

Section 1.

Patient safety friendly hospital initiative standards



The following section includes:

- A table of the subdomains in each of the 5 main domains, along with the number of critical, core and developmental standards for each subdomain.
- Each subdomain is then detailed individually, with each of its standards in a separate table, which also contains a description of the key respondent for each standard (the person who would be interviewed to determine compliance with the standard). There is also a space next to each standard to allow the user to fill a final score.
- Guidelines for evaluators: to assist in the evaluation process, each detailed subdomain is followed by a list of the documents required to verify compliance, a list of observation exercises (in some cases) and scoring guidelines to standardize scoring by users.



Domains	subdomains	Critical standard	Core standard	Developmental standard
A. Leadership and management	A.1 The leadership and governance are committed to patient safety	3	3	2
	A.2 The hospital has a patient safety programme.	2	5	2
	A.3 The hospital uses data to improve safety performance.	0	2	2
	A.4 The hospital has essential functioning equipment and supplies to deliver its services.	3	3	1
	A.5 The hospital ensures staff safety for safer patients and availability of staff round the clock to deliver safe care.	1	5	0
	A.6 Hospital has policies, guidelines, and standard operating procedures (SOP) for all departments and supporting services.	0	2	0
		9	20	7
B. Patient and public involvement	B.1 Patient safety is incorporated into hospital's patient and family rights statement.	0	3	1
	B.2 The hospital builds health awareness for its patients and carers to empower them to share in making the right decisions regarding their care	1	3	2

	B.3 The hospital ensures proper patient identification and verification at all stages of care.	1	1	1
	B.4 The hospital involves community in different patient safety activities.	0	3	1
	B.5 The hospital communicates patient safety incidents to patients and their carers	0	0	2
	B.6 The hospital encourages patients to speak up and acts upon the patient's voice.	0	2	3
	B.7 The hospital has a patient friendly environment.	0	4	0
		2	16	10
C. Safe evidence based clinical practices	C.1 The hospital has an effective clinical system that ensures inclusion of patient safety.	2	8	1
	C.2 The hospital has a system to reduce risk of Healthcare Associated Infections (HAI).	2	9	0
	C.3 The hospital ensures safety of blood and blood products.	2	3	2
	C.4 The hospital ensures safe injections, infusions, and immunization.	0	1	0

	C.5 The hospital has a safe medication system.	1	4	1
	C.6 The hospital has a completed medical records system	0	4	4
		7	29	8
D. Safe environment	D.1 The hospital has a safe and secure physical environment for patients, staff, volunteers, and visitors.	0	15	0
	D.2 The hospital has a safe waste management system.	2	4	0
		2	19	0
E. Lifelong learning	E.1 The hospital has a staff professional development programme with patient safety as a cutting theme.	0	3	0
	E.2 The hospital verifies competency.	0	0	2
	E.3 The hospital conducts research on patient safety on an ongoing basis	0	3	3
		0	6	5
		24	90	30

Domain A: Leadership and management

Domains	subdomains	Number of standards		
		Critical	Core	Developmental
A. Leadership and management standards	A.1 The leadership and governance are committed to patient safety	3	3	2
	A.2 The hospital has a patient safety programme.	2	5	2
	A.3 The hospital uses data to improve safety performance.	0	2	2
	A.4 The hospital has essential functioning equipment and supplies to deliver its services.	3	3	1
	A.5 The hospital has technically-competent staff for safer patients round the clock to deliver safe care.	1	5	0
	A.6 The hospital has policies, guidelines, and standard operating procedures for all departments and supporting services.	0	2	0
		9	20	7

A.1	Title	Leadership and governance	Key respondent	Final score
	Measurement statement	The leadership and governance are committed to patient safety.		
	Rationale	The hospital's governance is accountable for ensuring the safety of its patients. The necessary processes are in place and a non-blaming, learning culture is established and maintained.		
	Critical standard	A.1.1.1 The hospital has patient safety as a strategic priority. This strategy is being implemented through a detailed action plan.	Patient safety senior hospital staff member/ hospital manager	
		A.1.1.2 The hospital has a designated senior staff member with responsibility, accountability and authority for patient safety.	Patient safety senior hospital staff member/ hospital manager	
		A.1.1.3 The leadership conducts regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.	Patient safety senior hospital staff member/ hospital manager Nurse Doctor	
	Core standard	A.1.2.1 The hospital has an annual budget for patient safety activities based on a detailed action plan.	Patient safety senior hospital staff member/ Hospital manager	
		A.1.2.2 The leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence.	Patient safety senior hospital staff member/ hospital manager Nurse Doctor	
		A.1.2.3 The hospital follows a code of ethics, for example in relation to research, resuscitation,	Patient safety senior hospital staff member/ hospital manager	

		consent, confidentiality.	Nurse Doctor	
	Developmental standard	A.1.3.1 There is an open, non punitive, non blaming, learning and continuous improvement patient safety culture at all levels of the hospital.	Patient safety senior hospital staff member/ hospital manager Nurse Doctor	
		A.1.3.2 The leadership assesses staff attitudes towards patient safety culture regularly.	Patient safety senior hospital staff member/ hospital manager Nurse Doctor	

Evaluation process

- ✓ *Read the subdomain , rationale ,critical, core and developmental standards ✓ Review the documents listed below.*
- ✓ *Confirm data through interviews whenever necessary*
- ✓ *Read through the scoring guidelines*

Required documents

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

Verify information obtained from document review with interview with hospital management (see in section 2)

Scoring guidelines

A.1.1.1

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

A.1.1.2

- If the hospital has a designated senior patient safety staff member with a notification letter and terms of reference, score is fully met
- If the hospital has a designated senior patient safety staff member with only a notification letter or terms of reference, score is partially met
- If the hospital has no evidence of a designated senior patient safety staff member and there is no notification letter nor terms of reference, score is not met

A.1.1.3

- If the leadership conducts regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act upon patient safety improvement opportunities with patient safety walkround reports and action plans for improvement, score is fully met.
- If the leadership conducts patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act upon patient safety improvement opportunities, but not on a regular basis or in the absence of documented reports, score is partially met.
- If the leadership has no evidence of regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act upon patient safety improvement opportunities, score is not met.

A.1.2.1

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

A.1.2.2

- If the leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence, as evident from adverse event reports and staff interviews, score is fully met.
- If the leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence on some occasions, or evidence from adverse event reports or staff interviews is lacking, score is partially met.

▪ If the leadership doesn't support staff involved in patient safety incidents as long as there is no intentional harm or negligence, and evidence of support from adverse event reports and staff interviews is lacking, score is not met. **A.1.2.3**

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

A.1.3.1

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

A.1.3.2

- If the leadership assesses staff attitudes towards patient safety culture regularly, score is fully met.
- If the leadership assesses staff attitudes towards patient safety culture irregularly, score is partially met.
- If the leadership does not assess staff attitudes towards patient safety culture, score is not met.

A.2	Title	Patient Safety programme	Key respondent	Final score
	Measurement statement	The hospital has a patient safety programme.		
	Rationale	The hospital has systems to identify and manage safety issues that can cause harm to patients.		
	Critical standard	A.2.1.1 A designated person co-ordinates patient safety and risk management activities (middle management).	Patient safety officer/ hospital manager	
		A.2.1.2 The hospital conducts regular monthly morbidity and mortality meetings.	Patient safety officer/ hospital manager	
	Core standard	A.2.2.1 Patient safety is reflected in the hospital's organizational structure.	Patient safety officer/ hospital manager	
		A.2.2.2 Risk is managed reactively.	Patient safety officer/ hospital manager	
		A.2.2.3 The hospital audits its safety practices on a regular basis.	Patient safety officer/ hospital manager	
		A.2.2.4 The hospital has a multidisciplinary patient safety internal body (PSIB), members of which meet regularly to ensure an overarching patient safety programme.	Patient safety officer/ hospital manager PSIB member	
		A.2.2.5 The hospital regularly develops reports on different patient safety activities and disseminates it internally.	Patient safety officer/ hospital manager	
	Developmental standard	A.2.3.1 The hospital regularly develops reports on different patient safety activities and disseminates it externally.	Patient safety officer/ hospital manager	
		A.2.3.2 Risk is managed proactively.	Patient safety officer/ hospital manager	

Evaluation process

- ✓ Read the subdomain , rationale ,critical, core and developmental standards ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary

Required documents

SN	PSS	Document	Availability	Comments from interviews
12	A.2.1.1	Patient safety officer terms of reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	A.2.1.1	Notification letter for patient safety officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	A.2.1.2	Minutes of mortality and morbidity meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	A.2.2.1	Hospital organogram (organizational structure)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	A.2.2.2	Risk management reactive reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	A.2.2.3	Patient safety audit reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	A.2.2.4	PSIB minutes over the last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	A.2.2.5	Internal patient safety reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	A.2.3.1	External patient safety reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	A.2.3.2	Risk management proactive reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with an interview with the patient safety coordinator (see section 2)

Scoring guidelines

A.2.1.1

- If there is a designated person who co-ordinates patient safety and risk management activities (middle management), score is fully met.
- If there is a designated person who co-ordinates patient safety and risk management activities with no terms of reference, score is partially met.
- If there is no designated person to co-ordinate patient safety and risk management activities (middle management), score is not met.

A.2.1.2

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

A.2.2.1

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

A.2.2.2

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

A.2.2.3

- If the hospital audits its safety practices on a regular basis , score is fully met .
- If the hospital audits its safety practices on an irregular basis, score is partially met
- If the hospital does not audit its safety practices on a regular basis, score is not met.

A.2.2.4

- If the hospital has a multidisciplinary patient safety internal body (PSIB), members of which meet regularly to ensure an overarching patient safety programme, score is fully met.
- If the hospital has multidisciplinary a multidisciplinary patient safety internal body (PSIB), members of which meet irregularly to ensure an overarching patient safety programme, score is partially met.
- If the hospital does not have a multidisciplinary patient safety internal body (PSIB), members of which meet to ensure an overarching patient safety programme, score is not met.

A.2.2.5

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

A.2.3.1

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

A.2.3.2

- If risk is managed proactively using FMEA, score fully is met.
- If risk is managed proactively evidence either reports or interviews, score is partially met
- If risk is not managed proactively score is not met

A.3	Title	Data to improve safety performance	Key respondent	Final score
	Measurement statement	The hospital uses data to improve safety performance.		
	Rationale	The hospital ensures valid and reliable data to compare its safety performance to internal and external benchmarks.		
	Core standard	A.3.2.1 The hospital sets and reviews targets related to patient safety goals.	Patient safety officer/ hospital manager Monitoring and evaluation staff	
		A.3.2.2 The hospital has a set of process and output measures that assess performance with a special focus on patient safety.	Patient safety officer/ hospital manager Patient safety officer Monitoring and evaluation staff	
	Developmental standard	A.3.3.1 Hospitals compares its process and outcome indicator data with other patient safety friendly hospitals.	Monitoring and evaluation staff/ hospital manager	
		A.3.3.2 The hospital acts on benchmarking results through an action plan and patient safety improvement projects.	Patient safety officer/ hospital manager	

Evaluation process

- ✓ Read the subdomain , rationale ,critical, core and developmental standards ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

Verify information obtained from document review with an interview with the patient safety officer (see section 2).

Required documents

SN	PSS	Document	Availability	Comments from interviews
22	A.3.2.1	Targets related to patient safety goals(hospital strategy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	A.3.2.2	Patient safety process and output measures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	A.3.3.1	Patient safety performance management reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	A.3.3.2	Patient safety benchmarking results and action plan for improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Scoring guidelines:

A.3.2.1

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

A.3.2.2

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

A.3.3.1

- If the hospital compares its process and outcome indicator data with other patient safety friendly hospitals, score is met.
- If the hospital does not compare its process and outcome indicator data with other patient safety friendly hospitals, score is not met.

A.3.3.2

- If the hospital acts on benchmarking results through an action plan and patient safety improvement projects, score is met.
- If the hospital does not act on benchmarking, score is not met.

