps
- Surveyors

What will occur?

The Medication Management System Tracer is composed of three parts.

Medication tracer

During the focused-tracer activity, the surveyor(s) will visit areas relevant to medication management processes, talk with available staff in these areas about their roles in medication management, review documentation, and possibly interview a patient. The tracer extends from the point of order entry of a high-risk/high-alert medication to patient administration and monitoring.

Discussion

For the next part, a conference with a small group of leaders involved with the medication system is held. Discussion items may include the following:

- Review of policies related to the processes observed during the tracer visit, particularly if an issue requires clarification or if there were inconsistencies found in processes during a tracer.
- Review of the medication management processes and activities. The review may involve several activities, such as a group discussion session; a medication

management focused tracer; a review of data for medication errors, near misses, and other medication monitors; and individual patient tracers. The medication processes that are evaluated include selecting, procuring, storing, ordering/transcribing, administering, and monitoring.

Review of medication adverse events

The last part consists of a review of data related to medication errors, near misses, and adverse drug reactions.

Human Resource Management Interview

Purpose

The purpose of this interview is for the surveyors to understand the hospital's processes of hiring, recruitment, orientation, continuing training, promotion and de-selection of all staff, including trainees and volunteers. In addition, the surveyors will explore credentialing and privileging issues.

Participants

- Surveyors
- Human resource manager
- Head of credentialing and privileging committee of medical staff
- Medical director
- Nursing director

Standards/Issues to be addressed

- Patient rights and organizational ethics
- Care planning and care delivery
- Human resource management
- Leadership and management
- Improving performance

Documents / Materials needed

- Operations manual
- List of all employees
- List of doctors
- List of employees of outsourced services
- Human resource development plan
- Performance appraisal reports
- 201 files of clinical and non-clinical staff

What will happen?

The surveyors will discuss with the participants the current hospital processes of staff recruitment, hiring, orientation, training, appraisal, promotion and de-selection and how these are used to ensure continuous staff learning and development. The surveyors will sample 201 files to understand the completeness and timeliness of recordkeeping and to review the effectiveness of the hospital's credentialing and privileging process,

that is, how the staff's credentials are verified and matched with the clinical, technical and administrative roles that they perform.

How to prepare?

The hospital must ensure that the 201 files are complete and that all licenses are current.

Improving Performance Interview

Purpose

The purpose of this interview is to assess how the hospital manages its information resources for use in providing care to clients, appraising and improving performance of its staff and meeting mandatory reporting requirements. The interview also aims to assess the hospital's quality improvement program in terms of effectiveness of design and implementation. In addition, the surveyors will provide some education in continuous quality improvement.

Participants

- Surveyors
- Quality improvement officer
- Information management officer
- Medical records officer
- Hospital staff members involved in quality improvement, patient safety and risk management
- Owners of the clinical and managerial quality indicators
- Owners of clinical practice guidelines or clinical pathways being implemented

Standards/ Issues to be addressed

- Information resource management
- Human resource management
- Leadership and management
- Improving performance
- In addition, staff practices and policies in reviewing the completeness and accuracy of information and in analyzing data are discussed.

Documents / Materials needed

- Operations manuals
- Data on clinical and managerial quality indicators
- Ata on guideline or pathway implementation

What will happen?

The surveyors will ask the staff to describe how clinical and administrative records are generated, audited for completeness and accuracy and used for client care and decision making. Processes for training the staff, ensuring competence and appraising performance in reviewing and improving the quality of client records will be explored.

The surveyors will inquire about how the hospital invests resources to ensure that data from client and administrative records are analyzed and used to improve care and performance.

The surveyors will interview the staff on how it undertakes quality improvement and how the leadership team and hospital manager lead the quality program.. Staff training and competence issues will be covered and the surveyors will inquire about how the hospital invests resources for quality improvement and the maintenance of information reporting systems. Processes and outcomes of quality improvement projects will be discussed with the staff. Any learning derived from them and how actions are taken to improve client care and hospital operations will also be covered. The surveyors will bring up quality-related survey findings to help them understand better the strengths and needs of the quality improvement program of the hospital. The surveyors will then share best practices and success tips in effectively carrying out quality improvement gleaned from examples in other Hospitals.

How to prepare?

Hospital staff members must carefully read and understand all the applicable standards. Hospital staff members must carefully read and understand all the applicable standards. They must ensure understanding of their individual roles and contributions in the hospital's quality improvement programs. Quality improvement involves quality indicator monitoring and analysis and the staff must be able to discuss the different quality indicators of the hospital and how performance based on these indicators is being continuously improved. Staff members must ensure that quality improvement activities use the PDCA cycle and are adequately documented.

Safe Practice and Environment Interview

Purpose

The purpose of this interview is to assess how your hospital

- Develops and implements your infection control and patient and staff safety program.
- Ensures that staff are appropriately qualified and trained in safety
- Routinely identifies, prevents and reduces injury to staff and patients from accidents, adverse events and health care associated infections.
- Anticipates and manages adverse events and disasters

Participants

- Surveyors
- Facility and building manager
- Biomedical equipment manager
- Housekeeping head
- Safety officer

Standards / Issues to be addressed

- Safe practice and environment
- Infection control
- Leadership and management
- Human resource management
- Improving performance

Documents / Materials needed

- Operations manual
- Building and other plans
- Safety and security plan
- Fire and electrical safety plan
- Disaster and emergency preparedness plans
- Hazardous materials management plan
- Utility management plan
- Reports of safety testing and quality improvement projects

What will happen?

Surveyors will explore hospital systems for maintaining the safety of the workplace, including the maintenance of the building, physical facilities and the use of equipment, devices, supplies and hazardous materials. Staff practices in protecting themselves from occupational hazards and maintaining competency in disaster preparedness will be explored. Surveyors will interview building management staff on its infection control practices and how they are trained and evaluated to support adherence to written policies and procedures

Surveyors will also request staff members to demonstrate safety and infection control practices. They will ask staff members to explain their individual roles in the disaster response plan.

How to prepare?

Hospital staff members must carefully read and understand all the applicable standards. The hospital manager must ensure that all building, water, power and sewage plans reflect actual building conditions and have local government approvals. Hazardous materials and disaster preparedness policies and programs must be compliant with technical and legal requirements. Staff members must have participated in all required drills. Staff compliance with hand hygiene and other infection control practices must be consistently demonstrated. The hospital staff can conduct tracer audits to assess the adequacy of infection control and safety practices.

Surveyors Integration Meeting

Purpose

The purpose of this meeting is for the surveyors to meet and synthesize their findings, compare and resolve conflicting findings and formulate some global assessments about the compliance of the hospital.

Participants

Surveyors

What will occur?

The surveyors will privately meet before conducting the leadership exit interview.

How to prepare?

Ensure that a relatively quiet place is provided for the surveyors to meet and integrate their findings.

Leadership Exit Interview

Purpose

The purpose of this conference is to report key survey findings and resolve any issues of interpretation of compliance that may have been identified during the survey.

Participants

- Surveyors
- Hospital management and leadership team members
- Otjer key managers

Standards/Issues to be addressed

- Survey findings

Documents / Materials needed

None

What will happen?

The surveyor will cover the following topics:

- Purpose of the conference
- Key survey findings indicating areas of compliance and non-compliance
- Discussion of compliance findings for which there are questions or differences in surveyor assessments
- Follow-up activities after the survey
- Education, as time permits, on areas of non-compliance

The New Benchbook Standards

MODIFIED CHAPTERS, STANDARDS AND CRITERIA

A. PATIENT CENTERED STANDARDS

1. PATIENT RIGHTS AND ORGANIZATIONAL ETHICS
2. ACCESS TO HEALTHCARE
3. INPATIENT ADMISSION AND OUTPATIENT REGISTRATION
4. ASSESSMENT OF PATIENTS
5. CARE PLANNING CARE DELIVERY
6. MEDICATION MANAGEMENT
7. SURGICAL AND ANESTHESIA CARE

B. FACILITY FOCUSED STANDARDS

8. LEADERSHIP AND MANAGEMENT
9. HUMAN RESOURCE MANAGEMENT
10. INFORMATION MANAGEMENT
11. SAFE PRACTICE AND ENVIRONMENT
12. INFECTION CONTROL
13. IMPROVING PERFORMANCE

Key changes in the Core Standards and Criteria

#	Old Chapter and Code	New Chapter and Code	Notes
1	Patients Rights and Organizational Ethics - 1.1.a.1	Patients Rights and Organizational Ethics – 1.1 # 1	
2	Access- 2.1.1.b.1	Access to Health Care – 2.2 # 1	
3	Access- 2.1.2.a.1	Safe Practice and Environment – 11.2 # 3	
4	Access- 2.1.2.b.1	Safe Practice and Environment – 11.2 # 4	
5	Access- 2.1.2.c.1	Safe Practice and Environment – 11.2 # 5	
6	Entry - 2.2.3.a.2	Inpatient Admission and Outpatient Registration – 3.7 # 1	
7	Assessment - 2.3.1.a.1	Care Planning and Care Delivery – 4.1 #1	
8	Assessment - 2.3.2.c.1		Deleted
9	Assessment - 2.3.3.d.3	Surgical and Anesthesia Care – 7. 1	
10	Assessment - 2.3.5.a.2		Subsumed in QA in all departments
11	Implementation of Care - 2.5.5.a.2	Medication Management – 6.3 # 4	
12	Implementation of Care - 2.5.5.c.1	Medication Management – 6.9 #1	
13	Implementation of Care - 2.5.5.e.1	Medication Management –6.6 # 1	
14	Implementation of Care - 2.5.5.e.2	Medication Management –6.6 # 2	
15	Implementation of Care - 2.5.5.i.1	Medication Management – 6.6 # 3	
16	Discharge - 2.7.1.x.1		Deleted
17	The Management Team - 3.1.3.x.1	Leadership and Management – 8.3	
18	The Management Team - 3.1.4.x.1		Deleted after 09.06 draft
19	External Services - 3.2.1.x.1	Leadership and Management – 8.6	
20	Human Resource Management - 4.1.1.b.2	Human Resource and Management – 9.3	
21	Human Resource Management	Human Resource and	

	- 4.1.2.a.3	Management – 9.2	
22	Data Collection, Aggregation and Use - 5.1.1.e.1	Information Management – 10.3	
23	Records Management - 5.2.1.a.1	Information Management – 10.8 # 1	
24	Records Management - 5.2.1.b.1	Information Management – 10.8 # 2	
25	Patient and Staff Safety - 6.1.1.a.1	Safe Practice and Environment – 11.3	
26	Patient and Staff Safety - 6.1.1.b.1	Safe Practice and Environment – 11.4, 11.5, 11.6, 11.7, 11.8	
27	Patient and Staff Safety - 6.1.1.c.2	Safe Practice and Environment – 11.9 # 12	
28	Patient and Staff Safety - 6.1.2.a.2	Safe Practice and Environment – 11.4, 11.5, 11.6, 11.7, 11.8	
29	Patient and Staff Safety - 6.1.2.b.1	Safe Practice and Environment – 11.9 #1	
30	Patient and Staff Safety - 6.1.2.b.2	Safe Practice and Environment – 11.9 #2	
31	Patient and Staff Safety - 6.1.2.c.1	Safe Practice and Environment – 11.1 # 1	
32	Patient and Staff Safety - 6.1.2.e.1	Safe Practice and Environment – 11.4 # 1	
33	Patient and Staff Safety - 6.1.2.f.2		Deleted
34	Patient and Staff Safety - 6.1.3.b.1	Safe Practice and Environment – 11.10 # 2	
35	Maintenance of the Environment of Care - 6.2.1.x.1	Safe Practice and Environment – 11.7 # 7	
36	Maintenance of the Environment of Care -6.2.3.x.1	Safe Practice and Environment – 11.9 # 10	
37	Maintenance of the Environment of Care -6.2.4.x.1	Safe Practice and Environment – 11.9 # 12	
38	Infection Control - 6.3.1.x.1	Infection Control – 12.2	
39	Infection Control - 6.3.1.x.2	Infection Control – 12.4	
40	Infection Control - 6.3.2.b.1		Deleted
41	Infection Control - 6.3.2.b.2		Deleted
42	Infection Control - 6.3.2.b.3		Deleted
43	Infection Control - 6.3.3.a.1	Infection Control – 12.6	
44	Infection Control - 6.3.3.b.1	Infection Control – 12.7	
45	Infection Control - 6.3.4.x.1	Infection Control – 12.8	
46	Infection Control - 6.3.5.x.1	Safe Practice and Environment	

		– 12.10	
47	Equipment and SuppliesS6.4.3.x.1	Safe Practice and Environment – 11.9 #13	
48	Energy and waste Management - 6.5.1.x.1	Safe Practice and Environment – 11.11 # 1	
49	Energy and waste Management - 6.5.2.x.2	Safe Practice and Environment – 11.11 # 5	
50	Improving performance - 7.1.x.1	Safe Practice and Environment – 13.1	
51	Improving Performance - 7.6.x.1	Improving Performance – 13.7	
		Assessment of Patients – 4.4	
		Medication Management – 6.6 # 5	

1. Patient Rights and Organizational Ethics

Goal: To improve patient outcomes respecting patients' rights and observing organizational ethics. Informed consent is essential in observing patients rights.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
1.1.a	Organizational policies and procedures support patients' right to informed consent.	a. Informed consent is obtained from patients prior to initiation of care.[1] **CORE**	Patient charts show informed consents signed and dated prior to procedure	• Chart review • Direct observation
1.1.b		b. Policies and procedures define when and how informed consent is obtained.	Policy and procedure	Document review
1.1.c		c. The informed consent is signed by both patient and health care professional who will attend to the patient or perform the procedure.	Patient charts show informed consents signed and dated by patient and HCP	Chart review
1.1.d		d. Patients understand the informed consent process. **CORE**	Patient's / family's views confirm achievement of the criterion	Patient interview
1.1.e		e. Children's and other vulnerable patients' rights to consent are defined.	Policy and procedure	Document review
1.2.a	Organizational policies and procedures protect and support patients' rights to quality care and their responsibilities in that care.	a. Policies and procedures define how patients will be informed of their rights and responsibilities, who will inform them and how their rights and responsibilities will be supported. **CORE**	Policy and procedure	Document review
1.2.b		b. Policies and procedures protect patients' rights.[2]	Policy and procedure	Document review

[1] **Informed consent** - includes a patient-doctor discussion of the following issues: the nature of the decision or procedure; reasonable alternatives to the proposed intervention; the relative risks, benefits, and uncertainties related to each alternative; assessment to patient understanding; and patient's acceptance or refusal of the intervention

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
1.2.c		c. Policies and procedures support patients' responsibilities.[3]	Policy and procedure	Document review
1.2.d		d. Patients' rights and responsibilities are communicated in writing.		• Document review (Written statements given to patients and IEC materials) • Patient interview
1.3.a	Organizational policies and procedures uphold patients' rights during research.	a. Informed consent is secured from research participants. **CORE**	Informed consent forms	Document review
1.3.b		b. Research adheres to bioethical principles.[4] **CORE**	Ethics review and approval document	Document review
1.3.c		c. Ethical clearance is obtained before research protocols are implemented. **CORE**	Ethics review and approval document	Document review
1.4.a	The organization educates patients, families or	a. Policies and procedures define how and who will educate patients and families on key issues regarding their care.[5]	Policy and procedure	Document review

[2] **Patients' rights** include rights to:
(a) good health (b) to information its confidentiality (c) privacy e.g. visual and auditory (d) participate in care decisions (e) withdraw consent without prejudice to care (f) second opinion
[3] **Patients' responsibilities includes**:
(a) To provide the hospital with truthful and complete information (b) To heed hospital regulations (c) To be an active partner in regaining and maintaining health (d)To ensure that their healthcare is paid for.
[4] **Bioethical principles** are Beneficence, Non-maleficence, Autonomy and Justice.
[5] **Key issues includes**: (a) disease burden, (b) treatments and post-discharge care,(c) how and who will inform patients of unexpected outcomes and adverse events during their care, and (d) how patients and families can speak to their healthcare team