A.4	Title	Equipment and supplies	Key respondent	Final score
	Measurement statement	The hospital has essential functioning equipment and supplies to deliver its services.		
	Rationale	The hospital ensures continuous availability of essential functioning equipment and supplies to ensure the delivery of safe, quality services.		
	Critical standard	A.4.1.1 The hospital ensures availability of essential equipment.	Nurse manager/ head nurse nurse	
		A.4.1.2 The hospital ensures that all reusable medical devices are properly decontaminated prior to use.	Nurse	
		A.4.1.3 The hospital has sufficient supplies to ensure prompt decontamination and sterilization.	Nurse manager/ head nurse nurse	
	Core standard	A.4.2.1 The hospital undertakes regular preventative maintenance for equipment including calibration.	Nurse manager/ head nurse biomedical engineer	
		A.4.2.2 The hospital undertakes regular repair or replacement of broken (malfunctioning) equipment.	Nurse biomedical engineer	
		A.4.2.3 The hospital ensures that staff receive appropriate training for available equipment.	Human resources manager nurse doctor	
	Developmental Standard	A.4.3.1 The hospital makes appropriate and safe use of smart pumps for fluid and drug delivery.	Nurse manager/ head nurse	

Required documents

SN	PSS	Document	Availability	Comments from Interviews
26	A.4.1.1	Essential equipment list	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27	A.4.1.2	Policies and procedures for decontamination and sterilization of all reusable medical devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28	A.4.1.3	Essential supplies list	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29	A.4.2.1	Maintenance contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30	A.4.2.1	Preventative equipment maintenance reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31	A.4.2.2	Policies and procedures for corrective equipment maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32	A.4.2.3	Staff training records related to training on relevant medical equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33	A.4.2.1	Policies and procedures for preventative equipment maintenance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with an interview with the nurse manager/ head nurse

Other relevant interviews include:

Interview with biomedical engineer

Question	Answer
Does the hospital have regular preventative maintenance for equipment including calibration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital train staff on relevant equipment use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Interview staff

Question	Answer (Yes/No)
1. Do you have any broken equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you ever face any delays in patient treatment due to malfunction equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What happens if equipment broke/malfunctions?	
4. Were you trained on relevant equipment use, decontamination and sterilization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Observation

Go to Endoscopy Unit, Dental Clinic and Central Sterilization Unit and first observe then conduct interview

	Comments
Availability of essential supplies and equipment	
Decontamination and sterilization	

Scoring guidelines

A.4.1.1

If the hospital monitors availability of essential equipment for all of its departments, score is fully met

If the hospital monitors availability of essential equipment for some of its departments, score is partially met

If the hospital does not ensure availability of essential equipment for any of its departments, score is not met

A.4.1.2

If the hospital ensures that all reusable medical devices are properly decontaminated prior to use, score is fully met.

If the hospital ensures that some of its reusable medical devices are properly decontaminated prior to use, score is partially met.

If the hospital does not have a system to ensure that reusable medical devices are properly decontaminated prior to use, score is not met.

A.4.1.3

If the hospital has sufficient supplies to ensure prompt decontamination and sterilization, score is fully met

If the hospital does not have sufficient supplies to ensure prompt decontamination and sterilization, score is not met

A.4.2.1

The hospital undertakes regular preventative maintenance for equipment including calibration, score is fully met

The hospital undertakes irregular preventative maintenance for equipment including calibration, score is partially met

The hospital does not undertake any preventative maintenance for equipment including calibration, score not met

A.4.2.2

If the hospital undertakes regular repair or replacement of broken (malfunctioning) equipment, score is fully met

If the hospital provides a mechanism for repair or replacement of malfunctioning equipment but not on a regular basis, or the response to a repair request is commonly delayed, score is partially met.

If the hospital does not provide a mechanism for repair or replacement of malfunctioning equipment, score is not met.

A.4.2.3

If the hospital ensures staff receive appropriate training for available equipment, score is fully met

If the hospital does not ensure staff receive appropriate training for available equipment, score is not met

A.4.3.1

If the hospital makes appropriate and safe use of smart pumps for fluid and drug delivery, score is fully met.

If the hospital does not make appropriate and safe use of smart pumps for fluid and drug delivery, score is not met.

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



Required documents

SN	PSS	Document	Availability	Comments from interviews
34	A.5.1.1	Staff qualifications and licenses (registration to practice within appropriate body) and advertisement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	A.5.2.1 A.5.2.3	Duty rosters for clinical staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36	A.5.2.2 A.5.2.3	Duty rosters for non clinical support staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37	A.5.2.3	National labor law	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38	A.5.2.5	Occupational health programme records	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with hospital management interview

Question	Answer (Yes/No)
1. Does the hospital have sufficient clinical workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the hospital have sufficient non clinical workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the hospital have an occupational health programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Scoring guidelines

A.5.1.1

If qualified clinical staff, both permanent and temporary, are registered to practice with an appropriate body, score is fully met

If qualified, permanent clinical staff, are registered to practice with an appropriate body, score is partially met

If qualified clinical staff, are not registered to practice with an appropriate body, score is not met

A.5.2.1

If clinical staffing levels reflect patient needs at all times, score is fully met

If clinical staffing levels usually reflect patient needs, score is partially met

If clinical staffing levels do not reflect patient needs, score is not met

A.5.2.2

If sufficient, trained and appropriate non-clinical support staff are available to meet patient needs at all times, score is fully met.

If sufficient, trained and appropriate non-clinical support staff are sometimes available to meet patient needs, score is partially met.

If sufficient, trained and appropriate non-clinical support staff are not available to meet patient needs, score is not met.

A.5.2.3

If all staff are allowed sufficient rest breaks to practice safely and adhere to national labor laws, score is fully met

If most staff are usually allowed sufficient rest breaks to practice safely and adhere to national labor laws, score is partially met

If staff are generally not allowed sufficient rest breaks to practice safely and adhere to national labor laws, score is not met

A.5.2.4

If students and trainees work within their competencies and under appropriate supervision, score is fully met.

If students and trainees work within their competencies but not under appropriate supervision, score is not met.

A.5.2.5

If there is an occupational health programme that is implemented for all staff, score is fully met

If there is occupational health programme that is implemented for some of the staff, score is partially met

If there is no occupational health programme being implemented for staff, score is not met

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

Verify information obtained from document review with an interview with the patient safety senior hospital staff member

Question	Answer (Yes/No)
1. Does the hospital have policies and procedures for all departments and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How do you train staff on relevant policies and procedures related to their duties?	

Required documents

SN	PSS	Document	Availability	Comments from interviews
40	A.6.2.1	Policies and standard operating procedures manuals for all departments and services to ensure patient safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41	A.6.2.2	Staff training records about relevant SOP	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Scoring guidelines

A.6.2.1

If the hospital has policies and procedures for 80-100% of departments and services, score is fully met

If the hospital has policies and procedures for 60-79% of its departments and services, score is partially met

If the hospital does not have policies and procedures, or has some in place for less than 60 % of departments and services, score is not met

A.6.2.2

If the hospital provides evidence of implementation of policies, guidelines and SOPs for 80-100% of departments and services, score is fully met

If the hospital provides evidence of implementation of policies, guidelines and SOPs for 60-79% of department and services, score is partially met

If the hospital does not provide evidence of implementation of policies, guidelines and SOPs or provides such evidence for 60% or less of departments and services, score is not met.

Domain B: Leadership and management

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

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

Evaluation process

- ✓ Read the subdomain , rationale ,critical, core and developmental standards ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

Required documents

SN	PSS	Document	Availability	Comments From interviews
42	B.1.2.1	A written and approved patient and family rights statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43	B.1.2.2	A written and approved patient and family rights statement in which patient safety is incorporated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Interview with patient safety officer

Question	Answer (open ended question)
1. How does the hospital communicate and disseminate patient and family rights statement?	
2. Who developed the patient and family rights statement?	

Patient interview

Question	Answer (Yes/No)
1. Were you briefed about the hospital's patient and family rights policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the hospital's patient and family rights statement visible throughout the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Nurse interview

Question	Answer (Yes/No)
1. Do you brief patients about the hospital's patient and family rights policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Observation

	Comment
Patient and family rights statement is visible throughout the hospital	

Scoring guidelines

B.1.2.1

If there is a patient rights statement in the hospital and it is visible to patients, score is fully met.

If there is patient rights statement in the hospital, but is not visible to patients, score is partially met.

If there is no patient rights statement in the hospital, score is not met.

B.1.2.2

If patient safety is included in the patient rights statement, score is fully met.

If patient safety is not included in the patient rights statement, score is not met.

B.1.2.3

If patients and their families are briefed about, and aware of, their rights, score is fully met.

If patients and their families are not briefed about, and are not aware of, their rights, score is not met.

B.1.3.1

If patients and the community were involved in the development of the patient and family rights, score is fully met

If patients and the community were not involved in the development of the patient and family rights, score is not met

B.2	Title	Health awareness	Key respondent	Final score
	Measurement statement	The hospital builds health awareness for its patients and carers to empower them to share in making the right decisions regarding their care.		
	Rationale	The hospital ensures that its patients are aware about their conditions and share in making the right decisions regarding their care.		
	Critical standard	B.2.1.1 Before any invasive procedure, a consent is signed by the patient. He/she is informed of all risks, benefits and potential side effects of a procedure in advance. The physician explains, and the nurse oversees the signing.	Nurse physician	
	Core standard	B.2.2.1 The hospital builds health awareness for all of its patients and their families for their specific health problem and for general patient safety issues.	Health promotion officer patient	
		B.2.2.2 Every patient obtains from his/her treating physician complete updated information on his/her diagnosis, treatment.	Doctor nurse patient	
		B.2.2.3 The hospital trains patients' carers on post-discharge care.	Patient nurse	
	Developmental standard	B.2.3.1 Patients participate in planning and making decisions regarding their health care.	Health promotion officer nurse patient	
		B.2.3.2 .The hospital has a health care website and patients have access to it.	Health promotion officer patient	

Required documents

SN	PSS	Document	Availability	Comments from interviews
44	B.2.2.1	Educational material used may include flyers, literature, lecture notes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
45	B.2.2.1	Minutes of last 3 meetings of three disease specific support group meetings and their signature of attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46	B.2.1.1 B.2.2.2 B.2.2.3	Review of medical records	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview health promotion officer

Question	Answer (Yes/No)
1. Does the hospital have support groups for most frequent diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the hospital support patient-to-patient activities to build health literacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the hospital facilitate lectures for patients on common and frequent health topics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the hospital have a health care portal to which patients have access?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Patient interview

Question	Answer (Yes/No)
1. Did you obtain from your treating physician complete, updated information on your diagnosis, treatment, or any prognosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you participate in making decisions regarding your health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you sign consent before any risky procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the hospital train you or your carers on relevant post-discharge care??	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you receive education materials concerning your case/diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No

upon discharge?	
6. Did you receive information about your medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Scoring guidelines

B.2.1.1

If before any invasive procedure, a consent is signed by patients, patients are informed of all risks of a procedure in advance, score is fully met.

If before any invasive procedure a consent is signed by patients but with no evidence of briefing and information provided to the patient, score is partially met.

If there is no evidence before any invasive procedure, or a signed consent by patients, score is not met.

B.2.2.1

If the hospital builds health awareness for all of its patients and their families for their specific health problem and for general patient safety issues, score is fully met.

If the hospital builds health awareness for some of its patients and their families for their specific health problem and for general patient safety issues, score is partially met.

If the hospital does not build health awareness for its patients and their families for their specific health problem and for general patient safety issues, score is not met.

B.2.2.2

If every patient obtains from his/her treating physician complete updated information on his/her diagnosis and treatment, score is fully met.

If some patients obtain from their treating physician complete updated information on their diagnosis and treatment, score is partially met.

If patients generally do not obtain from their treating physician complete updated information on their diagnosis and treatment, score is not met.

B.2.2.3

If the hospital trains patients' carers on post-discharge care, score is fully met.

If the hospital does not provide training for patients' carers on post-discharge care, score is not met.

B.2.3.1

If patients participate in planning and making decisions regarding their health care, score is fully met.

If patients do not participate in planning and making decisions regarding their health care, score is not met.

B.2.3.2

If the hospital has a health care website and patients have access to it, score is fully met.

If the hospital does not have a health care website and/or patients do not have access to it, score is not met.

B.3	Title	Patient identification	Key respondent	Final score
	Measurement statement	The hospital ensures best practice patient identification and verification at all stages of care.		
	Rationale	The hospital has processes to ensure proper patient identification at all stages of care to prevent occurrence of adverse events related to mistaken patient identity.		
	Critical standard	B.3.1.1 All patients are identified and verified with at least 2 identifiers including full name and date of birth (and room number is not one of them) whenever the patient undergoes any procedure (e.g. laboratory, diagnostic or therapeutic procedures) or transfer or is administered any medication or blood or blood components before care is administered, with special emphasis on high risk groups e.g. new born babies, patients in coma, senile patients.	Nurse	
	Core standard	B.3.2.1 A system is in place to identify allergies, e.g. by a color-coding system	Nurse	
	Developmental standard	B.3.3.1 The hospital uses bar coding with check digits for patient identification.	Patient safety officer	

Required documents

SN	PSS	Document	Availability	Comments from interviews
47	B.3.1.1	Patient identifiers policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48	B.3.1.1	Patient identification protocol for patients without identification or with same name	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Observation

	Comments
Patient identification bands	
Allergy identification bands	

If no identification bands were observed then

Interview nurse manager

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

Scoring guidelines

B.3.1.1

If all patients are identified and verified with at least 2 identifiers including full name and date of birth (and ensure that room number is not one of them) whenever the patient undergoes any procedure (e.g. laboratory, diagnostic or therapeutic procedure) or is transferred or is administered any medication or blood or blood component before care is administered, with special emphasis on high risk groups e.g. new born babies, patients in coma, senile patients, score is fully met

If patients are identified with one identifier, or if the identification system is not consistently used throughout all departments in the hospital or in every procedure the patient undergoes, score is partially met.

if there is no system in place to appropriately identify patients, score is not met.

B.3.2.1

If there is a system in place to identify allergies, e.g. by a color-coding system, score is fully met

If there is a partially implemented system in place to identify allergies, e.g. by a color-coding system, score is partially met

If there is no system in place to identify allergies, e.g. by a color-coding system, score is not met

B.3.3.1

If the hospital uses bar coding with check digits for patient identification, score is fully met

If the hospital does not use bar coding with check digits for patient identification, score is not met

B.4	Title	Community involvement	Key respondent	Final score
	Measurement statement	The hospital involves the community in different patient safety activities.		
	Rationale	The hospital ensures community involvement in patient safety activities to increase community awareness and enhance community-provider relationship.		
	Core standard	B.4.2.1 The hospital develops “campaigns” of patient safety that share solutions and raise awareness of patient safety in the community.	Patient safety officer hospital manager	
		B.4.2.2 The hospital plans events to promote patient safety through meetings on a regular basis with civic groups, NGOs, community leaders.	Patient safety Officer Hospital Manager	
		B.4.2.3 The hospital uses media and marketing to promote patient safety (e.g. it distributes press releases announcing patient safety activities).	Patient safety officer hospital manager	
	Developmental standard	B.4.3.1 The hospital involves the community (e.g. nongovernmental organizations, religious institutions, patient advocates) in designing and implementation of the patient safety programme.	Patient safety officer hospital manager	

Required documents

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

SN	PSS	Document	Availability	Comments from interviews
49	B.4.2.1	Patient safety notification letter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50	B.4.2.2	Minutes of the last 3 meetings and events showing community involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
51	B.4.2.3	Patient safety releases	<input type="checkbox"/> Yes <input type="checkbox"/> No	
52	B.4.3.1	Patient safety improvement task force minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with patient safety officer

Question	Answer
1. Does the hospital have “campaigns” of patient safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How does the hospital involve its community in patient safety activities?	

Scoring guidelines

B.4.2.1

If the hospital develops “campaigns” of patient safety that share solutions and raise awareness of patient safety in the community, score is fully met.

If the hospital does not develop “campaigns” of patient safety that share solutions and raise awareness of patient safety in the community, score is not met.

B.4.2.2

If the hospital plans events to promote patient safety through meetings on a regular basis with civic groups, non-governmental organizations, community leaders, score is fully met.

If the hospital plans events to promote patient safety through meetings on an irregular basis with civic groups

non-governmental organizations, community leaders, score is partially met.

If the hospital does not plan events to promote patient safety through meetings with civic groups,

non-governmental organizations, community leaders, score is not met.

B.4.2.3

If the hospital uses media and marketing to promote patient safety (e.g. distributes press releases announcing patient safety activities), score is fully met.

If the hospital does not use media and marketing to promote patient safety, score is not met.

B.4.3.1

If the hospital involves the community (e.g. nongovernmental organizations, religious institutions, patient advocates) in designing and implementation of its patient safety programme, score is fully met.

If the hospital does not involve community (e.g. nongovernmental organizations, religious institutions, patient advocates) in designing and implementation of patient safety programme, score is not met.

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

Documents to be reviewed

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

SN	PSS	Document	Availability	Comments from interviews
53	B.5.3.1	Patient safety incident reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
54	B.5.3.1	Disclosure policy and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
55	B.5.3.2	Health care mediator terms of reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with patient safety coordinator

Question	Answer (Yes/No)
1. Does the hospital have a structured disclosure system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Does the hospital have a health care mediator to disclose incidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Scoring guidelines

B.5.3.1

If the hospital has a structured disclosure system: policy and procedures, score is fully met

If the hospital does not have a structured disclosure system: policy and procedures, score is not met.

B.5.3.2

If the hospital has a health care mediator to explain incidents, score is fully met.

If the hospital does not have a health care mediator to explain incidents, score is not met.

B.6.	Title	Patient involvement	Key respondent	Final score
	Measurement statement	The hospital encourages patients to speak up and acts upon the patient’s voice.		
	Rationale	The hospital ensures continuous dialogue with patients and builds their trust by responding to their complaints and suggestions.		
	Core standard	B.6.2.1 The hospital obtains patients’ and their carers' feedback through different tools: satisfaction surveys, leadership walk rounds, focus groups, complaint letters, safety hotline, staff feedback, suggestion box and community groups.	Patient safety officer/quality management officer hospital manager	
		B.6.2.2 The hospital responds to patients’ complaints by sending them a feedback of how each complaint was managed and changes that have taken place to prevent further recurrence of the complaint.	Patient safety officer/quality management officer hospital manager	
	Developmental standard	B.6.3.1 the hospital involves patients and their carers in setting polices and suggesting quality improvement and patient safety projects. Areas of patient involvement may include: patient identification, monitoring hand hygiene, single use of injections and other appropriate areas.	Patient safety officer hospital manager	
		B.6.3.2 The hospital provides chat/message board for patients and their carers to write the concerns, share success solutions.	Patient safety officer hospital manager	
		B.6.3.3 The hospital provides access to computer-based information on patient safety, health literacy and patient well-being.	Patient safety officer hospital manager	

Documents to be reviewed

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

SN	PSS	Document/ observation of system	Availability	Comments from interviews
56	B.6.2.1	Last 3 months' reports on leadership walk rounds, focus groups reports, complaint letters, safety hotline, staff feedback, and suggestion box comments and action taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
57	B.6.2.1	Patient satisfaction survey results, analysis and action taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
58	B.6.2.2	Feedback to patients of how their complaints were managed and changes that have taken place to prevent further recurrence of the complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No	
59	B.6.3.1	Patient safety improvement task force minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
60	B.6.3.3	Information on patient safety, health literacy and patient well-being	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with:

Interview with quality officer

Question	Answer (Yes/No)
1. Does the hospital obtain patients' and/or their carers' feedback?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If so, using which tools?	
▪ satisfaction surveys,	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ If so, how often?	
▪ leadership walk rounds,	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ If so, how often?	
▪ focus groups,	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ If so, how often?	
▪ complaint letters,	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ safety hotline,	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ staff feedback,	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ suggestion box,	<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Community surveys.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the hospital involve patients and their carers in setting policies and implementing quality improvement and patient safety activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If so, how?	
5. Does the hospital provide chat/message board for patients and their carers to write their concerns, and share their success solutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the hospital provide access to computer-based information on patient	<input type="checkbox"/> Yes <input type="checkbox"/> No

Scoring guidelines

B.6.2.1

If the hospital obtains patients' and their carers' feedback through different tools: satisfaction surveys, leadership walk rounds, focus groups, complaint letters, safety hotline, staff feedback, and suggestion box and community groups, score is fully met

If the hospital does not obtain patients' and their carers' feedback, score is not met

B.6.2.2

If the hospital responds to patients complaints by sending them a feedback of how the complaint was managed and the changes that have taken place to prevent further recurrence of the complaint, score is fully met

If the hospital does not respond to patients' complaints by sending them a feedback of how complaint was managed and changes that have taken place to prevent further recurrence of the complaint, score is not met

B.6.3.1

If hospital involves patients and their carers in setting policies and suggesting quality improvement and patient safety projects. (Areas of engagement include: patient identification, monitoring hand hygiene, single use of injection and other appropriate areas), score is fully met.

If hospital does not involve patients and their carers in setting policies and suggesting quality improvement and patient safety projects, score is not met.

B.6.3.2

If the hospital provides a chat /message board for patients and their carers to write the concerns, share success solutions, score is fully met.

If the hospital does not provide a chat /message board for patients and their carers to write the concerns, share success solutions, score is not met.

B.6.3.3

If the hospital provides access to computer-based information on patient safety, health literacy and patient well-being, score is fully met.

If the hospital does not provide access to computer-based information on patient safety, health literacy and patient well-being, score is not met.

B.7.	Title	Patient friendliness	Key respondent	Final score
	Measurement statement	The hospital has a patient safety friendly environment.		
	Rationale	The hospital ensures it provides its services in a friendly setting.		
	Core standard	B.7.2.1 The hospital staff are trained to be supportive and to deal with patients' anxieties.	Nurse doctor hospital manager	
		B.7.2.2 The hospital has entertainment for patients e.g. music, TV, films, library.	Nurse hospital manager	
		B.7.2.3 The hospital has a place for prayers and meets patients' spiritual and religious needs	Nurse hospital manager	
		B.7.2.4 The hospital staff support the patient's family in end of life cases.	Nurse hospital manager	

- 
- ✓ *Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring*
 - ✓ *Review the documents listed below.*
 - ✓ *Confirm data through interviews whenever necessary*
 - ✓ *Read through the scoring guidelines*

Documents to be reviewed

SN	PSS	Document	Availability	Comments from interviews
61	B.7.2.1 B.7.2.4	Support training programme document	<input type="checkbox"/> Yes <input type="checkbox"/> No	
62	B.7.2.1 B.7.2.2 B.7.2.3	Patient satisfaction surveys and results	<input type="checkbox"/> Yes <input type="checkbox"/> No	
63	B.7.2.1 B.7.2.4	Employee satisfaction surveys and results.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with hospital management

Question	Answer (Yes/No)
1. Are hospital staff trained to deal with patient anxieties and worries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the hospital have entertainment for patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do hospital staff support the families of patients when the patient is terminally ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If so, how?	

Patient interview

Question	Answer (Yes/No)
1. Are hospital staff respondent to your needs and caring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the hospital have recreative entertainment provided for the patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In general, does hospital staff treat you with respect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In general, does hospital staff treat you with care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In general, is hospital staff friendly to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Observation

	Comments
Entertainment for patients e.g. music, TV, films, library.	
Place for prayers and meets patient spiritual and religious needs	

Scoring guidelines

B.7.2.1

If the hospital staff were trained to be supportive and to deal with patient anxieties, score is fully met

If the hospital staff were not trained to be supportive and to deal with patient anxieties, score is not met

B.7.2.2

If the hospital has entertainment for patients e.g. music, TV, films, library, score is fully met.

If the hospital does not have entertainment for patients e.g. music, TV, films, library, score is not met

B.7.2.3

If the hospital has place for prayers and meets patients' spiritual and religious needs, score is fully met

If the hospital does not have a place for prayers and does not meet patients' spiritual and religious needs, score is not met

B.7.2.4

If the hospital staff support the families of patients when the patient is terminally ill?, score is fully met.

If the hospital staff support the families of patients when the patient is terminally ill?, score is not met.