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
1.4.b	significant others on how to participate in health care decision making.	b. The patient education program is implemented.	Patient's views confirm achievement of the criterion	• Document review • Patient interview
1.4.c		c. Staff are trained and evaluated in observing these policies and procedures.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
1.4.d		d. Patients and families understand key issues regarding their care.	Patient's / family's views confirm achievement of the criterion	Patient interview
1.5.a	The organization supports the capacities of patients, families or significant others to take more pro-active roles in health care decision making.	a. Policies and procedures define how patients and their families are involved in making care decisions.[6]	Policy and procedure	Document review
1.5.b		b. These policies are implemented.	Patient's / family's views confirm achievement of the criterion	Patient interview
1.5.c		c. Families and patients are able to participate in every aspect of their care.	Patient's / family's views confirm achievement of the criterion	Patient interview
1.6.a	The organization addresses patients' needs for confidentiality, privacy, security,	a. Policies and procedures address patients' needs for confidentiality, privacy, security, spiritual and psychosocial support and communication.	Policy and procedure	Document review
1.6.b		b. The organization provides resources and facilities to	• Physical structures,	• Direct observation

[6] Difficult are decisions includes: deciding on risky procedures, advance directives, withholding resuscitation, prolonging or foregoing life-sustaining treatment, end-of-life care, proxy consent and assent.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
	psychosocial and spiritual support and communicatio n.	implement these policies.	equipment and amenities • Staff use of resources	• Staff interview
1.6.c		c. Hospital staff members are trained and evaluated in adhering to these policies and procedures.	Views and practices of staff members confirm achievement of the criterion	• Leadership interview • Staff interview
1.6.d		d. Services and programs addressing these needs are evaluated and improved.	Results of evaluation and corresponding actions	• Document review • Direct observation • Staff interview
1.7.a	The organization systematically elicits and acts upon feedback from patients, their families, visitors and communities.	a. Policies and procedures are in place for routinely determining and improving the level of patient satisfaction with all relevant aspects of care AND surveys results are documented and monitored.	• Policy and procedure • Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Document review • Leadership and staff interview • Direct observation
1.7.b		b. Policies and procedures define how and how promptly patients' and visitors' complaints are addressed INCLUDING available training and	• Policy and procedure • Views and practices of staff members	• Document review • Staff interview

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
		support for staff members in resolving patients.' and visitors' complaints.	confirm achievement of the criterion	
1.7.c		c. Patients are informed about how complaints are lodged and addressed.	Patient's / family's views confirm achievement of the criterion	Patient interview
1.7.d		d. Complaints are documented and monitored.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff • Observations on inputs and processes confirm their explanations	• Document review • Leadership and Staff Interview • Direct observation
1.7.e		e. Patient satisfaction surveys and complaints are used to design, improve or modify services.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff • Observations on inputs and processes confirm their explanations	• Document review • Leadership and staff interview • Direct observation
1.8.a	The organization's	a. The organization implements relevant codes of	• Leaders and managers of the	• Document review

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
	personnel discharge their functions according to codes of ethical behavior and other relevant professional and statutory standards.	professional conduct and other statutory standards.[7]	hospital discuss and offer examples of how this criterion is achieved • Discussions with staff • Observations on inputs and processes confirm their explanations	• Leadership and staff interview • Direct observation
1.8.b		b. The organization informs its staff about these codes and standards.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
1.8.c		c. Staff are evaluated and supported in following these codes and standards.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
1.8.d		d. Staff members can call attention to ethical issues and seek redress of their grievances.	Grievance committee, whistle blowing policy, etc.	Document review
1.8.e		e. The organization anticipates and manages ethical dilemmas arising from business relationships.	Conflict of interest disclosure policy and practice	• Document review • Direct observation

[7] Statutory standards such as, but not limited to:
1. Codes of professional standards (PRC, PMA, PNA, PAMET, CSC, DOLE etc.)
2. Hospital Detention Law (RA 9439) and
3. Anti-Deposit Law (RA 8344)
4. Anti-Sexual Harassment Law (RA 7877)

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
				• Staff interview
1.8.f		f. The organization reviews and acts upon the ethical performance of its contracted parties.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Document review • Direct observation • Staff interview
1.9.a	The organization documents and follows procedures for resolving ethical issues as they arise from patient care.	a. Procedures for resolving ethical issues that arise in the course of providing care are in place.[8]	Procedure	Document review
1.9.b		b. The organization provides resources to guide staff in resolving ethical dilemmas based on sound bioethical principles for.	Resource person for bioethical guidance	Document review
1.9.c		c. Staff access bioethical guidance when needed.	Views and practices of staff members confirm achievement of the criterion	Staff interview

[8] These procedures cover such difficult issues as deciding on risky procedures, advance directives, withholding resuscitation, prolonging or foregoing life-sustaining treatment, end-of-life care, proxy consent, assent, patient disclosure, etc. The procedures are based on sound bioethical principles (footnote 3).

2. Access to Healthcare

Goal: The organization is accessible to the patients and communities that it aims to serve.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
2.1.a	The organization informs the community about the services it provides and the hours of their availability.	a. Information detailing clinical services offered and its hours of availability is strategically distributed and prominently posted. **CORE**	Physical structures, equipment and amenities .	• Direct observation • Staff interview
2.1.b		b. Policies and procedures guide staff in helping patients with urgent needs access alternative care providers when clinical services are unavailable.	Policy and procedure	Document review
2.1.c		c. The community is aware of clinical services offered and times of availability.	Patient's / family's views confirm achievement of the criterion	Patient interview
2.2.a	Clinical services are appropriate to patients' needs and the former's availability is consistent with the	a. Critical clinical services are available 24/7. **CORE**	• Physical structures, equipment and amenities • Staff use of resources	• Direct observation • Staff interview • Document review
2.2.b	organization's service capability and	b. Clinical services are appropriate to the organization's	• Physical structures, equipment and	• Direct observation

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
	role in the community.	case mix.	amenities • Staff use of resources	• Staff interview • Document review
2.2.c		c. Clinical services are consistent with the organization's regulatory classification.	• Physical structures, equipment and amenities • Staff use of resources	• Direct observation • Staff interview
2.2.d		d. Clinical services are appropriate to the health needs of the organization's communities.	• Physical structures, equipment and amenities • Staff use of resources	• Direct observation • Staff interview
2.3.a	The organization provides uniform access to care according to acuity of needs.	a. Access of patients with critical needs to diagnostic procedures is prioritized.	Views and practices of staff members confirm achievement of the criterion	• Document review • Direct observation • Staff interview
2.3.b		b. Access of patients with critical needs to treatment procedures is prioritized.	Views and practices of staff members confirm achievement of the criterion	• Document review • Direct observation • Staff interview
2.3.c		c. The organization provides uniform care to patients regardless of care setting, time of day or day of week.	• Physical structures, equipment and amenities • Staff use of	• Direct observation • Staff interview

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
			resources	
2.3.d		d. The organization provides uniform care to patients regardless of their mode of health financing.	• Physical structures, equipment and amenities • Staff use of resources	• Document review • Patient interview • Direct observation
2.4.a	The organization addresses socioeconomic barriers to access to its services	a. Information on healthcare financing benefits and how to access them are communicated to patients. **CORE FP**	• Views and practices of staff members confirm achievement of the criterion • Structures and conditions support compliance	• Direct observation • Staff interview
2.4.b		b. The patient's eligibility status to their health insurance, including NHIP, is considered during admission.	• Views and practices of staff members confirm achievement of the criterion • Structures and conditions support compliance.	• Direct observation • Staff interview • Patient interview
2.4.c		c. Clinical services for common causes of admissions and consults are bundled and priced in standardized packages.[9] **CORE FP**	Service packages wherein expected out of pocket spending is clearly specified.	• Document review • Direct observation • Staff interview

[9]The organization offers service packages for the most common conditions/ procedures it attends to, with defined price, accommodation type, professional services, diagnostic procedures, medicines and supplies and therapeutic interventions. The organization ensures the availability of such inputs within the price of the package.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
2.4.d		d. Charging and payment policies and procedures optimize the support value of the patients' health insurance. **CORE FP**	• Charging and payment policy supports case payments or treatment packages for commonly admitted conditions. • Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview • Patient interview
2.4.e		e. The organization monitors and reduces out of pocket spending for patients who avail of their health financing plans. **CORE FP**	• Charging and payment policy; NBB compliance rates are monitored and improved in government hospitals • Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
2.4.f		f. Based on compliance with regulatory requirements, the organization deducts all health insurance benefits and discounts at the time of discharge. **CORE FP**	• Charging and payment policy • Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
2.4.g		g. There are policies and procedures to assist	• Policy and Procedure • Views and	• Document review • Staff

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
		socioeconomically disadvantaged patients[10] AND these policies are implemented. **CORE FP**	practices of staff members confirm achievement of the criterion	interview

[10]Policies and procedures define:
1. How the organization systematically identifies socioeconomically disadvantaged patients for assistance on admission.
2. what forms of assistance may these patients avail
3. How such assistance may be availed of. Such assistance may include discounted rates, senior citizens' discounts, social service programs, PHIC case rate payments, no balance billing policies.

3. Inpatient Admission and Outpatient Registration

Goal: Inpatient admission and outpatient registration processes meet patient needs and are supported by effective systems and a suitable environment.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
3.1.a	Prior to entry, the organization matches its clinical services to the patient's clinical needs.	a. Policies and procedures define clinical conditions that can be serviced by the organization and details how cases beyond the organization's capacity are managed.	• Policy and procedure • Presence of facilities consistent with clinical service capability based on DOH license	• Document review • Direct Observation
3.1.b		b. Staff determines if patient's needs could be addressed by organization's services prior to inpatient admission or outpatient registration.	• Proof that the organization determines patient's needs prior to admission (hospital) or registration (outpatient)	• Staff interview • Direct observation, if confirmation is needed
3.1.c		c. Patients whose needs cannot be addressed by the organization's services are referred for definitive management to appropriate organizations.	• Proof that the organization refer patients whose needs cannot be addressed are referred for definitive management to appropriate organizations	Staff interview
3.2.a	The organization documents and follows policies and procedures, and provides resources to	a. The triaging of emergency patients is defined by explicit criteria and procedures.	• Presence of policies and procedures defining criteria for triaging emergency patients	• Document review • Staff Interview

3.2.b	ensure proper patient triaging.	b. Patients with emergent or urgent needs are immediately treated or at least stabilized if transfer to another facility is required.	• Proof that the organization determines and prioritizes admissibility of patients or need for referral to other organizations	• Document review • Staff interview • Patient or "bantay" interview
3.2.c		c. The organization provides resources for treating emergency patients according to their needs.	• Presence of physical structures, equipment and amenities	• Direct observation • Staff interview • Patient Interview
3.2.d		d. The organization provides resources when patients are being held for admission while waiting for vacancies in appropriate care settings.	• Presence of policies and procedures on patient waiting time • Presence of physical structures, equipment and amenities • Staff use of resources	• Document review • Staff interview • Direct observation
3.3.a	The organization has a standardized process for admitting inpatients and registering outpatients.	a. Policies and procedures define how inpatients' clinical needs are determined at admission and what clinical services will best address them.	Policy and procedure	Document review
3.3.b		b. Policies and procedures define how **outpatients'** clinical needs are determined at registration and what	Policy and procedure	Document review

		clinical services will best address them.		
3.3.c		c. Inpatient admission policies are implemented.	Proof those in-patient admission policies are implemented and followed.	• Staff interview • Patient interview • Chart review
3.3.d		d. Outpatient registration and scheduling policies and procedures are implemented	Proof those outpatient registration/scheduling policies are implemented and followed.	• Staff interview • Patient interview • Document review
3.4.a	Patients receive prompt and timely attention by qualified professionals upon entry.	a. Policies establish patients' waiting times based on urgency of their condition.	Presence of policies	• Document review
3.4.b		b. Patients are informed of the cause of any significant delays in scheduling critical diagnostic or treatment procedures.	Proof that the organization inform patients of the cause of any significant delays in scheduling critical diagnostic or treatment procedures	• Staff interview • Patient interview • Chart review
3.4.c		c. Depending on their needs, patients are managed within the planned waiting period.	Proof that the waiting period for the management of patients is appropriate to their needs	• Staff interview • Patient interview
3.4.d		d. Patients with urgent needs are prioritized over others to minimize delays in diagnostic or treatment procedures.	Proof that patients with urgent needs are prioritized over others to minimize delays in diagnostic or	• Staff interview • Patient interview

			treatment procedures	
3.5.a	The organization has a standardized process for admitting patients to general and special care settings	a. Clinical criteria and procedures define patient entry, assignment, or transfer to appropriate care settings based on their needs.	• Presence of criteria (as defined by the hospital) defining entry, assignment, or transfer to appropriate care settings • Presence of physical structures, equipment and amenities	• Document review • Direct observation
3.6.a	The organization uniquely identifies all inpatients and outpatients including newborn infants.	a. Policies and procedures require that at least two (2) unique identifiers are given to every patient as they are registered, admitted or born in the hospital.	Presence of policies and procedures	Document review
3.6.b		b. The unique identifiers may include a hospital number, the patient's full name or the birth date.[11]	Proof that all patients are correctly identified by their charts	• Chart review • Document review • Patient Interview
3.6.c		c. The patient's unique identifiers are verified before any treatment; procedure or medication is administered.	Proof that patient are correctly identified prior to administration of medicines	• Staff interview • Direct observation, if confirmation is needed • Patient Interview

[11]The room or bed number is not an acceptable identifier.

3.7.a	The organization creates a specific patient chart for each new patient who is admitted or registered.	a. Policies and procedures require that a unique patient chart is generated for every new inpatient admission or new outpatient registration. **CORE**	Policy and procedure	Document review
3.7.b		b. Each chart or record is linked to the unique identifiers of the patient.	Patient charts document achievement of this criterion	• Chart review • Patient interview
3.8.a	Upon admission, the health professional responsible for the care of the patient obtains informed consent for treatment.	a. Policies and procedures define when general and special consents are taken, who are the qualified personnel to inform the patient and when.[12]	• Presence of policies and procedures	• Chart Review
3.8.b		b. The policies are implemented.	Proof that the organization provides patient consent and information is being provided by qualified personnel	• Staff interview • Patient Interview
3.8.c		c. Patients and/or their families demonstrate knowledge of their disease, condition or disability, its severity, likely prognosis, benefits, and possible adverse effects of various treatment options, and the likely costs of treatment.	Patient's / family's views confirm achievement of the criterion	Patient interview (may ask "bantay" also)

[12] Upon admission, patients and/or their families are appropriately informed by authorized qualified personnel of their disease, condition or disability, its severity, likely prognosis, benefits and possible adverse effects of various treatment options, and the likely costs of treatment.

4. Assessment of Patients

Goal: Comprehensive assessment of every patient enables the planning and delivery of patient care.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
4.1.a	Each patient's physical and psychosocial status is assessed.	a. An appropriately comprehensive assessment of the patient's present illness and physical and psychosocial conditions performed on every patient within 24 hours of admission. **CORE**	Patient charts document achievement of this criterion	Chart review
4.1.b		b. All patients are screened for pain and further assessment is performed when pain is present.	Patient charts document achievement of this criterion	Chart review
4.1.c		c. All patients are screened for risk of nutritional deficiency and further assessment is performed when nutritional needs are identified.	Patient charts document achievement of this criterion	Chart review
4.2.a	Appropriate professionals perform coordinated and sequenced patient	a. Policies and procedures define the minimum content of **initial**	Policy and procedure	• Document review • Chart review • Patient

	assessment to reduce waste and unnecessary repetition.	**assessments** to be made by doctors, nurses and other allied medical professionals		interview
4.2.b		b. Policies and procedures define the minimum content and frequency of **reassessments** to be made by doctors, nurses and other allied medical professionals.	Policy and procedure	• Document review • Patient interview
4.2.c		c. Qualified professionals assess patients according to their prioritized needs.	Patient charts document achievement of this criterion	• Document review (Review of credentials) • Chart review
4.3.a	Previously obtained information is reviewed at every stage of the assessment to guide future assessments.	a. Relevant information from previous treatment/surgical procedure/diagnostic/lab and imaging is reviewed (as applicable)	• Views and practices of staff members confirm achievement of the criterion • Patient charts document achievement of this criterion	• Staff interview • Chart review (Check for past surgical hx, lab and imaging tests)
4.4.a	Assessments are performed regularly and are determined by patients' evolving response to care.	a. Doctors re-assess the patients' physical condition and response to care at least once every 24 hours and according to	Patient charts document achievement of this criterion	Chart review

		the patient's needs. **CORE**		
4.4.b		b. Nurses re-assess the patient's physical condition and response to care at least once every shift and according to the patient's needs. **CORE**	• Patient charts document achievement of this criterion	Chart review
4.4.c		c. Significant changes in the patient's condition results in re-assessment. **CORE**	• Views and practices of staff members confirm achievement of the criterion	• Staff interview • Chart review
4.4.d		d. Re-assessment results in a review of the patients' management. **CORE**	• Patient charts document achievement of this criterion • Views and practices of staff members confirm achievement of the criterion	• Staff interview • Chart review
4.5.a	Assessments are documented and used by the health care team to ensure effective communication, integration and continuity of care.	a. Initial and ongoing medical and nursing assessments are incorporated in the patient chart and are legibly written.	Patient charts document achievement of this criterion	Chart review
4.5.b		b. Referral physicians and therapists document their	Patient charts document achievement of this criterion	Chart review

		assessments and reassessments.		
4.5.c		c. The healthcare team members analyze and integrate their assessments in planning and delivering care.	Views and practices of staff members confirm achievement of the criterion	Staff interview
4.6.a	Laboratory examinations appropriate to organization's service capability and usual case mix are available and performed by qualified personnel.	a. Laboratory services comply with applicable local and national standards, laws, and regulations. **CORE**	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Document review
4.6.b		b. Laboratory service schedules are regular, convenient and available during emergencies.	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation
4.6.c		c. Policies and procedures guide the standard performance of laboratory examinations.	Policy and procedure	Document review
4.6.d		d. The organization's leaders commit resources to provide patients with continuous, appropriate and adequate laboratory	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation

		examinations.		
4.6.e		e. Qualified individual/s manages the laboratory service.	Credentialed manager	Document review (credentials)
4.6.f		f. Qualified individual/s performs laboratory examinations.	Credentialed lab techs	Document review (credentials)
4.6.g		g. A laboratory quality control program monitors and ensures the accuracy and reliability of laboratory test results.	Lab quality control program	Document review
4.6.h		h. Turnaround times for releasing laboratory test results are defined and improved.	Turnaround times monitoring	Document review
4.6.i		i. A process for communicating critical test results to patient's care providers is implemented (suggested that this criterion will cover all diagnostic services)	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
4.7.a	Radiologic imaging examinations appropriate to	a. Radiologic services comply with applicable local and	• Views and practices of staff members confirm achievement of the	• Staff interview • Document

	organization's service capability and usual case mix are available and performed by qualified personnel.	national standards, laws, and regulations. **CORE**	criterion • Resources and conditions support this criterion	review (include DOH license)
4.7.b		b. Radiology service schedules are regular, convenient and available during emergencies.	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation
4.7.c		c. Policies and procedures guide the standard performance of radiologic examinations.	Policy and procedure	Document review
4.7.d		d. The organization's leaders commit resources in order to provide patients with continuous, appropriate and adequate radiologic examinations.	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation
4.7.e		e. Qualified individual/s manages the radiology service.	Credentialed manager	Document review (Review of credentials)
4.7.f		f. Qualified individual/s performs radiologic examination.	Credentialed radiologists	Document review (Review of credentials)

4.7.g		g. A radiology quality control program monitors and ensures the accuracy and reliability of radiologic results.	Radiology quality control program	Document review
4.7.h		h. Turnaround times of releasing radiologic test results are defined and improved.	Turnaround times monitoring	Document review
4.8.a	Policies and procedures for accessing and referring patients to approved external providers when diagnostic services are not available within the provider organization are documented and monitored.	a. Policies and procedures for selecting, approving and monitoring external providers of diagnostic examinations is present.	Policy and procedure	Document review
4.8.b		b. Patients are referred to licensed external providers when diagnostic examinations are not available.	Views and practices of staff members confirm achievement of the criterion	Staff interview
4.9.a	Assessments of patients with special needs are determined by policies and procedures that	a. Policies and procedures identify patients with special needs for whom specific types of	Policy and procedure	Document review

	are consistent with legal and ethical requirements.	assessments are required.[13]		
4.9.b		b. The contents of the specific types of assessments on patients with special needs are defined.		Document Review
4.9.c		c. Qualified personnel conduct assessments on patients with special needs.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed

[13]Patients with special needs include: (a) infants, (b) school-aged children, (c) adolescents, (d) the elderly and disabled, (e) victims of alleged sexual abuse or violence, (f) patients with emotional or behavioral disorder (g) patients with drug dependencies or alcoholism, and (h) pregnant women

5. Care Planning and Care Delivery

Goal: The health care team develops in partnership with the patients a coordinated plan of care with goals. Care is delivered to ensure the best possible outcomes for the patients. Discharge is planned and coordinated to ensure that the needs of the patient are continuously met.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
5.1.a	The care that is delivered to each patient is planned and integrated.	a. The care for each patient is planned by the healthcare team members within 24 hours from admission.	Patient charts document achievement of this criterion	Chart review
5.1.b		b. The healthcare team members integrate their assessments in developing the care plan.	Views and practices of staff members confirm achievement of the criterion	• Chart review • Staff interview
5.1.c		c. The care plan is revised and updated according to patient's condition or response to care.	Views and practices of staff members confirm achievement of the criterion	• Chart Review • Staff interview • Direct observation, if confirmation is needed
5.2.a	The care plan14addresses patients' relevant clinical and psychosocial needs	a. The care plan is based on the patient's clinical needs.	Patient charts document achievement of this criterion	Chart review
5.2.b		b. The care plan is based on the patient's psychosocial needs.	Patient charts document achievement of this criterion	Chart review
5.2.c		c. The plan includes interventions to be	Patient charts document achievement	Chart review

[14]**Clinical pathways** are derived from clinical practice guidelines and other types of clinical evidence.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
		implemented and clinical outcomes to be achieved within specific time frames.15	of this criterion	
5.3.a	The care plan is consistent with scientific evidence, professional standards, and patient's values, medico-legal and statutory requirements.	a. The care plan is consistent with best available scientific evidence.	Patient charts document achievement of this criterion	Chart review
5.3.b		b. The care plan complies with professional standards, medico-legal and statutory requirements.	Patient charts document achievement of this criterion	Chart review
5.3.c		c. Patients' values and preferences are considered in developing care plans.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Patient Interview • Direct observation, if confirmation is needed
5.4.a	The organization ensures that information about the patient's proposed care is clear and readily accessible to designated multidisciplinary health care providers and other relevant persons.	a. Medical care plans are documented in the patient chart.	Patient charts document achievement of this criterion	Chart review
5.4.b		b. Nursing care and other health care professionals' care plans are documented in the patient chart	Patient charts document achievement of this criterion	Chart review
5.5.a	Care is delivered	a. A qualified healthcare	Views and practices of	• Chart review

[15]**Medical and nursing care plans or pathways** contain SMART (Specific, Measurable, Attainable, Realistic and Time bound) goals to be achieved. Pathways include diagnostics, medications, and patient education interventions.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
	in a coordinated manner, according to care plans.	professional assumes primary responsibility for prioritizing, implementing, documenting and coordinating care for the patient.	staff members confirm achievement of the criterion	• Staff interview
5.5.b		b. The healthcare team coordinates care across care settings, departments and services of the hospital[16].	Views and practices of staff members confirm achievement of the criterion	• Document review • Chart review • Staff interview
5.5.c		c. The healthcare team members integrate care by communicating their assessments and planned interventions with each other.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
5.5.d		d. Care coordination and integration is apparent to patients and their families.	Patient's / family's views confirm achievement of the criterion	• Patient interview • Staff interview
5.6.a	Care is delivered in a timely, safe and appropriate manner, according to care plans.	a. The planned care is implemented within established time intervals and depending on the urgency of the patient's medical need.17	Patient charts document achievement of this criterion	Chart review
5.6.b		b. Treatments are implemented by qualified individuals.	Patient charts document achievement of this criterion	Chart review (Review of credentials)
5.6.c		c. Referrals to other specialties are made	Views and practices of staff members confirm	• Chart review Check referral

[16] Tools for coordinating care include endorsements, handoffs, clinical summaries, review of laboratory tests and medications, checklists, etc.

[17] In the management of clinical pathway-covered conditions, the order and timing of treatments follow the pathway.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
		according to established pathways, guidelines or practice standards.	achievement of the criterion	forms • Staff interview
5.6.d		d. Results of referrals are communicated to relevant members of the health care team and are considered in the management.	Views and practices of staff members confirm achievement of the criterion	• Chart review (Check referral form in the chart and notations in order sheet) • Staff interview
5.7.a	The organization ensures that availability and handling of food and other nutritional products are consistent with patient needs, safety standards and statutory requirements.	a. Food preparation, handling, storage and distribution comply with applicable local and national standards, laws, and regulations.	Views and practices of staff members confirm achievement of the criterion Resources and conditions support this criterion	• Document review • Staff interview • Direct observation, if confirmation is needed
5.7.b		b. Food and nutritional products are available according to the patient's needs.	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation, if confirmation is needed
5.8.a	The care of high-risk patients follows policies and procedures.18	a. The care of emergency patients follows policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Document review (Policies and procedures) • Staff

[18]Policies and procedures contain the following: 1. Clinical indications or features of high risk patients 2. Special training or competencies required of qualified staff 3. Special assessments and monitoring needed 4. Special interventions performed 5. Special facilities or equipment needed

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
				interview • Direct observation, if confirmation is needed
5.8.b		b. Resuscitation follows policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Document review • Chart review • Staff interview
5.8.c		c. The handling, use, and administration of blood and blood products follow policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Document review • Chart review • Staff interview
5.8.d		d. The care of patients on life support follows policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Document review • Chart review • Staff interview
5.8.e		e. The care of patients with communicable diseases follows policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview • Direct observation, if confirmation is needed
5.8.f		f. The care of patients on dialysis follows policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement	• Document review • Staff interview

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
			of the criterion	• Direct observation, if confirmation is needed
5.8.g		g. The care of patients on restraint follows policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview • Direct observation, if confirmation is needed
5.8.h		h. The care of vulnerable patients5 follows policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview • Direct observation, if confirmation is needed
5.8.i		i. The care of patients receiving chemotherapy follows policies and procedures.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview • Direct observation, if confirmation is needed
5.9.a	Rights and needs of patients are considered and respected by all the staff during patient education activities.	a. Patients are educated about: • Medications • Diet and nutrition • Care of medical devices • Techniques for self-	• Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
		care • Techniques for regaining functional capacity.		• Patient interview
5.9.b		b. Patients who wish to leave or discontinue care are allowed to do so after receiving education about the consequences of their decision.	• Views and practices of staff members confirm achievement of the criterion	• Staff interview • Chart review
5.9.c		c. In-patients who wish to leave the hospital against medical advice are referred in writing to physicians of choice	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
5.10.a	Planning for discharge begins upon entry into the organization and ensures a coordinated approach to discharge and continuing management.	a. Upon admission, patients and/or their families are informed of the expected (barring any complications) approximate duration of treatment, the planned interventions, the likely outcomes and how their healthcare needs after discharge may be met.	Patient / families confirm compliance	Patient interview
5.10.b		b. Patients are screened on admission for continuing care needs after discharge.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
5.10.c		c. Patients so identified are assessed for specific healthcare needs after discharge.	Views and practices of staff members confirm achievement of the criterion	• Chart review • Staff interview
5.10.d		d. Interventions that address patients post-discharge care needs are begun during confinement.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
				• Direct observation, if confirmation is needed
5.10.e		e. Families and caregivers are capacitated to provide for the patient's post-discharge needs.	Patient / families confirm compliance	Patient interview
5.10.f		f. The transport needs of high-risk patients are addressed when planning for discharge.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview • Direct observation, if confirmation is needed
5.11.a	The organization provides information about continuing management plan to the patient and relevant health care providers.	a. A discharge summary is provided to all patients according to organizational policy.	Policy	Document review (Check for Discharge Summary)
5.11.b		b. The discharge summary contains: • Discharge diagnosis • List of medications administered during confinement • Surgical procedure performed, if any • Status of the patient upon discharge	Discharge summaries document achievement of this criterion	Chart review (Check elements of Discharge Summary)
5.11.c		c. Patients are educated about when to follow-up and whom to call in cases of emergency.	Discharge summaries document achievement of this criterion	Chart review
5.12.a	The organization arranges access to	a. Patients are referred to their preferred	Views and practices of staff members confirm	• Staff interview

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
	other relevant community health services in a timely manner, and ensures that patients are aware of appropriate services before discharge.	healthcare providers after discharge.	achievement of the criterion	• Chart review • Document review
5.12.b		b. Patients are informed of appropriate community services and other resources as needed.	Views and practices of staff members confirm achievement of the criterion	• Staff interview

6. Medication Management

Goal: Medications are managed and provided effectively, safely and in a controlled manner.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
6.1.a	Drugs are selected and procured based on the organization's usual case mix and according to policies and procedures that are consistent with scientific evidence and government policies.	a. Policies and procedures that define the collaborative selection of drugs, consistent with scientific evidence and government policies are present.	Policy and procedure	Document review
6.1.b		b. The formulary list contains all the drugs to be used by the organization.	Formulary list	Document review
6.1.c		c. The formulary list contains alternative cost effective treatment drugs. e.g. generics	Formulary list	Document review
6.1.d		d. The formulary list is reviewed and, if needed, updated annually.	Formulary list	Document review
6.1.e		e. Drugs are procured based on the organization's formulary list.	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation, if confirmation is needed
6.1.f		f. Drug procurement ensures a reliable and constant drug supply for the organization.	• Views and practices of staff members confirm achievement of the criterion	• Staff interview • Patient interview

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
			• Resources and conditions support this criterion	
6.2.a	Drugs are stored safely and securely according to technical and regulatory standards	a. Medications are stored throughout the organization to ensure authorized access.	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation, if confirmation is needed
6.2.b		b. Medications are labeled and stored to minimize medication errors.	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Document review (Policies and Procedures) • Staff interview • Direct observation, if confirmation is needed
6.2.c		c. High risk medications are stored to ensure controlled use.	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation, if confirmation is needed
6.2.d		d. Required drug storage	• Views and	• Document review

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
		conditions are monitored and maintained.	practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation, if confirmation is needed
6.2.e		e. Regulated drugs are stored separately and under controlled conditions.	• Views and practices of staff members confirm achievement of the criterion • Resources and conditions support this criterion	• Staff interview • Direct observation, if confirmation is needed
6.3.a	Drugs are dispensed in a standardized and systematic manner in the provider organization.	a. Dispensing follows professional and legal standards.	• Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
6.3.b		b. Qualified staff reviews new prescriptions or orders prior to dispensing or administration, based on the formulary.	• Views and practices of staff members confirm achievement of the criterion	Staff interview
6.3.c		c. Review of new orders or prescriptions cover: • Correctness of dosage, route and frequency • Possible therapeutic duplication.	• Views and practices of staff members confirm achievement of the criterion	Staff interview
6.3.d		d. A process to contact the prescriber for any	• Views and practices of staff	Staff interview

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
		questions is in place.	members confirm achievement of the criterion	
6.4.a	Drugs are prepared according to technical and professional standards of practice.	a. Drug preparation complies with drug-specific pharmacologic requirements.	• Views and practices of staff members confirm achievement of the criterion	Staff interview
6.4.b		b. Drugs are prepared in clean and controlled environment.	• Resources and conditions support compliance of this criterion	• Document review • Direct observation
6.5.a	Drug prescribing complies with professional, pharmacologic and regulatory standards.	a. Policies and procedures define the elements of a complete prescription or order, consistent with laws.	Policy and procedure	Document review
6.5.b		b. All orders or prescriptions are documented in the patient's chart.	Patient charts document achievement of this criterion	Chart review
6.5.c		c. The organization supports formulary-based prescription and sets criteria for allowing prescribers to order non-formulary drugs.	Criteria for allowing non formulary – based prescriptions	• Document review • Staff interviews
6.5.d		d. Written, verbal and phone orders are immediately read back to prescribers for confirmation.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interviews
6.5.e		e. Policies and procedures define that telephone orders are signed by the prescriber within 24 hours and the critical situations when	•Policy and procedure •Patient charts document achievement of	Document review