Domain C: Safe evidence based clinical practices standards

Domain	Subdomain	Number of standards		
		Critical	Core	Developmental
C. Safe evidence based clinical practices standards	C.1 The hospital has an effective clinical system that ensures inclusion of patient safety.	2	8	1
	C.2 The hospital has a system to reduce risk of healthcare acquired infections (HAI).	2	9	0
	C.3 The hospital ensures safety of blood and blood products.	2	3	2
	C.4 The hospital ensures safe injections, infusions, and immunization.	0	1	0
	C.5 The hospital has a safe medication system.	1	4	1
	C.6 The hospital has a complete medical records system	0	4	4
		7	29	8

C.1	Title	General clinical safety	Key respondent	Final score
	Measurement statement	The hospital has effective clinical governance that ensures inclusion of patient safety.		
	Rationale	The hospital has a clinical system that abides by appropriate clinical and communication guidelines and ensures proper identification of vulnerable patients.		
	Critical standard	C.1.1.1 The hospital maintains clear channels of communication for urgent critical results.	Doctor Nurse	
		C.1.1.2 The hospital has systems in place to ensure safe communication of pending test results to patients and care providers after discharge.	Patient safety officer	
	Core standard	C.1.2.1 The hospital conforms to clinical practice guidelines wherever appropriate, including WHO guidelines where available.	Medical director Doctor	
		C.1.2.2 The hospital implements the use of a surgical safety checklist and conforms to guidelines including WHO guidelines on safe surgery	Medical director Doctor	
		C.1.2.3 The hospital ensures invasive diagnostic procedures are carried out safely, and according to standard guidelines.	Medical director Doctor	
		C.1.2.4 The hospital implements guidelines to reduce venous thrombo-embolism (deep venous thrombosis and pulmonary embolism).	Medical director Doctor	
		C.1.2.5 The hospital screens patients to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection) and acts to reduce risk	Patient safety officer Nurse	
		C.1.2.6.The hospital maintains a list of approved abbreviations of medical terms.	Doctor	
		C.1.2.7 The hospital minimizes use of verbal and telephone orders and transmission of results, and “read back” is practised where verbal communication is essential.	Doctor Nurse	
		C.1.2.8The hospital has systems in place for safe and thorough handover of patients between clinical teams (including shift staff)	Patient safety officer	
	Developmental standard	C.1.3.1 The hospital has a local clinical guideline committee that meets regularly to select, develop and ensure implementation guidelines, protocols and checklists relevant to safety	Patient safety officer	

Documents to be reviewed

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

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

Verify information obtained from document review with

Interview with patient safety officer

Question	Answer (Yes/No)
1. Does the hospital implement any clinical guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2- If yes, kindly mention them?	
3. Does the hospital implement invasive diagnostic procedure guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the hospital implement safe surgery guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the hospital conduct clinical audits on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the hospital undergo continuous systemic review of best practices in patient safety; and adapt experiences in assessment and management of risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the hospital use smart pumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Observation

	Comments
Availability of guidelines	
Availability of job aid	

Scoring guidelines

C.1.1.1

If the hospital maintains clear channels of communication for urgent critical results, score is fully met

If the hospital does not maintain clear channels of communication for urgent critical results, score is not met

C.1.1.2

If the hospital has systems in place to ensure safe communication of pending test results to patients and care providers after discharge, score is fully met

If the hospital does not have systems in place to ensure safe communication of pending test results to patients and care providers after discharge, score is not met

C.1.2.1

If the hospital conforms to clinical practice guidelines wherever appropriate, score is fully met

If the hospital does not conform to clinical practice guidelines wherever appropriate, score is not met

C.1.2.2

If the hospital implements a surgical checklist and guidelines including WHO guidelines on safe surgery, score is fully met.

If a checklist is used in some, but not all surgeries, score is partially met.

If the hospital does not implement a surgical checklist and guidelines for safe surgery, score is not met

C.1.2.3

If the hospital ensures invasive diagnostic procedures are carried out safely, and according to standard guidelines, score is fully met

If the hospital does not ensure invasive diagnostic procedures are carried out safely, and according to standard guidelines, score is not met

C.1.2.4

If the hospital implements guidelines to reduce venous thrombo-embolism, score is fully met.

If the hospital does not implement guidelines to reduce venous thrombo-embolism , score is not met

C.1.2.5

If the hospital screens patients to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection) and acts to reduce risk, score is fully met.

If the hospital does not screen patients to identify those vulnerable to harm and/or does not act to reduce risk, score is not met

C.1.2.6

If the hospital maintains a list of approved abbreviations of medical terms, score is fully met.

If the hospital does not maintain a list of approved abbreviations of medical terms, score is not met

C.1.2.7

If the hospital minimizes use of verbal and telephone orders for transmission of results, and “read back” is used where verbal communication is essential, score is fully met.

If the hospital does not minimize use of verbal and telephone orders for transmission of results, and/or “read back” is not used where verbal communication is essential, score not met

C.1.2.8

If the hospital has systems in place for safe and thorough handover of patients between clinical teams, score is fully met

If the hospital does not have systems in place for safe and thorough handover of patients between clinical teams, score is not met

C.1.3.1

If the hospital has a local clinical guideline committee that meets regularly to select, develop and ensure implementation of guidelines, protocols and checklists relevant to safety, score is fully met

If the hospital does not have a local clinical guideline committee that meets regularly to select, develop and ensure implementation guidelines, protocols and checklists relevant to safety, score is not met

C.2	Title	System to reduce HAI	Key respondent	Final score
	Measurement statement	The hospital has a system to reduce risk of healthcare -associated infections (HAI).		
	Rationale	To reduce morbidity and mortality and other negative consequences from healthcare-associated infections		
	Critical standard	C.2.1.1 The hospital has an infection prevention control programme including an organization scheme, guidelines, plan, and a manual.	Infection prevention and control nurse	
		C.2.1.2 The hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high risk areas.	Infection prevention and control nurse	
	Core standard	C.2.2.1 The hospital conforms to recognized guidelines for infection prevention and control, including WHO guidelines.	Infection prevention and control nurse	
		C.2.2.2 The hospital ensures continuous availability of essential functioning infection prevention and control equipment and supplies.	Infection prevention and control nurse	
		C.2.2.3 The hospital has a surveillance system for healthcare-associated infections.	Infection prevention and control nurse	
		C.2.2.4 The hospital has functioning isolation protocols, definitions and precautions.	Infection prevention and control nurse	
		C.2.2.5 The hospital implements policies and procedures for rational use of antibiotics to reduce resistance.	Infection prevention and control nurse	
		C.2.2.6 The hospital implements recognized guidelines for hand hygiene, including WHO guidelines.	Infection prevention and control nurse	
		C.2.2.7 Staff should be screened before employment and regularly afterwards for colonization and transmissible infections.	Infection prevention and control nurse	
		C.2.2.8 The hospital acts to protect staff, volunteers and visitors from healthcare-associated infections, including by provision of HBV vaccination.	Infection prevention and control nurse	
		C.2.2.9 The hospital has a functioning system for patient placement and management.	Infection prevention and control nurse	

Documents to be reviewed

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Observation (below)
- ✓ Read through the scoring guidelines

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

Verify information obtained from document review with

Interview with infection control officer

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

Observation

	Comments
Availability of essential functioning infection prevention and control equipment, personal protective equipment, and supplies.	
Availability of reminders	

Scoring guidelines

C.2.1.1

If the hospital has an infection prevention control programme including organization structure, guidelines, plan, and a manual, score is fully met.

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

If the hospital does not have an infection prevention control programme, score is not met.

C.2.1.2

If the hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high risk areas, score is fully met

If the hospital does not ensure proper cleaning, disinfection and sterilization of all equipment, score is not met

C.2.2.1

If the hospital conforms to recognized guidelines for infection prevention and control, including WHO guidelines, score is fully met.

If the hospital does not conform to recognized guidelines for infection prevention and control, including WHO guidelines, score is not met.

C.2.2.2

If the hospital ensures continuous availability of essential functioning infection prevention and control equipment and supplies, score is fully met.

If the hospital does not ensure continuous availability of essential functioning infection prevention and control equipment and supplies, score is not met.

C.2.2.3

If the hospital has a surveillance system for HAI, score is fully met.

If the hospital does not have a surveillance system for HAI, score is not met.

C.2.2.4

If the hospital has functioning isolation protocols, definitions and precautions, score is fully met.

If the hospital does not have functioning isolation protocols, definitions and precautions, score is not met.

C.2.2.5

If the hospital implements policies and procedures for rational use of antibiotics to reduce resistance, score is fully met

If the hospital does not implement policies and procedures for rational use of antibiotics to reduce resistance, score is not met.

C.2.2.6

If the hospital implements recognized guidelines for hand hygiene, including WHO guidelines, score is fully met.

If the hospital does not implement recognized guidelines for hand hygiene, including WHO guidelines, score is not met.

C.2.2.7

If 80 to 100 % of staff are screened before employment and regularly afterwards for colonization and transmissible infections, score is fully met.

If 60 -79 % of staff are screened before employment and regularly afterwards for colonization and transmissible infections, score is partially met.

If less than 60 % of staff are screened before employment and /or are irregularly screened afterwards for colonization and transmissible infections, score is not met.

C.2.2.8

If the hospital acts to protect staff, volunteers and visitors from healthcare-associated infections, including by HBV vaccination, score is fully met.

If the hospital does not act to protect staff, volunteers and visitors from healthcare-associated infections, including by HBV vaccination, score not met.

C.2.2.9

If the hospital has a functioning system for patient placement and management, score is fully met.

If hospital does not have a functioning system for patient placement and management, score is not met.

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

C.3	Title	Safe blood and blood products	Key respondent	Final score
	Measurement statement	The hospital ensures safety of blood and blood products.		
	Rationale	The hospital has a system to avoid adverse events that result from unsafe blood and blood products.		
	Critical standard	C.3.1.1 The hospital implements guidelines, including WHO guidelines, on safe blood and blood products	Blood bank manager	
		C.3.1.2 The hospital has safe pre-transfusion procedures e.g. recruitment, selection and retention of voluntary blood donors, blood screening (e.g. HIV, HBV).	Blood bank manager	
	Core standard	C.3.2.1 The hospital ensures that patient blood samples for cross-matching are securely identified with two unique identifiers.	Blood bank manager	
		C.3.2.2 The hospital performs safe administration of blood and blood products.	Blood bank manager	
		C.3.2.3 The hospital has a policy for post blood transfusion incident management.	Blood bank manager	
	Developmental standard	C.3.3.1 The hospital uses clinical practices that reduce blood loss and the need for blood transfusion	Blood bank manager	
		C.3.3.2 The hospital complies with guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids	Blood bank manager	

Documents to be reviewed

SN	PSS	Document	Availability	Comments from interviews
95	C.3.1.1	Hospital safe blood and blood products guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
96	C.3.1.2	Pre transfusion policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	

97	C.3.2.1	Cross matching policies and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
98	C.3.2.2	Safe administration of blood and blood products policies and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
99	C.3.2.3	Post blood exposure incident management. policies and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
100	C.3.3.1	Clinical practices that reduce blood loss and the need for blood transfusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
101	C.3.3.2.	Guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Verify information obtained from document review with

Interview with blood bank officer

Question	Answer
1. How does the hospital implement safe blood and blood product guidelines?	

Scoring guidelines

C.3.1.1

If the hospital implements guidelines, including WHO guidelines, on safe blood and blood products, score is fully met

If the hospital has guidelines on safe blood and blood products, but does not regularly implement them, score is partially met

If the hospital does not have guidelines on safe blood and blood products, score is not met

C.3.1.2

If the hospital implements safe pre-transfusion procedures e.g. recruitment, selection and retention of voluntary blood donors, blood screening (e.g. HIV, HBV), score is fully met.

If the hospital has safe pre-transfusion procedures, but does not regularly implement them, score is partially met.

If the hospital does not have safe pre-transfusion procedures, score is not met.

C.3.2.1

If the hospital ensures that patient blood samples for cross-matching are securely identified with two unique identifiers, score is fully met.

If the hospital has a cross-matching policy and procedures in place, score is partially met.

If the hospital does not have a cross-matching policy and procedures document, score not met.

C.3.2.2

If the hospital implements safe administration of blood and blood products, score is fully met.

If the hospital has a safe administration of blood and blood products policy and procedures document, with no evidence of implementation,, score is partially met.

If the hospital does not have a safe administration of blood and blood products policy and procedures document, score not met.

C.3.2.3

If the hospital implements post blood exposure incident management policies and procedures, score is fully met

If hospital has post blood exposure incident management policies and procedures, with no evidence of implementation, score is partially met

If the hospital does not have post blood exposure incident management policies and procedures, score is not met

C.3.3.1

If the hospital uses clinical practices that reduce blood loss and the need for blood transfusion, score is fully met

If the hospital does not use clinical practices that reduce blood loss and the need for blood transfusion, score is not met

C.3.3.2

If the hospital conforms to guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids, score is fully met

If hospital has guidelines on safe and appropriate prescribing of blood and blood products, with no evidence of implementation, score is partially met

If the hospital does not have guidelines on safe and appropriate prescribing of blood and blood products, score is not met.