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
		telephone orders are acceptable.	this criterion	
6.6.a	Drugs are administered in a timely, safe, appropriate and controlled manner.	a. Drugs are administered only after the order or prescription was verified. **CORE**	Views and practices of staff members confirm achievement of the criterion	• Document review (Procedure on verification of prescription and orders) • Staff interview • Direct observation, if confirmation is needed
6.6.b		b. Drugs are administered after verifying medication order against patient's identity. **CORE**	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
6.6.c		c. Drug administration is properly documented in the patient chart. **CORE**	Patient charts document achievement of this criterion	• Chart review • Patient interview
6.6.d		d. Drug administration follows time frames set by pharmacologic and therapeutic specifications. **CORE**	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Chart review (medication sheet)
6.6.e		e. A process to oversee self-administration of drugs brought in by patients is in place. **CORE**	• Policy and procedure • Views and practices of staff members confirm achievement of the criterion	• Staff interview • Patient interview
6.7.a	Drug effects are monitored in a standardized and systematic	a. Adverse drug events are documented, monitored and reported as required by	• Policy and procedure • Views and	• Document review (Policies and procedures)

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
	manner in the provider organization.	regulations.	practices of staff members confirm achievement of the criterion	• Management interview
6.7.b		b. First dose effects are monitored.	• Patient charts document achievement of this criterion	Chart review
6.8.a	Resources are allocated for the training, supervision, and evaluation of professionals who prescribe and administer drugs, according to policies and procedures.	a. There are policies and procedures for the training, supervision, and evaluation of professionals who prescribe and administer drugs.	• Policy and procedure	• Document review (Policies and procedures) • Staff interview (nurses and pharmacists)
6.8.b		b. Clinical staffs are oriented to the organization's medication policies prior to deployment.	• Resources and conditions support compliance of this criterion • Views and practices of staff members confirm achievement of the criterion	• Staff interview (nurses and pharmacists) • Document review
6.8.c		c. Resources support managers who train, supervise and evaluate drug prescription and administration practices.	Views and practices of staff members confirm achievement of the criterion	• Staff interview (head nurses and head pharmacists) • Document review • Direct observation, if confirmation is needed
6.8.d		d. Physicians are trained and evaluated in rational drug use/prescribing.	• Resources and conditions support compliance of this criterion	• Staff interview • Document review (Monitoring reports)

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
			• Views and practices of staff members confirm achievement of the criterion	
6.9.a	Drugs are administered in a standardized and systematic manner in the provider organization.	a. Only qualified staff order, prescribe, prepare, dispense and administer drugs. **CORE**	Patient charts document achievement of this criterion	• Document review (Policies in drug administration and review of credentials) • Chart review
6.9.b		b. All doctors, nurses and pharmacists who handle high risk drugs have additional education and training as appropriate.	Training credentials	• Document review (Review of credentials) • Chart review
6.10.a	Drugs are disposed in a standardized and controlled manner consistent with regulatory and safety requirements.	a. Policies and procedures indicate how expired, discontinued or recalled drugs are retrieved and/or safely disposed.	Policy and procedure	Document review (Policies in drug administration)
6.10.b		b. Drugs, drug containers and medication equipment are disposed of following statutory requirements	Views and practices of staff members confirm achievement of the criterion	• Document review (Policies on health care waste management) • Staff interview • Direct observation, if confirmation is needed (Look for dedicated area for cytotoxic waste)
6.10.c		c. These policies are implemented.	• Resources and conditions support compliance of this criterion	• Staff interview • Direct observation, if confirmation is needed

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
			• Views and practices of staff members confirm achievement of the criterion	• Document review (Monitoring reports)

7. Surgical and Anesthesia Care

Goal: Surgical and anesthetic procedures are performed safely and effectively throughout the organization.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
7.1.a	Patients who are for surgery and anesthesia are adequately assessed and prepared.	a. The attending surgeon conducts a physical assessment of the patient within 24 hours prior to surgery. **CORE**	Patient charts document achievement of this criterion	Chart review
7.1.b		b. The anesthesiologist conducts a preanesthetic assessment of the patient within 24 hours prior to surgery. **CORE**	Patient charts document achievement of this criterion	• Chart review • Staff interview
7.1.c		c. The anesthesiologist conducts a pre-induction assessment of the patient immediately before administration of sedation or anesthesia.	Patient charts document achievement of this criterion	Chart review
7.1.d		d. A surgical and anesthesia plan of care results from these assessments and is documented in the patient's chart.	Patient charts document achievement of this criterion	Chart review

7.2.a	Surgical and anesthesia procedures are performed in a timely, safe, appropriate and controlled manner.	a. Surgery and anesthesia are performed within conditions that comply with infection control and other clinical requirements.	• Views and practices of staff members confirm achievement of the criterion • Physical resources and conditions support achievement	• Staff interview • Direct observation
7.2.b		b. Surgery and anesthesia are performed in conditions that comply with engineering controls and other facility requirements.	• Views and practices of staff members confirm achievement of the criterion • Physical resources and conditions support achievement	• Staff interview • Direct observation
7.2.c		c. Surgery and anesthesia are performed within time frames indicated by the urgency of the patient's need.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation
7.2.d		d. Patients are continuously monitored during sedation and anesthesia.	Patient charts document achievement of this criterion	• Chart review • Direct Observation
7.2.e		e. Qualified personnel are allowed to perform surgery.	• Surgeons are credentialed • List of credentialed providers are known to surgical staff	• Staff interview • Direct observation, if confirmation is needed
7.2.f		f. Only qualified personnel are allowed to provide	• Anesthesiologists are credentialed	• Staff interview • Direct

		sedation and anesthesia.	• List of credentialed providers are known to surgical staff	observation, if confirmation is needed
7.3.a	Postoperative care ensures safe and effective recovery of patients after surgery.	a. Patients are continuously monitored while recovering from sedation and anesthesia.	Patient charts document compliance to this criterion	Chart review
7.3.b		b. A post-operative plan of care is written by the attending surgeon before the patient is transferred out of the surgical area.	Patient charts document achievement of this criterion	Chart review
7.3.c		c. A post anesthesia plan of care is written by the attending anesthesiologist.	Patient charts document achievement of this criterion	Chart review
7.3.d		d. The healthcare team communicates and coordinates the plans of care with each other.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed • Document review
7.3.e		e. The post-operative plans of care are implemented.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
7.3.f		f. Patients are transferred out of the recovery area only after	Views and practices of staff members confirm achievement of the	• Staff interview • Direct observation, if

		assessment and clearance by the accountable healthcare professional.	criterion	confirmation is needed
7.4.a	The organization prevents wrong-site, wrong – patient procedures.	a. Policies and procedures preventing wrong-site, wrong-patient procedures are in place.	Policy and procedure	• Document review • Chart Review
7.4.b		b. Surgical procedures are performed after verifying the correct site and procedure against patient's identity.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
7.4.c		c. Whenever indicated[19], the correct site is marked in a standard way by the surgeon with full consent of the patient.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
7.5.a	Surgical procedures are legibly and accurately documented in the patient chart by qualified staff.	a. An operative note is written by the surgeon or designate before the patient is transferred out of the operating area.[20]	Patient charts document achievement of this criterion	Chart review
7.5.b		b. The surgeon documents the findings during surgery.	Patient charts document achievement of this criterion	Chart review
7.5.c		c. Policies guide	Policy	Document

[19] Site marking is indicated when there are issues of site laterality or multiple levels.

[20] The note describes the names of the surgical team, the surgical procedure performed, the post-operative diagnosis, the blood loss and the presence or absence of surgical complications.

		which surgical tissues are to be sent for histopathological examination.		review
7.5.d		d. The policies are implemented.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed

8. Leadership and Management

Goal: The organization effectively and efficiently governed and managed according to its values and goals to ensure that care produces the desired health outcomes, and is responsive to patients' and community needs.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
8.1.a	The provider organization's leadership[21] team provides strategic direction, acts according to the organization's policies and has overall responsibility for the organization's operation, and the quality of its services and its resources.	a. The organization develops its mission, vision and corporate goals based on agreed-upon values.	Mission, vision, values and goals	• Leadership and management interview • Document review • Direct Observation
8.1.b		b. The leadership team develops strategic action plans with the managers and staff of the organization. **CORE**	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview • Staff interview • Document review
8.1.c		c. The leadership team defines the organizational development priorities with the managers and staff. **CORE**	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved	• Leadership and management interview • Staff interview • Document review

[21]The organization's leadership team consists of the hospital owners, stockholders, shareholders and board of trustees or board of directors.

			• Discussions with staff and observations on inputs and processes confirm their explanations	
8.1.d		d. The leadership team receives regular reports on the quality and safety of services.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview • Staff interview • Document review
8.1.e		e. The leadership team acts on major quality and safety issues of the organization.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview • Staff interview • Document review
8.1.f		f. The leadership team collaborates with the communities that it serves in promoting health, welfare and well-being of the general population.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved	• Leadership and management interview • Document review • Staff interview

			• Discussions with staff and observations on inputs and processes confirm their explanations	
8.2.a	The organization's management [22]ensures the presence of effective working relationships within the organization, with the community, and with other relevant organizations and individuals.	a. The management team coordinates all key services and departments of the hospital.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview
8.2.b		b. The management team promulgates hospital wide policies to the staff.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Document review
8.2.c		c. The management team oversees the daily operations of the organization.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is	• Leadership and management interview • Staff interview

[22] The management team consists of the CEO (or hospital director), heads of major services and other senior management officers.

			achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Document review
8.2.d		d. There are clearly defined management responsibilities, authorities and accountabilities.	Policy	Document review
8.2.e		e. Managers report on improvement activities to leaders and staff.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	Document review
8.2.f		f. The management team acts in behalf of the hospital when working with the community, other organizations and individuals, as directed by the leadership team.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	Leadership and management interview
8.3.a	Terms of reference,	a. Committees have defined terms of	Committee objectives and	Document review

	membership and	reference.	scope	
8.3.b	procedures are defined for the meetings of all committees within the organization. Minutes of	b. Members of committees have defined responsibilities and authorities. **CORE**	Members appointments	Document review
8.3.c	meetings are recorded and approved.	c. Committees follow standard operating procedures in its activities.	Views and practices of staff members confirm achievement of the criterion	• Document review • Committee member interview
8.3.d		d. Committees follow their terms of reference.	Views and practices of staff members confirm achievement of the criterion	Document review
8.4.a	The organization develops and implements policies and procedures which cover the major services and aspects of operations.	a. Each clinical and administrative department/service is guided by a manual of operations which details its management structure, duties and responsibilities of managers and staff and key operating policies and procedures.	Manual of operations	Document review
8.4.b		b. Staff are trained and evaluated in adhering to the manual of operations.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview • Direct observation, if confirmation is needed
8.4.c		c. The manual of operations is collaboratively	Views and practices of staff members confirm	• Staff interview • Document

		developed, reviewed and updated by managers and staff.	achievement of the criterion	review
8.4.d		d. The manual of operations is implemented.	Views and practices of staff members confirm achievement of the criterion	Staff interview
8.5.a	The organization's by-laws, policies and procedures support care delivery and are consistent with its goals, statutory requirements, accepted standards and its community and regional responsibilities.	a. The management team plans for and manages the engagement of clinical staff as well as recommends the development of clinical services consistent with the organization's goals	Views and practices of management team confirm achievement of the criterion	• Management team interview • Document review
8.5.b		b. The management team develops and supervise monitoring and evaluation of organizational programs.	Views and practices of management team confirm achievement of the criterion	• Management team interview • Document review
8.6.a	Documented agreements and contracts cover external service providers and specify that the quality of services provided must be consistent with appropriate set standards.	a. Third party providers are contracted based on explicit quality and safety expectations built into the contracts.	• Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved • Contracts define quality and safety expectations	• Leadership and management interview • Staff interview • Document review
8.6.b		b. Third party contracts are maintained or terminated based on achievement of safety and quality expectations. **CORE**	Views and practices of management team confirm achievement of the criterion	• Management team interview • Document review

9. Human Resource Management

Goal: The organization provides the right number and mix of competent staff to meet the needs of its internal and external customers and to achieve its goals.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
9.1.a	Planning ensures that appropriately trained and qualified (and where relevant, credentialed) staff are available to undertake the type and level of activity performed by the organization. These include those who are consulted when suitable expertise is not available within the organization.	a. The numbers of staff with specific clinical skills are planned according to organizational needs.	Staffing plan	Document review (Staffing Plan)
9.1.b		b. The numbers of staff with specific managerial and supervisory skills are planned according to organizational needs.	Staffing plan	Document review (Staffing Plan)
9.1.c		c. These plans are implemented.	Views and practices of management team confirm achievement of the criterion	• Management team interview • Document review
9.1.d		d. These plans are evaluated and revised at least once a year.	Staffing plan	Document review
9.2.a	Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes.	a. Staff workload is monitored	Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved	• Leadership and management interview • Staff interview • Document review
9.2.b		b. Staff attendance and punctuality are monitored.	Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved	• Leadership and management interview • Staff interview • Document Review
9.2.c		c. The numbers of qualified staff members are adequate	Leaders and managers of the	• Leadership and management

		to service actual clinical needs. **CORE**	hospital discuss and offer examples of how this criterion is achieved	interview • Staff interview • Document review
9.2.d		d. There are policies and procedures to address temporary and long term inadequacies in staff numbers or expertise.	Policy and procedure	Document review (Policy and Procedure)
9.2.e		e. These policies and procedures are implemented and evaluated for effectiveness.	Views and practices of staff members confirm achievement of the criterion	Staff interview
9.3.a	Recruitment, selection, appointment and reappointment procedures ensure appropriate competence, training, experience, licensing and credentialing of all appointees.	a. The organization defines and disseminates the process for recruiting, selecting, appointing and reappointing staff members and managers.	Policy and procedure	Document review
9.3.b		b. The organization defines the qualifications and competencies of its clinical and managerial staff.	Job descriptions	Document review
9.3.c		c. Independently or affiliated practicing physicians provide care according to clinical privileges based on evidence-based evaluation of education, training, licensure and experience.	Credentials file	Document review
9.3.d		d. Nurses and other healthcare professionals provide care based on evidence of the required education, training and licensure when appropriate.	Credentials file	Document review
9.3.e		e. External clinical	Credentials file	Document review

		professionals contracted by the organization provide care based evidence of the required education, training and licensure.		
9.4.a	The recruitment and selection process is open & transparent, is consistent with legal and ethical requirements, and allows a fair and unbiased evaluation of the qualifications and competencies of all applicants.	a. Evidence of staff compliance with selection or appointment standards is documented.	Credentials file	Document review -
9.4.b		b. Recruitment, selection and appointment are based on objective evaluation of qualifications and competences of all applicants.	Policy	Document review
9.4.c		c. Recruitment, selection and appointment comply with laws and meet ethical requirements.	Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved	• Leadership and management interview • Staff interview
9.4.d		d. Relevant staff members participate in the development and implementation of personnel recruitment, selection and appointment.	Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved	Leadership and management interview
9.5.a	The organization ensures that performance monitoring and evaluation of medical staff is based on objective process.	a. Relevant licenses of all clinical and managerial staff members are routinely monitored for renewal.	Credentials file	Document review
9.5.b		b. Reappointment of the medical staff is based on an evaluation of staffs: • Continued and up-to-date clinical expertise • Adherence to evidence-based medical practice • Professionalism and	Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved	Leadership and management interview