C.4	Title	Safe injections, infusions, and immunizations	Key Respondent	Final Score
	Measurement statement	The hospital ensures safe injections, infusions, and immunization.		
	Rationale	The hospital has processes to prevent adverse events that result from unsafe injections, infusions, and immunization.		
	Core standard	C.4.2.1 The hospital has systems in place to ensure safe injection practice through: *C.4.2.1.1 preventing reuse of needles at hospital C.4.2.1.2 educating of patients and families regarding transmission of blood borne pathogens; C.4.2.1.3 ensuring safe sharp disposal practices e.g. no recapping, safety boxes.	Nurse	

- *C.4.2.1.1 and C.4.2.1.2 and C.4.2.1.3 are substandards under one standard. Thus the maximum score that can be attained collectively for all 3 substandards is 1.*

Documents to be reviewed

SN	PSS	Document	Availability	Comments on interviews
102	C.4.2.1	<ul style="list-style-type: none"> • Safe injection policies and procedures • Anaphylactic reaction guidelines 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with hospital management

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

Observation

	Comments
Ensuring safe syringe disposal practices e.g. no recapping, safety boxes.	
Skin preparation (aseptic) before administration of any injections, infusions, and immunization.	

Scoring guidelines

C.4.2.1

If the hospital has systems in place to ensure safe injection practice and monitors it (and all 3 substandards are met), score is fully met

If the hospital has systems in place to ensure safe injection practices, **with no evidence of monitoring or any of the 3 substandards is not met**, score is partially met

If the hospital does not have systems in place to ensure safe injection practices, score is not met.

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

C.5.	Title	Medication management system	Key respondent	Final score
	Measurement statement	The hospital has a safe medication system.		
	Rationale	The hospital has a medication management system to ensure patient safety.		
	Critical standard	C.5.1.1 The hospital ensures availability of life saving medications at all times.	Chief pharmacist	
	Core standard	C.5.2.1 The hospital's safe medication system covers the following: <ul style="list-style-type: none"> • selection and procurement, • storage of medication, • ordering and transcribing, • preparing and dispensing, • administration and follow-up. 	Chief pharmacist	
		C.5.2.2 The hospital ensures legible handwriting when prescribing or writing doctors' orders.	Chief pharmacist	
		C.5.2.3 The hospital ensures medicine reconciliation at admission and discharge	Doctor	
		C.5.2.4 The hospital ensures patient (or carer) education about medication at discharge	Nurse	
	Developmental standard	C.5.3.1 The hospital has a process to ensure pharmacist review of medication orders	Pharmacist	
		C.5.3.2 The hospital has a policy and procedures to manage medication error	Pharmacist	

Documents to be reviewed

SN	PSS	Document	Availability	Comments on interviews
103	C.5.2.1 C.5.2.2 C.5.2.3 C.5.1.1	Medication records, doctor orders, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
104	C.5.1.1 C.5.2.1 C.5.2.2 C.5.2.3	Safe medication policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with pharmacist

Question	Answer (Yes/No)
1. Does the hospital have a safe medication system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. If so, what does it cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ selection and procurement, storage,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Ordering and transcribing,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Preparing and dispensing, administration and follow-up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the hospital have an effective automated medication alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the following technology used in the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ computerized physician order entry and decision support		
▪ bar coding technology	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Observation

	Comments
Look alike sound alike medication storage	
High concentrated solutions	
Storage by expiry date	
Dispensing of medication	
Life saving medication access	
Drug interaction and adverse drug reactions	

Scoring guidelines

C.5.1.1

If the hospital ensures availability of life saving medications at all times through an implemented policy and evidence of continuous monitoring, score is fully met.

If the hospital ensures availability of life saving medications at all times through policy and no evidence of continuous monitoring, score is partially met.

If the hospital does not ensure availability of life saving medications at all times through an implemented policy and with no evidence of continuous monitoring, score is not met

C.5.2.1

If the hospital has evidence of an implemented safe medication system that covers the following:

- selection and procurement,
- storage of medication,
- ordering and transcribing,
- preparing and dispensing,
- administration and follow-up.

and monitors its implementation, score is fully met.

If the hospital has a safe medication system that covers some of the following:

- selection and procurement,
- storage of medication,
- ordering and transcribing,
- preparing and dispensing,
- administration and follow-up.

And/or does not monitor its implementation, score is partially met.

If the hospital does not have safe medication system and does not monitor its implementation, score is not met

C.5.2.2

If the hospital monitors and ensures legible handwriting when prescribing or writing doctors' orders, score is fully met.

If the hospital requests legible handwriting when prescribing or writing doctor's orders, score is partially met.

If the hospital does not ensure legible handwriting when prescribing or writing doctors' orders, score is not met.

C.5.2.3

If the hospital implements and monitors medicine reconciliation at admission and discharge, score is fully met

If the hospital implements, but does not monitor, medicine reconciliation at admission and discharge, score is partially met

If the hospital does not implement medicine reconciliation at admission and discharge, score is not met

C.5.3.1

If the hospital implements a process to ensure pharmacist review of medication orders to prevent drug interactions and drug-food interaction, score is fully met

If the hospital does not implement a process to ensure pharmacist review of medication orders to prevent drug interactions and drug-food interaction, score is not met

C.5.3.2

If the hospital has an implemented and monitored policy to manage medication error, score is fully met.

If the hospital has an implemented policy to manage medication error, but the policy is not monitored, score is partially met.

If the hospital does not have a policy to manage medication error, score is not met.

- ✓ *Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring*
- ✓ *Review the documents listed below.*
- ✓ *Confirm data through interviews whenever necessary*
- ✓ *Read through the scoring guidelines*

C.6	Title	Medical records system	Key respondent	Final score
	Measurement statement	The hospital has a structured medical records system.		
	Rationale	The hospital has a medical records system to ensure patient safety, record accessibility and confidentiality.		
	Core standard	C.6.2.1 The hospital has and maintains a medical records archiving system.	Medical records staff member	
		C.6.2.2 The hospital ensures that each and every patient has a single completed medical record with a unique identifier.	Medical records staff member	
		C.6.2.3 The hospital uses standardized codes for diseases [ICD], diagnosis and procedures.	Medical records staff member	
		C.6.2.4 The hospital ensures that medical records are easily accessed by the care providers whenever needed	Medical records staff member	
	Developmental standard	C.6.3.1 Patients should have access to their medical records with the opportunity to review and amend.	Medical records staff member	
		C.6.3.2 The hospital has an automated information management and electronic medical records with an appropriate backup system.	Medical records staff member	
		C.6.3.3 The hospital has a computerized physician order entry.	Medical records staff member	
		C.6.3.4 The hospital has an effective automated clinical alarm system.	Medical records staff member	

Documents to be reviewed

SN	PSS	Document	Availability	Comments on interviews
105	C.6.2.1 C.6.2.2 C.6.2.3	Medical records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
106	C.6.2.4	Policies and procedures for medical records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
107	C.6.3.2 C.6.3.3 C.6.3.4	Automated information system	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with medical records officer

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

Observation

	Comments
Archiving	

Medical records review

	Comments
Completeness	
Patient identification	
Consent	
Handwriting	
Nurse notes	
Doctor notes	
Disease coding	

Scoring guidelines

C.6.2.1

If the hospital has and maintains a medical records archiving system, score is fully met.

If the hospital has a medical records archiving system, score is partially met.

If the hospital does not maintain a medical records archiving system, score is not met.

C.6.2.2

If each and every patient has a single completed medical record with a unique identifier, score is fully met.

If each and every patient does not have a single completed medical record with a unique identifier, score is not met.

C.6.2.3

If the hospital uses standardized codes for diseases [ICD], diagnosis and procedures, score is fully met.

If the hospital does not use standardized codes for diseases [ICD], diagnosis and procedures, score is not met.

C.6.2.4

If medical records are easily accessed by the care providers whenever needed, score is fully met.

If medical records are not easily accessed by the care providers whenever needed, score is not met.

C.6.3.1

If patients have access to their medical records with the opportunity to review and amend, score is fully met

If patients do not have access to their medical records with the opportunity to review and amend, score is not met

C.6.3.2

If the hospital has an automated information management and electronic medical records with an appropriate backup system, score is fully met

If the hospital does not have an automated information management and electronic medical records with appropriate backup system, score is not met

C.6.3.3

If the hospital has a computerized physician order entry, score is fully met

If the hospital does not have a computerized physician order entry, score is not met

C.6.3.4

If the hospital has an effective automated clinical alarm system, score is fully met

If the hospital does not have an effective automated clinical alarm system, score is not met

Domain D: Safe environment standards

Domain	Subdomain	Number of standards		
		Critical	Core	Developmental
D. Safe environment standards	D.1 The hospital has a safe and secure physical environment for patients, staff, volunteers, and visitors.	0	15	0
	D.2 The hospital has a safe waste management system.	2	4	0
		2	19	0

D. Safe environment standards:

D.1	Title	Safe physical environment	Key respondent	Final score
	Measurement statement	The hospital has a safe and secure physical environment for patients, staff, volunteers, and visitors.		
	Rationale	The hospital establishes and maintains a safe environment to ensure safety for all.		
	Core standard	D.1.2.1 The hospital has a multi-disciplinary environmental safety committee.	Environmental safety staff member	
		D.1.2.2 The hospital design should be maximized to provide a safe environment, including for infection control.	Environmental safety staff member	
		D.1.2.3 The hospital should establish a preventative maintenance programme for its physical environment.	Environmental safety staff member	
		D.1.2.4 The hospital implements a security programme.	Environmental safety staff member	
		D.1.2.5 The hospital ensures staff should display personal identification.	Environmental safety staff member	
		D.1.2.6 The hospitals should use secure areas where appropriate.	Environmental safety staff member	
		D.1.2.7 The hospital implements an external emergency plan.	Environmental safety staff member	
		D.1.2.8 The hospital implements an internal emergency plan.	Environmental safety staff member	
		D.1.2.9 The hospital implements a fire and smoke safety programme with an evacuation plan.	Environmental safety staff member	
		D.1.2.10 The hospital has an effective utility system plan. It includes: water, medical gases, fuel, communication systems, and is composed of preventative maintenance and a backup plan in case of failure or interruption.	Environmental safety staff member	
		D.1.2.11 The hospital has a radiation safety programme.	Environmental safety staff member	
		D.1.2.12 The hospital displays warning signs marking unsafe areas.	Environmental safety staff member	
		D.1.2.13 The hospital supplies appropriate and safe food and drinks for patients, staff and visitors.	Environmental safety staff member	
		D.1.2.14 The hospital maintains a clean environment.	Environmental safety staff member	
		D.1.2.15 The hospital has a smoke free policy.	Environmental safety staff member	

Documents to be reviewed

SN	PSS	Document	Availability	Comments on interviews
108	D.1.2.1	Notification letter of a multi-disciplinary environmental safety committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
109	D.1.2.1	Terms of reference of the multi-disciplinary environmental safety committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
110	D.1.2.1 D.1.2.2	Minutes of multi-disciplinary environmental safety committee meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
111	D.1.2.3	Policies and procedures for building safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
112	D.12.3	Preventative maintenance for physical environment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
113	D.1.2.4 D.1.2.6	Security policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
114	D.1.2.5	Staff identification policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115	D.1.2.7	External disaster action plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
116	D.1.2.8	Internal disaster action plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
117	D.1.2.9	Fire and smoke safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
118	D.1.2.7 D.1.2.8 D.1.2.9	Training records for fire and smoke safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
119	D.1.2.10	Preventative maintenance utility records and a backup plan in case of failure or interruption.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
120	D.1.2.11	Radiation safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
121	D.1.2.13	Food safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
122	D.1.2.13	Screening of kitchen staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
123	D.1.2.14	Housekeeping policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
124	D.1.2.15	Smoke-free policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with hospital management

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

Observation

	Comments
Warning signs	
Directive signs	
Hospital restricts access by a security system or personnel	
Floors are slip resistant	
Handrails provided on all slopes	
Resting places	
Doors allow wheelchair or trolley	
Staff members identified by ID badges	
Cleanliness	
No smoke policy	

Scoring guidelines

D.1.2.1

If the hospital has a multi-disciplinary environmental safety committee that meets on a regular basis, score is fully met.

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

If the hospital does not have a multi-disciplinary environmental safety committee, score is not met.

D.1.2.2

If the hospital design provides a safe environment, score is fully met.

If the hospital design does not provide a safe environment, score is not met

D.1.2.3

If the hospital has a preventative maintenance programme for its physical environment, score is fully met

If the hospital does not have a preventative maintenance programme for its physical environment, score is not met

D.1.2.4

If the hospital has an implemented security programme, score is fully met

If the hospital does not have an implemented security programme, score is not met

D.1.2.5

If the hospital ensures staff display personal identification, score is fully met

If the hospital does not ensure that staff display personal identification, score is not met

D.1.2.6

If the hospital uses secure areas where appropriate, score is fully met.

If the hospital does not use secure areas where appropriate, score is not met.

D.1.2.7

If the hospital implements an external emergency plan, score is fully met

If the hospital has an external emergency plan, score is partially met

If the hospital does not have an external emergency plan, score is not met

D.1.2.8

If the hospital implements an internal emergency plan, score is fully met

If the hospital has an internal emergency plan, score is partially met

If the hospital does not have an internal emergency plan, score is not met

D.1.2.9

If the hospital implements a fire and smoke safety programme with an evacuation plan, score is fully met

If the hospital has a fire and smoke safety programme with an evacuation plan, but with no evidence of training or implementation, score is partially met

If the hospital does not have a fire and smoke safety programme with an evacuation plan, score is not met

D.1.2.10

If the hospital has an effective utility system plan including water, medical gases, fuel, communication systems, and the system includes measures for preventative maintenance and a backup plan in case of failure or interruption, score is fully met

If the hospital does not have an effective utility system plan, score is not met

D.1.2.11

If the hospital demonstrates a radiation safety programme, score is fully met

If the hospital does not demonstrate a radiation safety programme, score is not met

D.1.2.12

If the hospital demonstrates warning signs marking unsafe areas, score is fully met

If the hospital does not demonstrate warning signs marking unsafe areas, score is not met

D.1.2.13

If the hospital supplies appropriate and safe food and drink for patients, staff and visitors, score is fully met

If the hospital does not supply appropriate and safe food and drink for patients, staff and visitors, score is not met

D.1.2.14

If the hospital maintains a clean environment, score is fully met

If the hospital does not maintain a clean environment, score is not met

D.1.2.15

If the hospital implements a smoke free policy, score is fully met

If the hospital has a smoke free policy, with no evidence of full implementation, score is partially met

If the hospital does not have a smoke free policy, score is not met

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

Documents to be reviewed

SN	PSS	Document	Availability	Comments on interviews
125	D.2.1.1	Healthcare waste management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
126	D.2.1.1 D.2.2.1	Healthcare waste management policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
127	D.2.1.2	Sharps management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
128	D.2.2.2	Biological waste management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
129	D.2.2.3	Chemical waste management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
130	D.2.2.4	Radiological waste management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with healthcare waste management officer

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

Observation

	Comments
Segregation of waste	
Storage	
Transfer	

Scoring guidelines

D.2.1.1

If the hospital segregates waste according to hazard level and color codes it, score is fully met.

If the hospital does not segregate waste according to hazard level and does not color code it, score is not met.

D.2.1.2

If the hospital conforms to guidelines on management of sharps, including WHO*guidelines, score is fully met

If the hospital does not conform to guidelines on management of sharps, including WHO guidelines, score is not met

D.2.2.1

If the hospital conforms to guidelines on safe management of waste from health care activities, including WHO guidelines*, score is fully met

If the hospital does not conform to guidelines on safe management of waste from health care activities, score is not met

D.2.2.2

If the hospital conforms to guidelines on management of biological waste, including WHO* guidelines, score is fully met

If the hospital does not conform to guidelines on management of biological waste, score is not met

D.2.2.3

If the hospital conforms to guidelines on management of chemical waste, including WHO *guidelines, score is fully met

If the hospital does not conform to guidelines on management of chemical waste, score is not met

D.2.2.4

If the hospital conforms to guidelines on management of radiological waste, including WHO *guidelines, score is fully met

If the hospital does not conform to guidelines on management of radiological waste, score not met

- *WHO guidelines are preferred but relevant alternative guidelines are acceptable.

Domain E: Lifelong learning standards

E. Lifelong learning standards	E.1 The hospital has a staff professional development programme with patient safety as a cutting theme.	0	3	0
	E.2 The hospital verifies competency (particular issue knowledge).	0	0	2
	E.3 The hospital conducts research in patient safety on ongoing basis	0	3	3
		0	6	5

E-Lifelong learning standards

E.1	Title	Staff professional development programme	Key respondent	Final score
	Measurement statement	The hospital has a staff professional development programme with patient safety as a cutting theme.		
	Rationale	The hospital has a staff professional development programme to ensure staff awareness of and training on patient safety.		
	Core standard	E.1.2.1 All hospital staff are provided with a patient safety orientation programme.	Staff professional development programme coordinator	
		E.1.2.2 The hospital promotes ongoing training for all staff to ensure safe patient care.	Staff professional development programme coordinator	
		E.1.2.3 All staff are familiar with the reporting procedure for near misses, adverse events and sentinel events and steps to be taken during or after an adverse event.	<ul style="list-style-type: none"> • Nurse • Doctor 	

Documents to be reviewed

SN	PSS	Document	Availability	Comments on interviews
131	E.1.2.1	Patient safety orientation training manual	<input type="checkbox"/> Yes <input type="checkbox"/> No	
132	E.1.2.2	Patient safety training kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
133	E.1.2.1 E.1.2.2	Staff professional development records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
134	E.1.2.3	Relevant policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
135	E.1.2.3	Percentage of hospital staff trained in patient safety reporting system and patient safety.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with hospital management

Question	Answer (Yes/No)
1. Does the hospital have a patient safety orientation programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the hospital have a staff professional development programme with patient safety as a cutting theme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If so, what does it include?	

Scoring guidelines

E.1.2.1

If 80-100% of hospital staff were provided with a patient safety orientation programme, score is fully met.

If 60-79% of hospital staff were provided with a patient safety orientation programme, score is partially met

If less than 60% of hospital staff were provided with a patient safety orientation programme, score is not met

E.1.2.2

If the hospital promotes ongoing training for 80-100% of staff to ensure safe patient care, score is fully met

If the hospital promotes ongoing training for 60-79% of staff to ensure safe patient care, score is partially met

If the hospital promotes ongoing training for less than 60% of staff to ensure safe patient care, score is not met

E.1.2.3

If 80-100% of staff are familiar with the reporting procedures for near misses, adverse events and sentinel events and steps to be taken during or after an adverse event, score is fully met.

If 60-79% of staff are familiar with the reporting procedures for near misses, adverse events and sentinel events and steps to be taken during or after an adverse event, score is partially met

If less than 60% of staff are familiar with the reporting procedures for near misses, adverse events and sentinel events and steps to be taken during or after an adverse event, score is not met

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

Documents to be reviewed

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

SN	PSS	Document	Availability	Comments on interviews
136	E.2.3.1	Staff qualifications records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
137	E.2.3.2	Medical credentialing records	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with staff professional development programme coordinator

Question	Answer (Yes/No)
1. Does the medical staff committee monitor competency (qualifications) for all healthcare professionals working in the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the hospital verify competency for all health professionals working through an internal medical credentialing committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes, what evidence supports this?	

Scoring guidelines

E.2.3.1

If the medical staff committee monitors competency for 80-100% of healthcare professionals, score is fully met.

If the medical staff committee monitors competency for 60-79% of healthcare professionals, score is partially met.

If the medical staff committee monitors competency for less than 60% of healthcare professionals, score is not met.

E.2.3.2

If the hospital verifies the credentials of 80-100% healthcare professionals including staff received from other national, regional and international institutions, score is fully met

If the hospital verifies the credentials of 60-79% healthcare professionals including staff received from other national, regional and international institutions, score is partially met

If the hospital verifies the credentials of less than 60% healthcare professionals including staff received from other national, regional and international institutions, score is not met

E3	Title	Research in patient safety	Key respondent	Final score
	Measurement statement	The hospital conducts research in patient safety on an ongoing basis.		
	Rationale	The hospital conducts research to assess magnitude and nature of adverse event to ensure safer care.		
	Core standard	E.3.2.1 The hospital conducts WHO cross-sectional studies to assess the magnitude and nature of adverse events to ensure safer care on a regular basis at least once every quarter.	Patient safety officer	
		E.3.2.2 All patient safety research is approved and monitored by the patient safety internal body according to the needs of the hospital.	Patient safety officer	
		E.3.2.3 The hospital generates internal research reports that include statistics on frequency of iatrogenic harm and communicates results for action both internally and externally.	Patient safety officer	
	Developmental standard	E.3.3.1 The hospital conducts retrospective studies to assess the magnitude and nature of adverse event to ensure safer care on a regular basis.	Patient safety officer	
		E.3.3.2 Staff are trained to use scientific research tools to address patient safety problems.	Patient safety officer	
		E.3.3.3 The hospital uses large data sets and prospective studies to assess the magnitude and nature of adverse event to ensure safer care.	Patient safety officer	

Documents to be reviewed

- ✓ Read the standard, rationale, critical criteria, core criteria, developmental criteria and scoring
- ✓ Review the documents listed below.
- ✓ Confirm data through interviews whenever necessary
- ✓ Read through the scoring guidelines

SN	PSS	Document	Availability	Comments on interviews
138	E.3.2.1	Cross-sectional study reports and action plan for patient safety improvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
139	E3.2.2	Patient safety internal body minutes of meeting and records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
140	E3.2.3	Internal research reports that include statistics on frequency of iatrogenic harm and	<input type="checkbox"/> Yes <input type="checkbox"/> No	
141	E3.3.1	Retrospective record review study reports and action plan for patient safety improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
142	E.3.3.2	Patient safety task force reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
143	E3.3.3	Large data sets and prospective study reports and action plan for patient safety improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify information obtained from document review with

Interview with patient safety coordinator

Question	Answer (Yes/No)
1. Does the hospital conduct cross-sectional studies to assess the magnitude and nature of adverse events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If so, how frequently?	
3. Does the patientsSafetyinternal body approve and monitor patient safety research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the hospital conduct retrospective record review studies to assess the magnitude and nature of adverse events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If so, how frequently?	
6. Does the patient safety task forces use scientific tools e.g. root cause analysis and improvement tools e.g. PDSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the hospital publish internal research reports that include statistics on frequency of iatrogenic harm and does it communicate results for action both internally and externally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the hospital use large data sets and prospective studies to assess the magnitude and nature of adverse events?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Scoring guidelines

E.3.2.1

If the hospital conducts cross-sectional studies to assess the magnitude and nature of adverse events at least once every quarter, score is fully met.

If the hospital conducts cross-sectional studies to assess the magnitude and nature of adverse event on an irregular basis, score is partially met.

If the hospital does not conduct cross-sectional studies to assess the magnitude and nature of adverse events, score is not met.

E.3.2.2

If all patient safety research is approved and monitored by the patient safety internal body according to the needs of the hospital, score is fully met.

If all patient safety research is approved by the patient safety internal body according to the needs of the hospital, **but there is no evidence of monitoring**, score is partly met.

If all patient safety research is neither approved nor monitored by the patient safety internal body according to the needs of the hospital, score is not met.

E.3.2.3

If the hospital generates internal research reports that include statistics on frequency of iatrogenic harm and communicates results for action both internally and externally on a regular basis, score is fully met.

If the hospital generates internal research reports that include statistics on frequency of iatrogenic harm and communicates results for action both internally and externally on an irregular basis, score is partially met.

If the hospital does not generate internal research reports that include statistics on frequency of iatrogenic harm and does not communicate results for action, score is not met.

E.3.3.1

If the hospital conducts retrospective studies to assess the magnitude and nature of adverse events on a regular basis, score is fully met

If the hospital conducts retrospective studies to assess the magnitude and nature of adverse events on an irregular basis, score is partially met

If the hospital does not conduct retrospective studies to assess magnitude and nature of adverse events, score is not met

E.3.3.2

If 80 to 100 % of staff are trained to use scientific research tools to address patient safety problems, score is fully met

If 60 to 79 % of staff are trained to use scientific research tools to address patient safety problems, score is partially met

If less than 60% of staff are trained to use scientific research tools to address patient safety problems, score is not met

E.3.3.3
If the hospital uses large data sets and prospective studies to assess the magnitude and nature of adverse events on a regular basis, score is fully met

If the hospital uses large data sets and prospective studies to assess the magnitude and nature of adverse events on an irregular basis, score is partially met

If the hospital does not use large data sets and prospective studies to assess the magnitude and nature of adverse events, score is not met

Section 2

Patient safety friendly hospital assessment tools

Preamble

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

This section has 4 subsections: a. Brief information on the hospital; b. document review- all documents across the five assessment domains have been put in one section; c. observation tour-this tool puts together requisite observation sites for collection of information on those aspects that need to be observed and noted by visiting different units or departments in a hospital; d. interview tools- these include several questionnaires that help in obtaining specific information from different hospital staff or patients during the assessment. They are arranged such that all questions, across all five domains, that need to be addressed by the evaluator to each individual staff are collected in one interview. This section also contains a proposed agenda for the assessment visit and a sheet for the evaluators to mark the scoring for all the critical standard.