		ethics • Collegial relationship and teamwork with the hospital staff • Contribution to and participation in key hospital activities and programs.		
9.5.c		c. The organization evaluates its physician staff based on these criteria at least annually.	Performance appraisal	Document review
9.5.d		d. Reappointment of nurses and other healthcare professionals is based on: • Safe and high quality clinical practice • Continuing staff education and training • Professionalism and ethics • Communication and teamwork • Contribution to and participation in key hospital activities and programs	Performance appraisal	•Document review
9.5.e		e. The organization evaluates nurses and other health care professionals based on these criteria at least annually.	Performance appraisal	Document review
9.6.a	Upon appointment, staff members receive a written statement of their accountabilities and responsibilities that specifies their role and how it contributes to the attainment of the	a. Written job descriptions are given to and discussed with all newly-appointed staff.	Views and practices of staff members confirm achievement of the criterion	Staff interview:
9.6.b		b. Job descriptions includes: • Job title • Who is staff accountable	Job descriptions	Document review

	goals and maintaining quality of care. The statements are reviewed when necessary.	to • Who is staff accountable for • Key duties and responsibilities • Key results areas		
9.6.c		c. Job descriptions are current and reflect the staff member's actual work.	Job descriptions	Staff interview
9.7.a	Staff members are accountable for the care and services they give and for the discharge of their delineated responsibilities.	a. Annual performance appraisals based on key results areas of the job description are conducted.	Annual performance appraisal	Document review
9.7.b		b. Annual appraisal results are used to determine staff retention and promotion.	Views and practices to confirm achievement of this criterion	• Leadership and management interview • Staff interview
9.8.a	All services are provided by staff members with appropriate qualifications, experience or training.	a. All doctors have current licenses, education and professional training certificates, and specialty certificates (if needed) as verified from the source.	Credentials file	•Document review • Staff interview
9.8.b		b. All nurses, midwives and other licensed healthcare professionals have current licenses, education and professional training certificates as verified from the source.	Credentials file	Document review
9.8.c		c. All administrative, business and technical services staff have current licenses and documented evidence of appropriate training and experience whenever relevant.	Credentials file	Document review
9.9.a	There are relevant orientation, training and development	a. The organization regularly assesses the educational needs of managers and staff.	Views and practices of staff members confirm	• Staff interview • Document review

	programs to meet the educational needs of management and staff.		achievement of the criterion	
9.9.b		b. The organization provides continuing training to managers and staff to meet identified needs.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview
9.9.c		c. Policies and procedures define how new hires e.g. managers and staff are oriented with their tasks and responsibilities.	Policy and procedure	Document review
9.9.d		d. The organization evaluates the effectiveness of training and development programs to ensure that they meet organizational, community and individual needs.	•Presence of annual plan on training activities •Views and practices of staff members confirm achievement of the criterion	•Staff interview •Document review
9.9.e		e. Training and development programs build on managers/staff capacity to meet their professional, organizational and community needs.	Leaders and managers of the hospital discuss and offer examples of how this criterion is achieved	• Leadership and management interview • Staff interview

10. Information and Management

Goal: Collection and aggregation of data are done for patient care, management of services, education and research.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
10.1.a	Relevant, accurate, quantitative and qualitative data are collected and used in a timely and efficient manner for delivery of patient care and management of services.	a. The organization defines the relevant aspects of its operations from which data will be collected.	Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved	Leadership and management interview
10.1.b		b. The organization routinely collects process and outcomes data from its provision of patient care such as: • Patient assessment • Diagnostic laboratory • Imaging • Surgical procedures • Antibiotics and other medications • Infection rates • Adverse event rates (includes needle stick injuries) • Sentinel event • Accuracy and completeness of patient records	Monitoring data	Document review

10.1.c		c. The organization routinely collects process and outcomes data from its business management such as: • Occupancy, lengths of stay, top 10 diagnoses admitted, consulted, operated and died • Staff satisfaction • Patient satisfaction • Staff accidents • Facility safety events • Utilization of different healthcare financing sources [including PhilHealth case payments, Point-of-Care (for govt) and No Balance Billing (NBB)]	Monitoring data	Document review
10.1.d		d. The specific measures (as defined above) are collaboratively selected by leaders, managers and staff based on the following criteria: • Relevance to hospital services • Availability of evidence-based	Leaders and managers of the hospital / quality program discuss how this criterion is achieved	Leadership and management interview

		standards • Importance to patients' hospital experience		
10.1.e		e. For the 15 quality measures (from b and c), the organization defines data sets, data generation, and collection and aggregation methods.	Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved	Leadership and management interview
10.2.a	The organization provides resources for data generation, collection and aggregation methods.	a. The organization trains its management and staff in the collection, analysis and interpretation of data.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review
10.2.b		b. The organization provides information resources for the timely and efficient collection and analysis of data.	•Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved •Staff confirm structures and inputs to support compliance with this criterion	• Leadership and management interview • Staff interview • Direct observation, if needed

10.2.c		c. The organization provides resources and opportunities to enable management and staff to use data in decision and policymaking activities such as: • Clinical audits • Clinical program evaluation • Staff planning and review • Performance evaluation • Budget planning and review	•Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved •Staff confirm structures and inputs to support compliance with this criterion	• Leadership and management interview • Staff interview • Document review
10.3.a	Policies and procedures on record storage, retention and disposal are documented and monitored.	a. Policies and procedures on record storage, retention and disposal are in place.	Policy and procedure	Document review
10.3.b		b. Medical records are retained and disposed according to statutory requirements.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
10.3.c		c. Medical records are stored and accessed according to statutory requirements. **CORE**	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
10.4.a	The collection of data and reporting of information	a. The organization collects and submits reports	Submitted reports	Document review

	comply with professional standards, statutory and health financing requirements.	required by government agencies.		
10.4.b		b. The organization submits required data to PhilHealth is on time.	Submitted reports	Document review
10.4.c		c. The organization submits reports to other regulatory agencies.	Submitted reports	Document review
10.5.a	Every patient has a sufficiently detailed patient chart to facilitate continuity of care, and meet education, research, evaluation and medico-legal and statutory requirements.	a. All entries are accurate, legible, promptly accomplished, dated and duly signed by care providers whose identities and designations are clearly indicated.	Patient charts document achievement of this criterion	Chart review
10.5.b		b. Illegible patient chart entries, orders or abbreviations are verified with the originator before they are implemented.	Views and practices of staff members confirm achievement of the criterion	• Chart review • Staff interview • Direct observation, if confirmation is needed
10.5.c		c. Patient charts are routinely checked for completeness and accuracy; action is taken to improve their quality.	Patient charts document achievement of this criterion	• Chart review • Staff interview
10.6.a	Data in the patient charts are coded and indexed to	a. Policies and procedures on coding and indexing data is	Policy and procedure	Document review

	ensure timely production of quality patient care	consistent with scientific and regulatory requirements.		
10.6.b	information and reports to PhilHealth.	b. Data from patient charts are systematically and efficiently coded and indexed.	Patient charts document achievement of this criterion	Chart review
10.7.a	Data from the patient charts are routinely collected, aggregated and reported for use in quality improvement activities and for administrative purposes enhancement and mandatory reporting to the Department of Health (DOH) and PhilHealth.	a. Data from patient charts are routinely collected, aggregated, reported and utilized in quality improvement activities.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review
10.7.b		b. Data from patient charts are routinely collected, aggregated and reported for management purposes and mandatory reporting to DOH and PhilHealth.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review
10.8.a	Clinical records are readily accessible to facilitate patient care, are kept confidential and safe, and comply with all relevant statutory requirements and codes of practice.	a. Charts documenting any previous care can be quickly retrieved for review, update and concurrent use when patients are admitted or are seen for ambulatory or emergency care. **CORE**	Views and practices of staff members confirm achievement of the criterion	• Direct Observation • Staff interview
10.8.b		b. The	Policy and	Document

		organization has policies and procedures, and devotes resources, including infrastructure, to protect records and patient charts against loss, destruction, tampering and unauthorized access or use. **CORE**	procedure	review
10.8.c		c. Only authorized individuals make entries in the patient chart. **CORE**	Views and practices of staff members confirm achievement of the criterion	• Staff interview
10.8.d		d. Only authorized individuals have access to the patient chart.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
10.8.e		e. The organization provides patients with information from the patient chart, subject to policies and laws including the appropriate personnel to carry-out such activity.	Views and practices of staff members confirm achievement of the criterion	Staff interview
10.8.f		f. Medical records are stored in an area that is safe and accessible to all members of the health care team,	• Physical structures, equipment and amenities • Staff use of	• Staff interview • Direct observation

		and whenever appropriate, to external providers.	resources	

11. Safe Practice and Environment

Goal: Patients, staff and other individuals within the organization are provided a safe, functional and effective environment of care.

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.1.a	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	a. Patient care areas provide sufficient space, lighting and ventilation for patient care activities.	Presence of adequate space, lighting and ventilation in compliance with structural requirements (for patient safety and privacy)	• Direct observation • Staff interview • Patient interview
11.2.a	Physical access to the organization and its services is facilitated and is appropriate to patients' needs.	a. Entrances and exits are clearly and prominently marked, free of any obstruction and readily accessible. **CORE**	Presence of entrances and exits that are clearly and prominently marked, free from any obstruction and readily accessible	• Direct observation • Staff interview • Patient interview
11.2.b		b. Directional signs are prominently posted to help locate service areas within the organization. **CORE**	Presence of directional signages to locate service areas	• Direct observation • Staff interview • Patient interview
11.2.c		c. Alternative passageways for patients with special needs (e.g. ramps) are available, clearly and prominently marked and free of any obstruction. **CORE**	Presence of alternative passageways (ramps, elevators) that are prominently marked and free from obstruction for patients with special needs	• Direct observation • Staff interview • Patient interview

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.2.d		d. Major service areas have nearby waiting facilities that are clean, well-lit, adequately ventilated and equipped with appropriate fixtures and furniture.	Presences of waiting facilities are clean, well-lit, adequately ventilated and equipped with appropriate fixtures and furniture.	• Direct observation • Staff interview • Patient interview
11.2.e		e. The organization has policies and procedures for the safe and efficient direction of patients, their families and visitors and staff traffic.	Policies and procedures for the safe and efficient direction of patients, their families and visitors and staff traffic are followed	• Document review (Policies and procedures and/or Hospital Manual) • Staff interview • Direct Observation
11.2.f		f. Patients, their visitors and staff can efficiently and safely move within the confines of the organization.	Presence of safe and spacious hallways/ passageways	• Direct observation • Staff interview • Patient interview
11.3.a	The organizational environment complies with structural standards and safety codes as prescribed by law.	a. The organization complies with hospital building standards.	Presence of updated DOH license to operate	• Direct observation • Staff interview • Document review

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.4.a	The organization plans and implements a program for the general safety and security of patients and staff and their possessions.	a. The plan includes activities for: • Proactively identifying security and safety risks • Assessing and prioritizing their importance • Developing and testing ways to eliminate or reduce identified risks • Mitigating the consequences of accidents and other unsafe events • Training the staff	Presence of a management plan addressing safety, security, disposal and control of hazardous materials and biologic wastes, emergency and disaster preparedness, fire safety, radiation safety and utility systems	Document review
11.4.b		b. The plan is implemented.	Proof of implementation of the policies, procedures and safety programs on 1. electrical safety 2. medical device safety 3. chemical safety 4. radiation safety 5. mechanical safety 6. water safety 7. combustible material safety 8. waste management 9. hospital safety program (fire, emergency and disaster preparedness)	• Staff interview • Document review • Direct observation, if confirmation is needed
11.4.c		c. The plan is reviewed once a year and revised	Annual plan review / revision	Document review

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
		if needed.		
11.4.d		d. Buildings and facilities are inspected at least once a year and improved as necessary.	Proof of inspection and improvement	• Document review • Staff interview • Direct observation
11.4.e		e. Resources are committed and provided for upgrades, maintenance and repairs of buildings, grounds and the physical plant.	Proof of allocation of budget for upgrades, maintenance and repairs of buildings, grounds and the physical plant.	• Document review • Staff interview • Direct observation
11.4.f		f. The safety and security of patients, visitors and staff are ensured and their possessions are protected. **CORE**	Proof that safety and security of patients, visitors and staff are ensured and their possessions are protected	• Document review • Staff interview • Direct observation
11.4.g		g. All persons within the premises are identified.	Proof that all persons within the premises are identified	• Document review • Staff interview • Direct observation
11.4.h		h. Security risk areas are identified and monitored.	Proof that security risk areas are identified and monitored	• Document review • Staff interview • Direct observation

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.5.a	The organizations plans and provides for the safe handling, storage, use and disposal of hazardous materials and biological wastes.	a. The plan includes activities for: • Proactively identifying risks associated with hazardous materials and biological wastes • Assessing and prioritizing their importance, • Developing and testing ways to eliminate or reducing identified risks • Mitigating the consequence of handling and accidental exposure • Training the staff	Presence of a management plan addressing disposal and control of hazardous materials and biologic wastes	Document review
11.5.b		b. The plan is implemented.	Proof of implementation of plan	• Staff interview • Document review
11.5.c		c. The plan is reviewed annually and revised if needed.	Proof that plan is annually reviewed and revised if needed	Document review
11.5.d		d. The handling, use and storage of hazardous materials and biological wastes comply with technical specifications and safety standards.	Proof of compliance with technical specifications and safety standards on the use and storage of hazardous materials	• Document review • Staff interview • Direct observation
11.5.e		e. Facilities and equipment for spillage and/or exposure to hazardous materials and biological wastes	Presence and proof of use of facilities and equipment for spillage and/or exposure to	• Document review • Staff interview

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
		are provided and used.	hazardous materials and biological wastes	• Direct observation
11.6.a	The organizations plans and implements a program for fire prevention, detection, containment, suppression and response.	a. The plan includes activities for: • Proactively identifying fire safety risks • Assessing and prioritizing their importance, • Developing and testing ways to eliminate or reducing identified risks • Early detection and containment of fires • Training the staff	Presence of a management plan that includes: • Proactively identifying fire safety risks • Assessing and prioritizing their importance, • Developing and testing ways to eliminate or reducing identified risks • Early detection and containment of fires • Training the staff	Document review
11.6.b		b. The plan is reviewed once a year and revised if needed.	Proof of annual review and revision, if needed	Document review
11.6.c		c. Areas at high risk for fires are identified, monitored and improved.	Proof that areas at high risk for fires are identified, monitored and improved	• Document review • Staff interview • Direct observation
11.6.d		d. Fire prevention includes safe storage and use of flammable materials, including oxygen.	Proof that flammable materials including oxygen are safely stored and utilized	• Staff interview • Direct observation

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.6.e		e. The entry and use of all electrical appliances inside the premises are controlled and compliant with fire safety standards.	Proof that entry and use of all electrical appliances inside the premises are controlled and compliant with fire safety standards	• Staff interview • Direct observation
11.6.f		f. A general fire drill is conducted at least once a year.	Proof that a fire drill is conducted at least annually	Document review
11.6.g		g. Facilities and equipment for early detection and suppression of fire and containment of smoke are tested annually and improved.	Proof that facilities and equipment for early detection and suppression of fire and containment of smoke are tested annually and improved	• Document review • Direct observation
11.6.h		h. Safe exits of all building occupants is constantly ensured and improved.	Proof that safe exits of all building occupants is constantly ensured and improved	• Document review • Direct observation
11.6.i		i. The organization prohibits anyone from smoking within its premises.	Proof of prohibition of smoking within premises	• Document review • Staff interview • Direct observation

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.7.a	The continuous supply of electrical power and safe, potable water is planned and provided.	a. The plan includes activities for: • Proactively identifying risks of power and water interruption, • Assessing and prioritizing their importance, • Developing and testing ways to eliminate or reducing these risks, • Mitigating their consequences and • Training the staff.	Presence of a management plan that includes: • Proactively identifying risks of power and water interruption, • Assessing and prioritizing their importance, • Developing and testing ways to eliminate or reducing these risks, • Mitigating their consequences and • Training the staff.	Document review
11.7.b		b. The plan is reviewed once a year and revised if needed.	Proof that plan is reviewed annually and revised as necessary	Document review
11.7.c		c. Safe water is supplied throughout the organization 24/7.	Proof that safe water is supplied throughout the organization 24/7	• Document review • Staff interview • Direct observation
11.7.d		d. Potable drinking water is available 24/7.	Proof that potable water is supplied throughout the organization 24/7	• Document review • Staff interview • Direct observation