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

Hospital in brief

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

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

3. List the top five medical discharge diagnoses and the top five surgical procedures performed:
Top five medical diagnoses
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.Top five surgical procedures
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

4. List non-medical services that support the hospital:

5. List any contracted (out sourced) services :

6. Do you operate an ambulance car/s?

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

Documents to be reviewed

SN	PSS	Document	Availability	Comments from interviews
1	A.1.1.1	Document demonstrating a patient safety strategy (hospital strategy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	A.1.1.1	The hospital's patient safety action plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	A.1.1.2	Notification letter for appointment of a senior patient safety staff member	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	A.1.1.2	Terms of reference of the senior patient safety staff member	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	A.1.1.3	The patient safety annual budget plan (hospital budget)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	A.1.1.4	Last adverse event report	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	A.1.1.5	Patient safety executive walk reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	A.1.1.6	A written and approved code of ethics policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	A.1.2.1	Patient safety is included in employees' satisfaction questionnaires.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	A.1.2.2	Staff attitudes towards patient safety culture questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	A1.2.2	Results of staff attitudes towards patient safety culture and actions taken towards gathered data.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	A.2.1.1	Hospital organ gram (organizational structure)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	A.2.1.1	Patient safety unit terms of reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	A.2.1.2	Notification letter for patient safety officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	A.2.1.2	Patient safety officer terms of reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	A.2.1.3	Risk management reactive reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	A.2.1.4	Minutes of mortality and morbidity meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18	A.2.1.5	Patient safety audit reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	A.2.1.6	Patient safety internal body minutes over the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	A.2.1.7	Internal patient safety reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	A.2.2.1	External patient safety reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	A.2.2.2	Risk management proactive reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	A.3.1.1	Targets related to patient safety goals(hospital strategy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	A.3.1.2	Patient safety process and output measures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	A.3.2.1	Patient safety performance management reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26	A.3.2.2	Patient safety benchmarking results and action plan for improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27	A.4.1.1	Essential Equipment list	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28	A.4.1.2	Policies and procedures for preventative	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SN	PSS	Document	Availability	Comments from interviews
		equipment maintenance.		
29	A.4.1.2	Maintenance contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30	A.4.1.2	Preventative equipment maintenance reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31	A.4.1.3	Policies and procedures for corrective equipment maintenance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32	A.4.1.4	Staff training records on training on relevant medical equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33	A.4.1.5	Policies and procedures for decontamination and sterilization of all reusable medical devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34	A.4.1.6	Essential supplies list	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	A.5.2.1 A.5.2.3	Duty rosters for clinical staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36	A.5.2.2 A.5.2.3	Duty rosters for non clinical support staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37	A.5.2.4	Staff qualifications and licenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39	A.5.2.6	Occupational health programme records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40	A.6.1.1	Policies and standard operating procedures manuals for all departments and services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41	A.6.1.2	Staff training records about relevant SOP.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
42	B.1.1.1	A written and approved patient and family rights statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43	B.1.1.2	A written and approved patient and family rights statement in which patient safety is incorporated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
44	B.2.1.1	Educational material used: may include flyers, literature, lectures notes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
45	B.2.1.1	Minutes of last three disease specific support group meetings and their signature of attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
47	B.3.1.1	Patient identifiers policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48	B.3.1.1	Patient identification protocol for patients without identification or with the same name	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50	B.4.1.2	Minutes of last 3 community involvement meetings and events	<input type="checkbox"/> Yes <input type="checkbox"/> No	
51	B.4.1.3	Patient safety press releases	<input type="checkbox"/> Yes <input type="checkbox"/> No	
53	B.5.2.1	Patient safety incident reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
54	B.5.2.1	Adverse event disclosure policy and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
55	B.5.2.2	Health care mediator TOR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
56	B.6.1.1	Reports on leadership walk rounds, focus group reports, complaint letters, safety hotline, staff feedback, and suggestion box comments and action taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
57	B.6.1.1	Patient satisfaction survey results, analysis and action taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SN	PSS	Document	Availability	Comments from interviews
58	B.6.1.2	Feedback to patients on how their complaints were managed and changes that have taken place to prevent further recurrence of the complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No	
60	B.6.1.3	Information circulars, brochures etc. on patient safety, health literacy and patient well-being	<input type="checkbox"/> Yes <input type="checkbox"/> No	
62	B.7.1.1 B.7.1.2 B.7.1.3	Patient satisfaction surveys and results	<input type="checkbox"/> Yes <input type="checkbox"/> No	
63	B.7.1.1 B.7.1.4	Employee satisfaction surveys and results	<input type="checkbox"/> Yes <input type="checkbox"/> No	
64	C.1.1.1	Clinical practice guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
65	C.1.1.1	Staff training records in clinical practice guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
67	C.1.1.2	Safe surgery guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
68	C.1.1.2	Staff training records in safe surgery guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
70	C.1.1.3	Invasive diagnostic procedure guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
71	C.1.1.3	Staff training records in invasive diagnostic procedure guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
73	C.1.1.4	Guidelines to reduce venous thrombo-embolism	<input type="checkbox"/> Yes <input type="checkbox"/> No	
74	C.1.1.4	Staff training records in guidelines to reduce venous thrombo-embolism	<input type="checkbox"/> Yes <input type="checkbox"/> No	
75	C.1.1.5	Checklist to screen patients to identify those vulnerable to harm (e.g. falls, pressure ulcers, suicide, malnutrition, infection) and guidelines to reduce risk	<input type="checkbox"/> Yes <input type="checkbox"/> No	
77	C.1.1.6	List of standardized abbreviations of medical terms.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
78	C.1.1.7	Policy to minimize use of verbal and telephone orders and transmission of results	<input type="checkbox"/> Yes <input type="checkbox"/> No	
79	C.1.1.8	Policy for communication for urgent critical results	<input type="checkbox"/> Yes <input type="checkbox"/> No	
80	C.1.1.9	Policy for communication of pending test results to patients and care providers after discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	
81	C.1.1.10	Policy for handover of patients between clinical teams (including shift staff)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
82	C.1.2.1	Clinical audit reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
83	C.1.2.1	Reports of meetings for continuous systemic review of best practices in patient safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
84	C.2.1.1	Infection control organizational structure and terms of reference of infection prevention and control committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SN	PSS	Document	Availability	Comments from interviews
85	C.2.1.1	Minutes of infection prevention and control committee meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
86	C.2.1.1 C.2.1.11	Infection control policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
87	C.2.1.2	Infection prevention and control guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
88	C.2.1.3	List of essential functioning infection prevention and control equipment, personal protective equipment and supplies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
89	C.2.1.4	Healthcare-associated infection surveillance reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
90	C.2.1.5	Isolation protocols for specific infectious diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	
91	C.2.1.6	Policies and procedures for rational use of antibiotics to reduce resistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
92	C.2.1.7	Policies and procedures for decontamination and sterilization of equipment with special emphasis on high risk areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
93	C.2.1.8	Hand hygiene guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
94	C.2.1.9 C.2.1.10	Staff occupational safety records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
95	C.3.1.1	Hospital safe blood and blood products guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
96	C.3.1.2	Cross matching policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
97	C.3.1.3	Pre transfusion policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
98	C.3.1.4	Safe administration of blood and blood products policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
99	C.3.1.5	Post blood exposure incident management: policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
100	C.3.2.1	clinical practices that reduce blood loss and the need for blood transfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
101	C.3.2.2	Guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
102	C.4.1.1	Safe injection policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
103	C.5.1.1 C.5.1.2 C.5.1.3 C.5.1.4	Medication records, doctor orders, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
104	C.5.1.1 C.5.1.2 C.5.1.3 C.5.1.4	Safe medication policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
106	C.6.1.4	Policies and procedures for medical record completion and archiving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
107	C.6.2.2 C.6.2.3	Automated information system	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SN	PSS	Document	Availability	Comments from interviews
	C.6.2.4			
108	D.1.1.1	Notification letter of multi-disciplinary environmental safety committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
109	D.1.1.1	Terms of reference of multi-disciplinary environmental safety committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
110	D.1.1.1 D.1.1.2	Minutes of multi-disciplinary environmental safety committee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
111	D.1.1.3	Policies and procedures for hospital building safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
112	D.1.1.3	Document (s) indicating preventative maintenance for physical environment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
113	D.1.1.4 D.1.1.6	Security policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
114	D.1.1.5	Staff identification policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115	D.1.1.7	External disaster action plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
116	D.1.1.8	Internal disaster action plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
117	D.1.1.9	Fire and smoke safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
118	D.1.1.7 D.1.1.8 D.1.1.9	Training records for fire and smoke safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
119	D.1.1.10	Preventative maintenance utility records and backup plan in case of failure or interruption.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
120	D.1.1.11	Radiation safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
121	D.1.1.13	Food safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
122	D.1.1.13	Screening of kitchen staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
123	D.1.1.14	Housekeeping policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
124	D.1.1.15	Smoke-free policy document	<input type="checkbox"/> Yes <input type="checkbox"/> No	
125	D.2.1.1	Healthcare waste management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
126	D.2.1.1 D.2.1.2	Healthcare waste management policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
127	D.2.1.3	Biological waste management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
128	D.2.1.4	Sharps management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
129	D.2.1.5	Chemical waste management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
130	D.2.1.6	Radiological waste management guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
131	E.1.1.1	Patient safety orientation training manual	<input type="checkbox"/> Yes <input type="checkbox"/> No	
133	E.1.1.1 E.1.1.2	Staff professional development records.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
135	E.1.1.3	Document indicating the percentage of hospital staff and patients trained in patient safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
136	E2.1.1	Staff qualification records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
137	E2.2.1	Medical credentialing records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
138	E.3.2.1	Cross-sectional study reports and action plan for patient safety improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
139	E3.2.2	Patient safety internal body minutes of	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SN	PSS	Document	Availability	Comments from interviews
		meetings and records		
140	E3.2.3	Internal research reports that include statistics on frequency of iatrogenic harm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
141	E3.2.1	Retrospective record review studies reports and action plan for patient safety improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
142	E3.2.2	Patient safety task force reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
143	E3.3.3	Large data sets and reports on prospective studies	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OBSERVATION TOUR

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

Observation

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

A.1.4	Comments
Availability of essential supplies and equipment	
Decontamination and sterilization	

Go to reception, admission office

B.1	Comment
Patient and family rights statement is visible throughout the hospital	

Go to patient wards

B3	Comments
Patient identification bands	
Allergy identification bands	
B7	Comments
Entertainment for patients e.g. music, TV, films, library	
place for prayers	
C1	Comments
Availability of guidelines	
C2	Comments
Availability of essential functioning infection prevention and control equipment, personal protective equipment, and supplies.	
Availability of reminders (e.g. for hand washing)	
isolation rooms, pressure monitoring devices functioning properly	
C4	Comments
Ensuring safe syringe disposal practices e.g. no recapping, safety boxes.	
Skin preparation (aseptic) before administration of any injections, infusions, and immunization.	

Go to pharmacy

C5	Comments
storage system for medications with similar names but different functions (relevant to the WHO look alike sound alike patient safety solution)	
Highly concentrated solutions	
Storage by expiry date	
Dispensing of medication	
Life saving medication access	
Drug interaction and adverse drug reaction policies	
Are medication carts and medication rooms locked	

Go to medical records

C6	Comments
Archiving system	
computer screens not visible to the public	

patient records secure	
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General

D1	Comments
Warning signs around the hospital, indicating potential harm, e.g. slippery floors	
Directive signs	
Hospital restricts access of individuals by use of a security system or otherwise	
Floors are slip resistant	
Handrails provided on all slopes	
Resting places	
Doors allow wheel chair or trolley	
all fire extinguishers have current tags	
sprinkler heads and smoke detectors free of dust and paint	
Cleanliness	
No smoke policy	
lights function properly	
emergency call cords accessible to patients in toilet and bathing areas	
Bathrooms are in good condition	
staff wearing an identification badge and an appropriate uniform	
fire doors, aisles, and exits kept clear	
full and empty oxygen cylinders stored separately in upright position	

D2	Comments
Segregation of waste	
Storage	
Transfer	

Hospital manager interview

Hospital manager interview: Chief executive officer Medical director Senior patient safety staff Other please mention

The hospital has patient safety as a strategic priority. This strategy is being implemented through a detailed action plan.				A.1.1.1
Observation	Document review	Interview answer	Interview question	
<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> Hospital strategy	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.Does the hospital have patient safety as a strategic priority?	
	<input type="checkbox"/> Patient safety action plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.Does the hospital have a patient safety action plan?	
Hospital has designated a senior staff member with responsibility, accountability and authority for patient safety.				A.1.1.2
Observation	Document review	Interview answer	Interview question	
<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> Nomination letter for hospital appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	3.Is there a designated a senior staff member with responsibility, accountability and authority for patient safety?	
	<input type="checkbox"/> TOR of senior patient safety liaison			
The hospital has an annual budget for patient safety activities based on a detailed action plan.				A.1.1.3
Observation	Document review	Interview answer	Interview question	
<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> The patient safety annual budget plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.Does the hospital have an annual budget for patient safety activities based on a detailed action plan?	
The leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence.				A.1.1.4
Observation	Document review	Interview answer	Interview question	
<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> Last adverse event report		5.What happens when a staff member report a patient safety incident?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	6.Does the leadership support staff involved in patient safety incidents as long as there is no intentional harm or negligence?	