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.7.e		e. Electrical power is available to meet critical needs 24/7.	Proof that electrical power is available 24/7	• Document review • Staff interview • Direct observation
11.8.a	The organization plans and implements a program for managing the risks from natural and man-made disasters, epidemics and emergencies.	a. The disaster preparedness plan includes activities for: • Proactively identifying risks associated with specific disasters • Assessing and prioritizing their importance • Developing and testing ways to immediately respond to disasters • Mitigating their consequences of disasters • Training the staff	Presence of a disaster preparedness plan that includes activities for: • Proactively identifying risks associated with specific disasters, • Assessing and prioritizing their importance, • Developing and testing ways to immediately respond to disasters • Mitigating their consequences of disasters and • Training the staff.	Document review
11.8.b		b. The disaster preparedness program addresses a prioritized list of natural and manmade disasters.	Presence of a prioritized list of natural and manmade disasters	• Document review • Staff interview • Direct observation
11.8.c		c. The disaster preparedness program addresses floods and typhoons.	Presence of a disaster preparedness program addressing floods and typhoons	• Document review • Staff interview

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.8.d		d. The disaster preparedness program addresses mass casualties and local epidemics.	Presence of a disaster preparedness program addressing mass casualties and local epidemics	• Document review • Staff interview
11.8.e		e. The disaster preparedness program includes: • Facilities adaptation • Patient reassignments • Mobilization of emergency resources • Staff deployment and reassignment • Linkages with external organizations and government agencies	Proof that the disaster preparedness program includes: • Facilities adaptation • Patient reassignments • Mobilization of emergency resources • Staff deployment and reassignment • Linkages with external organizations and government agencies	• Document review • Staff interview
11.8.f		f. The disaster preparedness plan is tested at least once a year.	Proof that disaster preparedness plan is tested at least once a year	Document review
11.9.a	The organization plans and implements a program for the safe procurement, handling, use, maintenance, repair and disposal of medical devices and equipment.	a. The medical device management plan includes activities for: • Proactively identifying risks associated with device use • Assessing and prioritizing their importance • Developing and testing ways to eliminate or reduce identified risks • Mitigating their consequences and	Presence of a medical device management plan that includes activities for: • Proactively identifying risks associated with device use, • Assessing and prioritizing their importance, • Developing and testing ways to eliminate or reduce identified risks, • Mitigating their	Document review (Medical device management plan)

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
		• Training the staff	consequences and • Training the staff.	
11.9.b		b. The plan is reviewed annually and revised if needed.	Proof that the medical device management plan is review annually and revised as needed	Document review
11.9.c		c. Medical devices and equipment are selected and procured based on organization's case mix, staff expertise, service capability and according to policies and procedures consistent with scientific evidence and government policies.	Proof that medical devices and equipment are selected and procured based on organization's case mix, staff expertise, service capability and according to policies and procedures consistent with scientific evidence and government policies	• Document review • Staff interview • Direct observation, if confirmation is needed
11.9.d		d. The provision of appropriate equipment and supplies involve staff inputs concerning: • Its intended use • Cost benefits • Infection control issues • Safety issues • Waste creation and disposal • Storage	Proof that the provision of appropriate equipment and supplies involve staff inputs concerning: • Its intended use • Cost benefits • Infection control issues • Safety issues • Waste creation and disposal • Storage	• Document review • Staff interview

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.9.e		e. The organization maintains an accurate and up-to-date inventory of all medical equipment operated within its premises.	Presence of an accurate and up-to-date inventory of all medical equipment operated within its premises	Document review (Inventory of all medical equipment)
11.9.f		f. Newly acquired medical equipment are tested prior to use and from thence according to its use, repair history and technical specifications.	Proof that newly acquired medical equipment are tested prior to use and from thence according to its use, repair history and technical specifications	• Document review • Staff interview
11.9.g		g. Policies and procedures for safe and efficient use of medical equipment according to specifications are documented and implemented.	• Presence of policies and procedures for safe and efficient use of medical equipment according to specifications • Proof of implementation of policies and procedures for safe and efficient use of medical equipment according to specifications	• Document review • Staff interview
11.9.h		h. Medical equipment undergoes preventive maintenance by qualified personnel and according to technical specifications.	Proof that medical equipment undergo preventive maintenance by qualified personnel and according to technical specifications	• Document review • Staff interview

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.9.i		i. Appropriately-trained staff operates specialized equipment according to specifications and.	Proof that only appropriately-trained staff operate specialized equipment according to specifications	Document review
11.9.j		j. Current information and scientific data from manufacturers concerning their products are available as reference to guide the operation and maintenance of plant and equipment.	Presence of operations manual or product information guide	• Document review • Direct observation
11.9.k		k. Reuse of equipment and devices is guided by specific policies and guidelines which define: • Technical specifications of the manufacturer • The number of times of reuse • The wear and tear signs that signal their immediate disposal • Appropriate cleaning, disinfection and sterilization as defined by infection control requirements **CORE**	Presence of policies and procedures on the reuse of equipment and devices is guided by specific policies and guidelines which define: •Technical specifications of the manufacturer •The number of times of reuse •The wear and tear signs that signal their immediate disposal •Appropriate cleaning, disinfection and sterilization as defined by infection control requirements	Document review

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.9.l		l. Medical equipment under repair is temporarily replaced to prevent interruption of patient care.	Presence of contingency program for medical equipment	Document review
11.9.m		j. Medical equipment are decommissioned and disposed according to technical and regulatory standards.	Proof that medical equipment are decommissioned and disposed according to technical and regulatory standards	Document review
11.9.n		k. The radiation safety program covers all radiation – emitting medical equipment that meets local and national laws and technical standards and is being implemented.	Radiation safety program	• Document review (Radiation Safety Program) • Staff interview • Direct observation, if confirmation is needed
11.10.a	The organization provides a safe and effective environment of care consistent with its mission and services, and with laws and regulations.	a. All personnel understand and fulfill their role in safe practice.	Proof that all personnel understand and fulfill their role in safe practice	Staff interview
11.10.b		b. An incident reporting system identifies potential harms, evaluates causal and contributing factors for the necessary corrective and preventive action.	Presence of an incident reporting system	• Document review • Staff interview

CODE	STANDARDS	CRITERIA	INDICATOR	EVIDENCE
11.11.a	The handling, collection, and disposal of general wastes conform to relevant statutory requirements and codes of practice.	a. Waste disposal by the organization and/or its contracted agencies complies with scientific and statutory requirements. **CORE**	Presence of licenses/permits/clearances from pertinent regulatory agencies implementing among others the following: RA 9003, RA 6969, RA 9275, PD 1586, DOH hospital waste management manual, RA 8749	Document review
11.11.b		b. Policies and procedures on general waste reduction, re-use, and recycling and proof of waste segregation from collection to disposal. **CORE**	• Policy and procedure • Proof of waste segregation	• Document review • Staff interview • Direct observation, if confirmation is needed
11.11.c		c. Biological and hazardous wastes are disposed separately from general waste.	Proof that biological and hazardous wastes are disposed separately from general waste	• Document review • Direct observation, if confirmation is needed

12. Infection Control

Goal: Risk of acquisition and transmission of infections among patients, clinical and non clinical employee or contractors, visitors and trainees are identified and reduced.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
12.1.a	The organization commits adequate resources to the infection control program.	a. The organization supports those involved in overseeing the infection control program. **CORE**	Views and practices of staff members confirm achievement of the criterion	•Staff interview • Document review (Policy and procedure) •Direct observation
12.1.b		b. The organization provides resources for staff education on infection control policies.	• Physical structures, equipment and amenities • Staff use of resources	•Direct observation • Staff interview •Document review (Budget for staff training)
12.1.c		c. Managers and staff are supported in the implementation of infection control policies and procedures.	Views and practices of staff members confirm achievement of the criterion	• Staff interview (managers and staff*) **Staff includes food handlers, orderlies, etc.* • Document review • Direct observation, if confirmation is needed

12.1.d		d. The organization provides adequate materials, equipment and supplies to ensure adherence to infection control policies.	• Physical structures, equipment and amenities • Staff use of resources	• Direct observation • Staff interview
12.1.e		e. The organization provides resources for monitoring and evaluating infection rates and trends.	• Physical structures, equipment and amenities • Staff use of resources	• Direct observation • Staff interview • Document review
12.2.a	An interdisciplinary infection control program ensures the prevention and control of infection in all services.	a. The program includes physicians.	Views and practices of staff members confirm achievement of the criterion	• Staff interview (for MDs only) • Document review • Direct observation, if confirmation is needed
12.2.b		b. The program includes nurses and other healthcare professionals.	Views and practices of staff members confirm achievement of the criterion	• Staff interview (for dentists, midwives, med. techs., pharmacists, etc.) • Direct observation, if confirmation is needed
12.2.c		c. The program includes patients and visitors.	Views and practices of staff members confirm achievement of the criterion	• Patient Interview • Direct observation, if confirmation is

				needed
12.2.d		d. The program includes those in charge with managing the physical facilities and medical equipment.	Views and practices of staff members confirm achievement of the criterion	• Staff interview (for technicians, engineers, etc.) • Direct observation, if confirmation is needed
12.2.e		e. The program includes the food and dietary service.	Views and practices of staff members confirm achievement of the criterion	• Staff interview (for food handlers) • Direct observation, if confirmation is needed
12.2.f		f. The program includes linen and laundry.	Views and practices of staff members confirm achievement of the criterion	• Staff interview (for orderlies)
12.2.g		g. The program includes the laboratory service.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.2.h		h. The program includes engineering controls during periods of construction and demolition	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.3.a	The organization uses a coordinated system-wide approach to reduce the risks	a. Processes and conditions that put <u>patients</u> at high risk for infections are identified and prioritized.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review • Direct observation, if

	of infections to patients and staff.			confirmation is needed
12.3.b		b. Processes and conditions that put staff at high risk for infections are identified and prioritized.	Views and practices of staff members confirm achievement of the criterion	Staff interview
12.3.c		c. Strategies are systematically planned to reduce or eliminate these risks.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review • Direct observation, if confirmation is needed
12.3.d		d. Facilities, physical arrangements and equipment are used to reduce or eliminate these risks.	•Physical structures, equipment and amenities •Staff use of resources	Direct observation
12.3.e		e. These strategies are implemented effectively.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.3.f		f. The effectiveness of these strategies is evaluated annually.	Annual evaluation report	Document review
12.4.a	Qualified individual/s oversees the infection control program.	a. One or more individuals is/are officially designated to oversee the infection control program.	Official appointment	Document review

12.4.b		b. The individual/s is/are qualified in terms of education, training and experience.	Presence of Infection Control Committee (ICC) with defined goals, objectives, strategies, and priorities or for a primary hospital – a designated doctor and nurse in-charge of infection control	• Staff interview • Document review • Direct observation, if confirmation is needed
12.4.c		c. The individual/s leads in the annual identification and prioritization of infection risks.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.4.d		d. The individual/s guide the staff members in planning and implementing interventions directed at these risks.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed • Document review
12.5.a	The organization undertakes surveillance, identification and prevention of important healthcare-associated	a. Healthcare associated infections are identified using standard diagnostic techniques.	Views and practices of staff members confirm achievement of the criterion	• Document review • Staff interview • Direct observation, if confirmation is needed

12.5.b	infections as appropriate. [23]	b. Healthcare-associated infections are prevented by the systematic application of evidence-based interventions.	Views and practices of staff members confirm achievement of the criterion	Staff interview
12.5.c		c. Healthcare-associated infections are monitored using incidence rates and trend lines.	Monitoring data	Document review
12.5.d		d. Healthcare-associated infections rates are compared against appropriate local or international standards.	Monitoring data referred to by criterion 3	Document review referred to by criterion 3
12.5.e		e. The effectiveness of infection control measures are evaluated against healthcare-associated infection trends.	Views and practices of staff members confirm achievement of the criterion	Document review
12.5.f		f. Those in charge of the infection control program collaborate with	Views and practices of staff members confirm achievement of the	Staff interview

[23] Surveillance includes:
1. Bloodstream infections related to central catheters.
2. Urinary tract infections related to catheter use.
3. Respiratory infections from mechanical ventilators and artificial airways.
4. Surgical site infections.
5. Drug resistant infections.
6. Emerging infections.

		clinicians in managing and controlling the spread of healthcare-associated infections.	criterion	
12.5.g		g. Those in charge of the infection control program collaborate with housekeeping, facilities and equipment managers in managing and controlling the spread of healthcare-associated infections.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed • Document review
12.6.a	There are programs for prevention and treatment of injuries from sharps and needles.	a. Policies and procedures for the safe disposal of used sharps and needles comply with national laws and technical requirements.	Policy and procedure	Document review (Policy/guidelines)
12.6.b		b. Sharps and needles are segregated and disposed according to regulatory and infection control standards.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.6.c		c. Injuries from sharps and needles are monitored.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review (Monitoring

				report of needle stick/sharp injuries (to include NSI)
12.6.d		d. Staff are trained in preventing and treating injuries from sharps and needles	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.7.a	Effective barrier precautions and isolation procedures prevent the transmission of infections.	a. Patients with highly communicable diseases and/or immunosuppressed patients are confined in negative pressure ventilation rooms or rooms with HEPA filters (high efficiency particulate air) filters	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.7.b		b. Appropriate isolation and contact precautions are enforced.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.7.c		c. Patients confined from outbreaks are kept in appropriate care areas.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.8.a	Cleaning, disinfecting, and sterilizing of equipment, and maintenance of associated	a. Cleaning, disinfection, sterilization and use of durable medical equipment follow	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed

	environment, conform to relevant	technical specifications and standards.		
12.8.b	statutory requirements and codes of practice.	b. General cleaning and disinfection of buildings, hallways and common use areas comply with sanitation and hygiene standards.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.8.c		c. Cleaning and disinfection of patient rooms and amenities effectively prevent the transmission of infections.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.8.d		d. Linen are laundered and disinfected according to sanitation and technical standards.	Physical structures, equipment and amenities Staff use of resources	• Staff interview • Document review
12.8.e		e. Re-used devices are cleaned, disinfected, sterilized and re-used according to technical specifications and standards.	Physical structures, equipment and amenities Staff use of resources	• Staff interview • Direct observation
12.8.f		f. Equipment and utensils for preparing food and nutritional products are	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is

		cleaned and disinfected according to technical specifications and industry standards.		needed
12.9.a	Hand hygiene and barrier protection are practiced correctly throughout the organization	a. Hand washing and hand disinfection is practiced according to evidence-based guidelines.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed
12.9.b		b. Adequate and technical-grade resources and supplies for hand washing and disinfection are available.	Physical structures, equipment and amenities Staff use of resources	• Direct observation • Staff interview
12.9.c		c. Gloves, masks, eye protection and other protective equipment are used appropriately.	Physical structures, equipment and amenities Staff use of resources	• Direct observation • Staff interview
12.10.a	The organization reports information about infections to personnel and public health agencies when needed.	a. There is a list of notifiable infections developed by the organization for reporting purposes.	List of notifiable infections	Document review
12.10.b		b. The hospital cooperates with external organizations and agencies in the prevention and control of infections of	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Direct observation, if confirmation is needed

		public importance.		

13. Improving Performance

Goal: The organization continuously and systematically improves its performance by invariably doing the right thing the right way the first time and meeting the needs of its internal and external clients.

CODE	STANDARDS	CRITERIA	INDICATORS	EVIDENCE
13.1.a	The organization has a planned systematic organization-wide approach to patient safety, process design and performance improvement.	a. An organization wide policy on quality and patient safety is developed collaboratively **CORE**	Presence of policy	• Document review • Leadership interview • Staff interview
13.1.b		b. The policy prioritizes the key areas of operations in its scope.	Presence of policy	Document review
13.1.c		c. The policy identifies the individual/s who oversees the quality and patient safety program.	Presence of policy	Document review
13.1.d		d. The policy specifies the approach and methods to be used for quality improvement and risk management.	Presence of policy	Document review
13.1.e		e. The policy defines the roles of leaders, managers, staff, patients and their families and relevant third parties.	Presence of policy	Document review
13.2.a	Leadership and management support and	a. The organization provides resources for staff hiring and	•Leaders and managers of the hospital /	• Leadership interview

	sustain the patient safety and quality improvement program.	training in quality improvement and patient safety.	quality program discuss and offer examples of how this criterion is achieved •Discussions with staff and observations on inputs and processes confirm their explanations	• Staff interview • Document review
13.2.b		b. The organization's leaders provide resources for the staff to carry out continuous quality improvement activities.	• Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview • Staff interview
13.2.c		c. There are resources available for developing or adopting clinical practice guidelines and pathways.	• Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved • Discussions with staff and	• Leadership and management interview • Staff interview • Document review

			observations on inputs and processes confirm their explanations	
13.2.d		d. The organization provides resources for the formal and collaborative evaluation of care using analysis of process and outcomes data.	• Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview • Staff interview • Document review
13.3.a	New services, programs and processes of care are designed collaboratively based on scientific evidence, clinical standards, cultural values and patient preferences.	a. New services, programs and processes of care are developed collaboratively by leaders, managers and staff.	• Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview • Staff interview • Direct observations of inputs and processes
13.3.b		b. New services, programs and processes of care are developed on	• Leaders and managers of the hospital / quality program	• Leadership and management interview

		the basis of: • Best available scientific evidence • Professional and clinical standards of care • Cultural values • Patients' and families' preferences	discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Document review
13.3.c		c. Clinical practice guidelines or clinical pathways for the top 10 causes of admissions and/or consultations or PhilHealth-adopted guidelines are disseminated and monitored.	• Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview • Staff interview • Document review
13.3.d		d. Clinical practice guidelines (CPGs)or clinical pathways(CPs) are: • Selected from available evidence-based CPGs or CPs. • Approved by leaders and managers for adoption and implementation. • Adapted to the	• Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved • Discussions with staff and observations on	• Leadership and management interview • Document review

		organization's available resources. • Tested and implemented. • Monitored for effectiveness	inputs and processes confirm their explanations	
13.3.e		e. New clinical practice guidelines or pathways are developed or adopted every year.	At least one CPG/CP for 1st level. Two for level 2 and 3 for level 3 hospitals	Document review (copies of CPGs / cPaths)
13.4.a	Management is primarily responsible for developing, communicating, and implementing a comprehensive quality improvement and patient safety program throughout the organization and delegating responsibilities to appropriate personnel for its day-to-day implementation.	a. Policies and procedure define the roles and responsibilities of managers	Presence of policy and procedure	Document review
13.4.b		b. Managers oversee the development and implementation of the quality improvement and patient safety programs of their respective units or departments.	•Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved •Discussions with staff and observations on inputs and processes confirm their explanations	• Leadership and management interview • Staff interview
13.4.c		c. Managers train and supervise their staff in applying quality improvement and patient safety principles to their daily activities.	•Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved	Document review

			•Discussions with staff and observations on inputs and processes confirm their explanations	
13.5.a	All service units and staff are responsible for, and demonstrate involvement in performance improvement that results in better services in internal and external clients.	a. Quality improvement activities incorporate the following elements: • Monitoring, assessment, analysis and evaluation of activities. • Appropriate and timely action. • Evaluation of the effectiveness of any action taken. • Feedback of evaluation results • Quality improvement activities are documented.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review • Direct observation, if confirmation is needed
13.6.a	Managers and staff evaluate the effectiveness of the quality improvement program and take action to address any improvements required.	a. Managers monitor and evaluate their staff members' adherence to quality improvement and patient safety policies.	•Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved •Discussions with staff and observations on inputs and	• Leadership and management interview • Staff interview • Direct observations of inputs and processes

			processes confirm their explanations	
13.6.b		b. Managers are evaluated by leaders and staff.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review
13.6.c		c. Results of care evaluation are fed back to the health care providers concerned.	Views and practices of staff members confirm achievement of the criterion	• Staff interview • Document review
13.6.d		d. Results of evaluation of care are routinely presented and discussed in meetings of top management.	Minutes of top management meetings include care evaluation results	Document review
13.6.e		e. Evaluation of care leads to formal and collaborative performance improvement activities that harness the resources of appropriate services.	•Leaders and managers of the hospital / quality program discuss and offer examples of how this criterion is achieved •Discussions with staff and observations on inputs and processes confirm their explanations	• Document review • Leadership and management interview • Staff interview
13.7.a	The organization provides better care service as a	a. The organization improves on its clinical quality measures.	Data trends show improvement	Document review

13.7.b	result of continuous quality improvement activities.	b. The organization improves on its management quality measures.	Data trends show improvement	Document review
13.7.c		c. The organization uses best available local or international benchmarks.	Data monitoring shows benchmarking	Document review

Appendices

Philippine Laws and Regulations that are relevant to Benchbook Standards

1. Patient Rights and Organizational Ethics
    a. Philippine Medical Association Declaration on the Rights and Obligations of the Patient / Patient's Bill of Rights (House Bill no. 261 & Senate Bill no. 2371)
    b. Codes of professional standards (PRC, PMA, PNA, PAMET, CSC, DOLE etc.)
        i. Nursing Code of Ethics
        ii. Philippine Medical Association Code of Ethics
    c. Hospital Detention Law (RA 9439)
    d. Anti-Deposit Law (RA 8344)
    e. Anti-Sexual Harassment Law (RA 7877)
2. Access to Health Care
    a. Philippine Medical Association Declaration on the Rights and Obligations of the Patient
    b. Department of Health Administrative Order No. 2010 - 0003 National Policy on Ambulance Services
3. Assessment of Patients
    a. Republic Act 9173 - Philippine Nursing Act of 2002
    b. Republic Act 2382-The Medical Act 1959
    c. Republic Act 9442 - Magna Carta for Disabled Persons of 2006
    d. DOH Admin Order No. 2007-0027 Series of 2007: Revised rules & regulations governing the establishment, operation & maintenance of clinical lab in the Philippines
    e. Republic act no. 5527 -Philippine Medical Technology Act of 1969
    f. Department Circular # 323 Series of 2004 - Manual on Basic Radiation Protection & Safety of X-ray sources in the Philippines.
    g. Code of Philippine Nuclear Research Institute Regulations
    h. Republic Act No. 7431 - Radiologic Technology Act
4. Care Planning and Care Delivery
    a. Philippine Medical Association Declaration on the Rights and Obligations of the Patient
    b. RA 10611 An Act to Strengthen the Food Safety Regulatory System in the Country

5. Surgery and Anesthesia Care
    a. DOH Administrative Order 2012 -0012 Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines
    b. REPUBLIC ACT No. 2382 Physicians Act
6. Medication Management and Use
    a. Executive Order No. 174 amending Republic Act 5921- Pharmacy Law
    b. Republic Act 6675- Generics Act
    c. DOH 2011-0009 (National Policy and Program on Pharmacovigilance)
7. Infection Control
    a. Code on Sanitation of the Philippines - Presidential Decree 856
    b. DENR DOH Administrative Order 2 - 2005 Policies and Guidelines on Effective and Proper Handling, Collection, Transport, Treatment, Storage and Disposal of Healthcare Waste / Healthcare Waste Management Manual of DOH
    c. Republic Act 3573 Law on Reporting of Communicable Disease
8. Leadership and Management
    a. Batas PambansaBilang 68 Corporation Code of the Philippines
9. Facility Management and Safety
    a. R.A. 184, Philippine Electrical Code, 2011National Fire Protection Administration Life Safety Code
    b. DOH - A.O. 70-A (Revised Rules and Regulations Governing the Registration, Licensure, and Operation of Hospitals and Other Health Facilities in the Philippines, 2002)
    c. DOH A.O. 2005-0029 Amendment to Administrative Order No. 147, Series 2004: Amending Administrative Order No. 70-A Series of 2002 re: Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and Other Health Facilities in the Philippines, 2005)
    d. "R.A. 9514 (Fire Code of the Philippines1998)
    e. R.A. 6541 (National Building Code of the Philippines, 1972)
    f. "DOLE – Occupational Safety and Health(based on OSH-BWC (Occupational Safety and Health Standards,1978)
    g. R.A. 6969 (An Act to Control Toxic Substance and Hazardous and Nuclear Waste, 1990)
    h. DOH-DENR – Joint A.O. 02 (Policies and guidelines on Effective and Proper Handling , Collection, Transport, Treatment, Storage, and Disposal of HCW, August 24, 2005)
    i. DENR A.O. 12 (Philippine National Drinking Water Standards, 2007)
    j. Human Resource Management

k. Republic Act 9173 - Philippine Nursing Act of 2002
l. Department of Health Administrative Order No. 2006-0037 Amendment to Administrative Order No. 163 s. 2004: Rules and Regulations Governing the Registration, Licensure and Operation of Dialysis Clinics in the Philippines
m. Republic Act 5680 - General Practice of Physical Therapists and Occupational Therapists
n. Republic Act 7431 - An Act Regulating the Practice of Radiologic Technology in the Philippines, Creating the Board of Radiologic Technology Defining its Powers and Functions and for other Purposes
o. Republic Act 5527 - An Act Requiring the Registration of Medical Technologist, Defining their Practice and for Other Purposes
p. Memorandum Circular No. 2011-02 Simplified Guidelines for Accreditation of Pollution Control Officer (PCO) and Issuance of PCO-ID
q. Department of Labor and Employment Department Order #14 Guidelines Governing the Employment and Working Conditions of Security Guards and Similar Personnel in the Private Security Industry
r. Salient Features of DO 16 s. 2001 Amendments of Rule 1030 of the OSHS on Training and Accreditation
s. Republic Act 2382-The Medical Act 1959
t. Professional Regulation Commission - Regulation and Licensing of Professionals

10. Information Resource Management
    a. RA 10173 Data Privacy Act of 2012
    b. DOH - Hospital Medical Records Management Manual

Required Policies, Procedures and Documents

PATIENTS RIGHTS AND ORGANIZATIONAL ETHICS	
• Policies and procedures define: 1. When and how informed consent should be obtained. 2. How patients will be informed of their rights and responsibilities, who will inform them and how such rights and responsibilities will be supported. 3. How to and who will educate patients and families on key issues regarding their care. 4. How patients and their families are involved in making difficult care decisions. 5. How to address patients' needs for confidentiality, privacy, security, spiritual support and communication. • The rights to consent of children and other vulnerable patients are defined.	Policy and Procedure on patients' rights and responsibilities
• Policies and procedures 1. For routinely determining and improving the level of patient satisfaction with all relevant aspects of care. 2. Defining how and how promptly are patients' and visitors' complaints addressed.	Policy and Procedure
• There are procedures for resolving ethical issues that arise in the course of providing care • The organization has policies for anticipating and managing ethical dilemmas arising from business relationships.	Policy and Procedure on professional ethics and bioethics
ACCESS TO CARE	
• The organization has policies and procedures for the safe and efficient direction of patients, their families and visitors and staff traffic.	Policy and Procedure
• Charging and payment policies and procedures optimize the support value of the patients' health insurance.	Policy and Procedure
• There are policies and procedures to assist socioeconomically disadvantaged patients.[24]	Policy and Procedure
INPATIENT ADMISSION AND OUTPATIENT REGISTRATION	
• Policies and procedures define clinical conditions that may and may not be serviced by the organization and how patients who may not be serviced will be processed	Policy and Procedure
• Policies and procedures define how inpatients' clinical	Policy and Procedure

[24] If a disaster occurs during the year then this is considered as the test for the disaster management plan.

needs are determined at admission and what clinical services will best address them. • Policies and procedures define how outpatients' clinical needs are determined at registration and what clinical services will best address them.	
• There are policies and procedures to guide staff in caring for patients in other appropriate settings or transferring them to other facilities.	Policy and Procedure
• Policies and procedures require that at least two (2) unique identifiers are given to every patient as they are registered, admitted or born in the hospital.	Policy and Procedure
• Policies and procedures require that a unique patient chart is generated for every new inpatient admission or new outpatient registration.	Policy and Procedure
• Policies and procedures define when general and special consents are taken, who are the qualified personnel who will inform the patient and when.	Policy and Procedure
ASSESSMENT AND CARE OF PATIENTS	
• Policies and procedures define the minimum content of initial assessments and reassessments to be made by doctors, nurses and other allied medical professionals	Policy and Procedure
• There are policies and procedures for selecting, approving and monitoring external providers of diagnostic examinations when these are not available within the organization.	Policy and Procedure
• The handling, use, and administration of blood and blood products follow policies and procedures.	Blood transfusion and handling Policy and Procedure
• The care of patients on life support follows policies and procedures. • The care of patients with communicable diseases follows policies and procedures. • The care of patients on dialysis follows policies and procedures. • The care of patients on restraint follows policies and procedures. • The care of vulnerable patients[v] follows policies and procedures • The care of patients receiving chemotherapy follows policies and procedures.	Policy and Procedure on care of different high risk patients, if applicable

• Policies and procedures guide the standard performance of laboratory examinations. • Laboratory services comply with applicable local and national standards, laws, and regulations. • A qualified individual manages the laboratory service. • Qualified individuals perform laboratory examinations. • A laboratory quality control program monitors and ensures the accuracy and reliability of laboratory test results. • Turnaround times for releasing laboratory test results are defined and improved.	Laboratory manual or policy and procedure Laboratory staff qualifications Laboratory staff qualifications Laboratory quality control program Policy on releasing of laboratory results
• A qualified individual manages the radiology service. • Qualified individuals perform radiologic examination examinations. • A radiology quality control program monitors and ensures the accuracy and reliability of laboratory test results.	Radiology manual Radiology staff qualifications Radiology quality control program
• The radiation safety program adheres to regulatory and technical requirements.	Radiation safety program
MEDICATION MANAGEMENT	
• There are policies and procedures that define the collaborative selection of drugs, consistent with scientific evidence and government policies.	Policy and Procedure
• The formulary list contains all the drugs to be used by the organization. • The formulary list is reviewed and, if needed, updated annually. • Drugs are procured based on the organization's formulary list.	Formulary list
• Policies and procedures define the elements of a complete prescription or order, consistent with laws.	Policy and Procedure
• Policies and procedures define the emergency situations when telephone orders can be accepted	Policy and Procedure
• There are policies and procedures for the training, supervision, and evaluation of professionals who prescribe and administer drugs.	Policy and Procedure
• Discontinued or recalled drugs are retrieved and safely disposed of according to established policies and procedures.	Policy and Procedure
SURGICAL AND ANESTHESIA CARE	
• There are policies and procedures for preventing wrong-site, wrong patient procedures.	Policy and Procedure
HUMAN RESOURCE MANAGEMENT	

• The organization defines the qualifications and competencies of its staff.	Staffing plan
• Selection and appointment and evidence of staff compliance with selection or appointment standards are documented.	Policy and Procedure
• Policies and procedures for orientation of new management and staff are documented and monitored.	Policy and Procedure
• Organizational policies and procedures define how managers and staff from different units collaborate and interact with each other in providing services.	Policy and Procedure
• The organization documents and follows policies and procedures for hiring, credentialing, and privileging of its staff.	Policy and Procedure
• Appropriate policies and procedures are monitored to temporarily compensate for, and to definitively, address inadequacies in staff numbers or expertise.	Policy and Procedure
• Policies and procedures governing personnel recruitment, selection and appointments.	Policy and Procedure
• Reappointment of the medical staff is based on an evaluation of a staff member's: o Continued and up-to-date clinical expertise. o Adherence to evidence-based medical practice o Professionalism and ethics o Collegial relationship and teamwork with the hospital staff o Contribution to and participation in key hospital activities and programs • The organization routinely assesses and monitors these criteria on at least a triennial basis.	Medical staff appointment and reappointment evaluation
• Reappointment of nurses and other healthcare professionals is based on: o Safe and high quality clinical practice o Continuing staff education and training o Professionalism and ethics o Communication and teamwork o Contribution to and participation in key hospital activities and programs • Staff members are evaluated based on these criteria at least annually.	Nursing and other health care staff evaluation
INFORMATION MANAGEMENT	
• The organization has policies and procedures, and devotes resources, including infrastructure, to protect records and	Policy and Procedure

patient charts against loss, destruction, tampering and unauthorized access or use.	
• Policies and procedures for the safe disposal of used sharps and needles comply with national laws and technical requirements.	Policy and Procedure
• Food preparation, handling, storage and distribution comply with applicable local and national standards, laws, and regulations.	Dietary services manual
LEADERSHIP AND MANAGEMENT	
• There is an organizational structure that defines lines of authority and supervision.	Organizational chart
• Each clinical and administrative department or service is guided by a manual of operations which details its management structure, duties and responsibilities of managers and staff and key operating policies and procedures. • Policies and manuals describe how managers exercise authority and supervision over the staff. • The manual of operations is collaboratively developed, reviewed and updated by managers and staff.	Department manual of operations or policies and procedure
• The organization's by-laws, policies and procedures and manuals of operation support care delivery are: • Consistent with the organization's vision and mission. • Consistent with professional standards and practices. • Compliant with relevant regulations. • Respectful of cultural and social norms of the patients and populations that it serves.	Hospital manual of operations
INFORMATION MANAGEMENT	
• The organization routinely collects process and outcomes data from its provision of patient care such as: o Patient assessment o Diagnostic laboratory o Imaging o Surgical procedures o Antibiotics and other medications o Infection rates o Adverse event rates	Quality indicators s
• The organization routinely collects process and outcomes data from its business management such as: o Occupancy, lengths of stay, top 10 diagnoses admitted, consulted, operated and died o Staff satisfaction	Data on:

○ Patient satisfaction ○ Staff accidents, including needle stick injuries ○ Facility safety events ○ Utilization of different healthcare financing sources, including PHIC case payments and NBB • Accuracy and completeness of patient records	
SAFE PRACTICE AND ENVIRONMENT	
• The (building maintenance and security) plan includes activities for: 1. Proactively identifying security and safety risks, 2. Assessing and prioritizing their importance, 3. Developing and testing ways to eliminate or reducing these risks, 4. Mitigating the consequences of accidents and other unsafe events and 5. Training the staff.	Building maintenance and security plan
• Buildings and facilities are inspected and improved at least once a year. • Resources are committed and provided for the upgrading and repair of buildings and the physical plant.	Building inspection report
• There is a plan for managing hazardous materials and biological wastes. • The plan includes activities for: 1. Proactively identifying risks associated with hazardous materials and biological wastes, 2. Assessing and prioritizing their importance, 3. Developing and testing ways to eliminate or reducing these risks, 4. Mitigating the consequence of handling and accidental exposure and 5. Training the staff.	Hazardous materials plan
• The (fire prevention and response) plan includes activities for: 1. proactively identifying fire safety risks, 2. assessing and prioritizing their importance, 3. developing and testing ways to eliminate or reducing these risks, 4. Early detection and containment of fires and 5. Training the staff. • Areas at high risk for fires are identified, monitored and improved. • A general fire drill is conducted at least once a year. • Facilities and equipment for the early detection and	Fire prevention and response plan

suppression of fire and containment of smoke are annually tested and improved.	
• The (utilities) plan includes activities for : 1. proactively identifying risks of power and water interruption, 2. assessing and prioritizing their importance, 3. developing and testing ways to eliminate or reducing these risks, 4. mitigating their consequences and 5. training the staff.	Utilities management plan
• The disaster preparedness plan includes activities for: 1. Proactively identifying risks associated with specific disasters, 2. Assessing and prioritizing their importance, 3. Developing and testing ways to immediately respond to disasters 4. Mitigating their consequences of disasters and 5. Training the staff. • The disaster preparedness program addresses a prioritized list of natural and manmade disasters. • The disaster preparedness program addresses earthquakes. • The disaster preparedness program addresses floods and typhoons. • The disaster preparedness program addresses mass casualties and local epidemics. • The disaster preparedness program includes: 1. Facilities adaptation 2. Patient reassignments 3. Mobilization of emergency resources 4. Staff deployment and reassignment 5. Linkages with external organizations and government agencies • The disaster preparedness plan is tested at least once a year[i].	Disaster preparedness and management plan
• The medical device management plan includes activities for: 1. proactively identifying risks associated with device use, 2. assessing and prioritizing their importance, 3. developing and testing ways to eliminate or reducing these risks, 4. mitigating their consequences and 5. training the staff. • The organization maintains an accurate and current	Medical equipment management plan

inventory of all medical equipment operated within its premises.	
• Medical equipment undergoes preventive maintenance according to technical standards.	Preventive maintenance schedule
• The infection control program includes physicians. • The program includes nurses. • The program includes patients and visitors. • The program includes those in charge with managing the physical facilities and medical equipment. • The program includes linen and laundry. • The program includes the food and dietary service. • The program includes engineering controls during periods of construction and demolition • Processes and conditions that put patients at high risk for healthcare associated infections are identified and prioritized. • Processes and conditions that put staff at high risk for healthcare associated infections are identified and prioritized. • One or more individuals is/are officially designated to oversee the infection control program. • The individual/s is/are qualified in terms of education, training and experience.	Infection control program
PERFORMANCE IMPROVEMENT	
• There is a collaboratively developed policy on quality and patient safety. • Policies and procedure define the roles and responsibilities of managers • The policy identifies the individual/s who oversee the quality and patient safety program. • The policy specifies the approach and methods to be used for quality improvement and risk management. • The policy defines the roles of leaders, managers, staff, patients and their families and relevant third parties.	Policy on quality improvement and patient safety

Tracer Methodology

Individual Patient Tracers

An individual tracer follows the actual experience of an individual who received care, treatment, or services in a health care organization. Individual (patient) tracer activity usually includes observing care, treatment, or services and associated processes; reviewing open or closed medical records related to the care recipient's care, treatment, or services and other processes, as well as examining other documents; and interviewing staff as well as care recipients and their families. An individual tracer follows (traces) one care recipient throughout his or her care in the organization.

Duration: 60 to 90 minutes.

Things to do during tracers

Evaluate the following:

1. Compliance with JCI standards and International Patient Safety Goals
2. Consistent adherence to organization policy and consistent implementation of procedures
3. Communication within and between departments / programs / services
4. Staff competency for assignments and workload capacity
5. The physical environment as it relates to the safety of care recipients, visitors, and staff

Range of observation: During a tracer, the surveyor(s) may visit (and revisit) any department/program/service or area of the organization related to the care of the individual served or to the functioning of a system.

What are the steps in conducting a tracer survey?

1. Before the actual survey date, **SELECT** a current patient from the patient roster of the survey site. This patient should preferably (1) have a diagnosis that is among the top 5, (2) cross programs, units, services, care settings, (3) have infection control or medication management challenges, (4) be due for discharge soon.
2. **REVIEW** the patient's chart to understand the patients' problems and what treatments, services or programs were involved. Ask the patient's physician and/or nurse in charge for any clarifications (20 minutes).
3. **FOCUS** the survey on a few priority areas (see complete list below)
4. **VIEW** the survey site, paying close attention to 4 important systems of care:
   a. Infection control
   b. Medication management
   c. Patient information management
   d. Communication with the patient and among care team members

5. You must **OBSERVE** the staff in the actual performance of their routine tasks related to these 4 systems. Request them to demonstrate routine tasks and verify their understanding of policies by asking questions. Limit interaction with supervisors (20 minutes).
6. **INTERVIEW** the patient / family members. Ask them if they have been informed of their illness, their treatments, the members of their care team, their medicines, activities and diet at home, and their follow-up visits. Ask for comments about the care they received (5 minutes).
7. **VISIT** the other sites where the patient received treatment or services. In each site, repeat steps 3 and 4 (45 minutes).
8. **WRITE** your main findings and recommend corrective actions (20 minutes).

Priority Focus Areas (PFA's) for Tracers

1. Assessment and care – assessment, planning care, treatment and services; provision of care; on-going reassessment of care and discharge planning.
2. Communication – information exchange between individuals and departments
3. Credentialed practitioners – qualifications to provide care services have been verified and assessed, resulting in the granting of clinical privileges.
4. Equipment use – movable equipment, its maintenance as well as management of supplies to meet care recipients and staff needs.
5. Infection control – surveillance/identification, prevention and control of infections among care recipients, employees, physicians, contracted staff and visitors.
6. Information management – the timely and accurate creation, collection, storage, retrieval, transmission, analysis, control, dissemination, and use of information, both within the organization and externally.
7. Medication management – multidisciplinary coordinated effort of health care staff implementing the process of selecting, procuring, storing, ordering, transcribing, preparing, dispensing, administering and monitoring.
8. Organizational structure – it is the framework for an organization to carry out its vision and mission.
9. Orientation and Training – educating newly hired staff before they provide patient care services
10. Patient safety – proactively identifying the underlying cause of potential risks and making necessary improvement to reduce these risks. It also entails establishing process to respond to sentinel events
11. Physical environment – safe, accessible, functional, supportive and effective physical environment for care recipients, staff members, workers and other individuals managing physical design, construction, maintenance and testing, planning and improvement and risk prevention.
12. Quality improvement expertise and activity – collaborative and interdisciplinary approach to the continuous study and improvement of the processes of providing healthcare services to meet the needs of consumers and others.

13. Rights and ethics – individual rights and organizational ethics as they pertain to individual care; privacy, confidentiality and protection of health information, advance directives, organ procurement, use of restraints, informed consents and participation in care decisions.
14. Staffing – providing the optimal number of competent personnel with the appropriate skill to meet the needs of healthcare organizations care recipients.[25]

Interviewing Techniques

- Ask simple questions to learn about important details about the individual's care or the system's function.
- Pose questions in a manner that encourages the staff member or care recipient to share as much information as possible.
- Observe how a respondent answers.
- Ask follow up questions to ascertain understanding and / or compliance.
- Take your time. Speak slowly and carefully.
- To help set the interview subject at ease, try using a quiet and calm approach to encourage that person to match your example.)
- Use "I" statements ("I think," "I see") to avoid appearing to challenge or blame the interview subject.
- Ask open-ended questions (to avoid "yes/no" answers).
- Pause before responding to a subject's answer to wait for more information.
- Listen attentively, gesturing to show you understand.
- Listen actively, restating the subject's words as necessary for clarification.
- Manage your reactions to difficult situations and avoid using a confrontational tone, even if your subject sets such a tone. Take a deep breath and wait at least three seconds before responding.
- Always thank your interview subject for his or her

Sample Tracers Questions

The following are examples of questions that can be asked during tracers. Please use them as models for creating your own questions.

Medical/Surgical Nursing Staff:

- What is your process to receive stat tests and to report stat test results?
- How do the orders come into the lab?

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[25] Tracer Methodology: Tips and Strategies for Continuous Systems Improvement. Joint Commission on Accreditation of Healthcare Organizations, 2004.

- How do you ensure that all orders, even orders that are added on after you receive the specimens, are completed? Do you acknowledge them? How do you report test results?
- Please show me an example of your documentation.
- Who is responsible for this documentation?
- How has laboratory documentation been integrated into the hospital's documentation?
- Do you have integrated participation in planning committees and other ongoing activities?
- What kind of system do you use to communicate test results with the areas of the hospital that order the tests?
- How do orders come into the laboratory? Is there any variation between departments? Must all orders be written? If there are verbal orders, how are they validated?
- What gaps in communication exist between the laboratory and other hospital departments? How are you working to reduce those gaps?
- Are you measuring data, and are teams that are involved in the process working to improve the process? Have you seen any positive results?
- How do you receive patients from the emergency department? What kind of information do you receive? How is this information communicated to you? How do you know what must be set up in the patient's room prior to transfer?
- What kinds of assessments do you conduct when a patient arrives on the medical/surgical unit? Who conducts these assessments?
- How do you document medication use?
- How do you assess for pain? What kind of monitoring and reassessment do you perform?
- Have you assessed the patient for falls risk? Do you conduct ongoing falls risk assessments? What interventions have you put in place to reduce the patient's risk of falling? Have you provided education to the patient and family regarding falls prevention?
- What kind of postsurgical care have you been providing? What wound care is required?
- How did you assess the patient for skin & pressure ulcer risk?
- What kind of pain management have you been providing for the patient? How do you assess for pain management in an ongoing manner?
- Who is involved in ensuring safe placement and discharge to a rehabilitation facility? Are staff members educating the patient and family about discharge to the subacute facility?

Operating Room and Surgical Care Unit Staff:

- How do you prepare patients for surgery? What kind of process do you follow?

- What is your process for ensuring that the informed consent was properly obtained?
- Do you use a preoperative checklist, and does it include documentation regarding the patient's informed consent?
- Please tell me about the postsurgical recovery process. What kinds of assessments do you perform? How often? What criteria are used to safely discharge the patient from recovery (postanesthesia care unit), and who makes the discharge decision?
- How do you receive and implement orders from the surgeon and the anesthesiologist? How are those orders documented?

Admitting / outpatient registration staff:

- What is your registration or check-in process?
- How do you document the registration? What education and/or information do you provide to patients upon check-in?
- What consent forms or education about informed consent is shared?
- How do you ensure that the patient is able to complete the registration process with as much privacy as possible? What provision do you have in the event that the patient requires additional privacy?
- What kind of orientation and training do you receive to do your job?

System tracer questions for Infection Control

- How does your hospital conduct antimicrobial surveillance?
- Can you show me any document of your current and past surveillance activity?
- What actions are taken as a result of the surveillance and what are the outcomes of these actions taken?
- How are patients with infections identified in your hospital?
- How are patients with infections managed?
- What types of analyses are conducted on your infection control data?
- How often do you report your infection control data and to whom?
- What actions are taken as a result of reporting?
- What prevention and control activities do you undertake?
- Are there any changes in the physical facilities on the hospital that have impact on the infection control program?
- What are the roles and activities of the infection control nurses? The infection control committee members?
- Describe to me how you evaluate the effectiveness of your infection control program.
- Describe to me how you are complying with the IPSGs.

Individual tracer questions for infection control

- Describe to me your own role in the hospital infection control program.
- How do you protect this specific patient from acquiring infections while in the hospital?
- Is the device you are now using on him clean? How do you know?
- How do you protect yourself from acquiring infections in the hospital?
- What do you do if you sustain a needlestick injury?
- How were you trained in infection control practices? How are you being monitored? When was the last time you were checked?
- What do you do if you are exposed to a patient with a highly infectious disease?
- How do you dispose of body fluids collected from your patient?
- What do you do with used supplies, devices or equipment?
- How were you trained to handle body fluids and used devices? How are you monitored?
- I see that this patient is for surgery. What is your role in preparing this patient to protect him from acquiring post surgical infection?
- What will be your infection control role during his post operative period?
- How do you identify post surgical infections? What action/s do you take?
- Show me any log of post surgical infections. What actions were taken as a result of these reports?[26]
- Leadership and Management Interview
- Please show me a copy of the contract. How is thecontract managed?
- How would you describe your hospital's relationshipwith the contract company?
- What is the role of hospital leadership in relation tocontracted services?
- What performance criteria for contracted staff areset in advance? How do you monitor performance?
- How frequently is performance evaluated? Whenthe last time your performance was evaluated?
- What contractual provisions are made for medicalstaff oversight? When was the last review bymedical staff?

Emergency Department Director:

- What kinds of communication processes do youhave in place to help the hospital address anupsurge in patients?

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[26]More Mock Tracers.The Joint Commission, 2011.

Bed Manager:

- What kind of improvement process do you have inplace to mitigate patient backflow? How has this process been implemented in the hospital?
- What kind of training and support are you providingto staff in the improvement process? How are you tracking progress and communicating results?

Medical Director:

- How does the hospital verify competency? Howoften is competency assessed? How is verificationcompetency documented?

Facilities Director, Patient SafetyDirector, and Security Officer:

- How do you secure the building? Do you lock thedoors at any time? If so, why? Do you do so in away that allows for safe egress?
- What staffing provisions do you provide at thehospital's main entrances and exits?
- What are security staff members trained to do in theevent of an emergency, such as a terrorist threat?
- What kind of training have you provided to staff oneemergencies?
- Has the hospital conducted a drill to test your planning? If so, when did this drill take place?
- How do you analyze the results of your drills? Who is responsible for this analysis? How is it communicated?
- What additional security measures do you put inplace in high security risk areas, such as theobstetrics department?
- Who has access to this department?
- How do you track and monitor access? What kind oflogging mechanism do you use? Who isresponsible?