The leadership conducts regular patient safety executive walk to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.				A.1.1.5
Observation	Document review	Interview answer	Interview question	
	<input type="checkbox"/> Patient safety executive walk reports and action plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.Does the leadership conduct patient safety executive walk?	
The hospital follows a code of ethics, for example in relation to research, resuscitation, consent, confidentiality, relations to industry				A.1.1.6
Observation	Document review	Interview answer	Interview question	
<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> A written and approved code of ethics policies and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.Does the hospital follow a code of ethics?	
There is an open, non punitive, non blaming, learning and continuous improvement patient safety culture at all levels of the hospital.				A.1.2.1
Observation	Document review	Interview answer	Interview question	
<input checked="" type="checkbox"/> Not applicable	<input type="checkbox"/> Staff attitudes towards patient safety culture questionnaire		9.What happens when a staff member reports a patient safety incident?	
	<input type="checkbox"/> Results of staff attitudes towards patient safety culture and actions taken towards gathered data.		10. Describe the hospital's patient safety culture?	

Interview with senior patient safety leader

	Comments
A.1.1.1 The hospital has patient safety as a strategic priority. This strategy is being implemented through a detailed action plan.	
A.1.1.2 The hospital has a designated senior staff member with responsibility, accountability and authority for patient safety.	
A.1.1.3 The hospital has an annual budget for patient safety activities based on a detailed action plan.	
A.1.1.4 The leadership supports staff involved in patient safety incidents as long as there is no intentional harm or negligence.	
A.1.1.5 The leadership conducts regular patient safety executive walks to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.	
A.1.1.6 The hospital follows a code of ethics, for example in relation to research, resuscitation, consent, confidentiality, relations to industry.	
A.1.2.1 There is an open, non punitive, non blaming, learning and continuous improvement patient safety culture at all levels of the hospital.	
A.1.2.2 The leadership assesses staff attitudes towards patient safety culture regularly.	
A.5.1.4 Qualified clinical staff, both permanent and temporary, are registered to practice with an appropriate body.	
A.5.1.5 Students and trainees should work within their competencies and under appropriate supervision.	
A.6.1.1 The hospital has policies and procedures for all departments and services.	

Interview with hospital management

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

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

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

Interview with health promotion officer

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

hygiene, including WHO guidelines.	
8. Does the hospital have a list of essential infection control equipment and supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the hospital conduct an outbreak investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital acts to protect staff, volunteers and visitors from health-care acquired infections, including by HBV vaccination.	
Do patients at risk of transmitting infection undergo procedures separated in time and place from other patients.	

Patient interview

Conduct 3 interviews with discharged patients

Patient interview

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

Interview with blood bank manager

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

Interview with medical records officer

Medical records review to address the following items:

	Comments
Completeness	
Patient Identification, unique identifier	
Consent	
Handwriting	
Nurse notes	
Doctor notes	
Disease coding	
Presence of a computerized physician order entry	
Presence of an effective automated clinical alarm system.	
Easy access for patients and providers	

Interview with occupational and environment safety officer

Interview occupational and environment safety officer

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

Interview with doctor

Conduct 3 interviews

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

Interview with nurse

Conduct 3 interviews

	Comments
Does the leadership support staff involved in patient safety incidents as long as there is no intentional harm or negligence?	
In your opinion, is there an open, non punitive, non blaming, learning and continuous improvement patient safety culture at all levels of the hospital?	
Does the leadership assess staff attitudes towards patient safety culture regularly?	
Does the hospital undertake regular preventative maintenance for equipment including calibration?	
Does the hospital undertake regular repair or replacement of broken (malfunctioning) equipment?	
Does the hospital ensure staff receive appropriate training for available equipment?	
Does the hospital ensure that all reusable medical devices are properly decontaminated prior to use?	
Does the hospital have sufficient supplies to ensure prompt decontamination and sterilization?	
Are all patients identified and verified with at least 2 identifiers including full name and date of birth?.	
Is there a system in place to identify allergies, e.g. by a color-coding system?	
Do you take into consideration the patients' and their carers' feelings during all processes of care?	
Are you given instructions by hospital leadership to support patient's family and their carers in end of life cases.	
has Are there systems in place to ensure safe injection practice through: preventing reuse of needles at hospital educating patients and families regarding transmission of blood borne pathogens; ensuring safe syringe disposal practices e.g. no recapping, use of safety boxes. ensuring skin preparation (aseptic) before administration of any injections, infusions, and immunization. the presence of guidelines for anaphylactic reactions that might occur following injections, infusions, and immunization.	
Were you provided with a patient safety orientation programme?	
Is there ongoing training for all staff to ensure safe patient care?	
Are you familiar with the reporting procedure and steps to be taken during or after an adverse event.	
Do you have any broken equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you ever face any delays in patient treatment due to malfunction equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What happens if equipment broke/malfunctions?	
Were you trained on relevant equipment use, decontamination and sterilization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you brief patients about the hospital's patient and family rights policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Interview with staff professional development

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

Interview with waste management officer

Interview healthcare waste management officer

Question	Answer (Yes/No)
How many staff are in charge of health care waste management?	
Did they receive any kind of training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the staff aware of risks of handling healthcare waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital vaccinate its staff against Hepatitis B and other vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital segregate its waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital use any color coding for the waste system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What protective equipment do staff use in handling waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have special containers for infectious waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have special containers for sharps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the storage area for waste secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is healthcare waste collected and transported in a safe way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How is health care waste treated?	
Does the hospital conform to guidelines on management of biological waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital conform to guidelines on management of sharps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital conform to guidelines on management of chemical waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital conform to guidelines on management of radiological waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where is the final health care waste disposal site?	
How many cases were reported for needle stick injury in the last 6 months?	
What measures does the hospital undertake when a needle stick is reported?	

Suggested assessment agenda

A few days prior to assessment hospital, solutions and documents to be reviewed are sent to the focal point of the hospital.

Day one
All evaluators
9:00 a.m.-9:15 a.m. PSFHI briefing and briefing on assessment agenda (assessment team brief hospital manager and senior patient safety staff (hospital leadership))
9:15 a.m. -9:45a.m. Hospital overview presentation (using hospital brief template) Hospital manager and senior patient safety staff (hospital leadership brief evaluators about hospital capacity and services)
9:45 a.m.-11:45am Document review (All documents if available should be gathered in a room for evaluators to review).
11:45 pomp -12:00 noon Break
12:00 noon - 14:00 pomp Document review (
All evaluators
14:00 p.m-15:00p.m. Evaluator team meeting

Day two		
All evaluators		
Together with one hospital staff e.g. patient safety officer, quality officer, hospital management		
9:00 am -11:30 am Observation tour (to include if available: emergency department, blood bank, pharmacy, intensive care unit, surgical wards, obstetrics delivery ward, obstetrics ward, out patient clinics, admission, kitchen, central sterilization unit, neonatology unit, waste storage, medical records department, blood bank , lab, imaging and human resources department)		
11:30 am-12:00 pm Break		
Evaluator 1	Evaluator 2	Evaluator 3
12:30 pm-13:00 pm Interview with hospital management	12:30 pm-13:00 pm Interview with patient safety coordinator	12:30 pm-13:00 pm Infection prevention and control officer
13:00 pm -13:30pm Interview with quality coordinator	13:00 pm -13:15pm Interview with monitoring and evaluation staff	13:00 pm -13:15pm Interview with medical records manager
	13:15pm- 13:30pm Interview with radiology manager	13:15pm- 13:30pm Interview with occupational safety coordinator
13:30 pm-13:45 pm Interview with blood bank manager	13:30 pm-13:45 pm Interview with lab manager	13:30 pm-13:45 pm Interview with chief of pharmacists
13:45 pm -14:00pm Interview with blood bank staff (random selection)	13:45 pm -14:00pm Interview with lab staff (random selection)	13:45 pm -14:00pm Interview with a pharmacist (random selection)
All evaluators		
14:00pm -15:00 pm Evaluator team meeting Only evaluators in room for briefing no hospital staff should attend identifying missing gaps for assessment and any clarifications		

Day three		
All evaluators		
Together with one hospital staff e.g. patient safety officer, quality officer, hospital management)		
9:00 am -11:30 am Observation tour (continued)		
11:30 pm -12:00 p.m. Break		
Evaluator 1	Evaluator 2	Evaluator 3
12:00 pm-12:15p.m Interview with doctor1 (using doctor interview template)	12:00 pm-12:15p.m Interview with doctor 2	12:00 pm-12:15p.m Interview with doctor3
12:15 pm -12:30 pm Interview with nurse 1	12:15 pm -12:30 pm Interview with nurse 2	12:15 pm -12:30 pm Interview with nurse 3
12:30pm-12:45pm Interview with head of human resources	12:30pm-12:45pm Interview with emergency manager	12:30pm-12:45pm Interview with maintenance staff member
12:45 pm -14:00pm Any missing information and clarifications		
All Evaluators		
14:00 pm-15:00 pm Evaluator Team Meeting		

Day four
All evaluators
9:00 am -12:00 noon Writing assessment report of recommendations (no hospital staff should attend)
12:00 noon-15:00 pm Discussing findings with hospital management and patient safety coordinator Documenting an action plan for improvement of patient safety

CRITICAL SCORING

Critical measure	Score			Comments
	0	1	2	
A.1.1.1 The hospital has patient safety as a strategic priority. This strategy is being implemented through a detailed action plan.				
A.1.1.2 The hospital has a designated senior staff member with responsibility, accountability and authority for patient safety.				
A.1.1.3 The leadership conducts regular patient safety executive walk-rounds to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.				
A.2.1.1 A designated person co-ordinates patient safety and risk management activities (middle management).				
A.2.1.2 The hospital conducts regular monthly morbidity and mortality meetings.				
A.4.1.1 The hospital ensures availability of essential equipment.				
A.4.1.2 The hospital ensures that all reusable medical devices are properly decontaminated prior to use.				
A.4.1.3 The hospital has sufficient supplies to ensure prompt decontamination and sterilization.				
A.5.1.1 Qualified clinical staff, both permanent and temporary, are registered to practice with an appropriate body.				
B.2.1.1 Before any invasive procedure, a consent is signed by the patient. He/she is informed of all risks, benefits and potential side effects of a procedure in advance. The physician explains, and the nurse oversees the signing.				
B.3.1.1 All patients are identified and verified with at least 2 identifiers including full name and date of birth (and room number is not one of them) whenever the patient undergoes any procedure (e.g. laboratory, diagnostic or therapeutic procedures) or transfer or is administered any medication or blood or blood components before care is administered, with special emphasis on high risk groups e.g. new born babies, patients in coma, senile patients.				
C.1.1.1 The hospital maintains clear channels of communication for urgent critical results.				
C.1.1.2 The hospital has systems in place to ensure safe communication of pending test results to patients and care providers after discharge.				
C.2.1.1 The hospital has an infection prevention control programme including an organization scheme, guidelines, plan, and a manual.				
C.2.1.2 The hospital ensures proper cleaning, disinfection and sterilization of all equipment with a special emphasis on high risk areas.				
C.3.1.1 The hospital implements guidelines, including WHO guidelines, on safe blood and blood products				
C.3.1.2 The hospital has safe pre-transfusion procedures e.g. recruitment, selection and retention of voluntary blood donors, blood screening (e.g. HIV, HBV).				
C.5.1.1 The hospital ensures availability of life saving medications at all times.				
D.2.1.1 The hospital segregates waste according to hazard level (see guideline) and color codes it.				
D.2.1.2 The hospital conforms to guidelines (including WHO guidelines) on management of sharps waste				

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