

**World Health Organization  
Eastern Mediterranean Regional Office (EMRO)**

**Patient Safety Performance Measurement Manual  
Health Care Delivery Unit  
Division of Health Systems and Services Department**

**2007**

**First DRAFT**

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## Preface

WHO EMRO Patient Safety Program took the lead to develop, implement and monitor Patient Safety Performance Measures (PSPM). Also, it will establish and maintain Patient Safety Friendly Hospital Certification (PSFHC). WHO EMRO invites all interested stakeholders to contribute in the development and implementation of the Patient Safety Friendly Hospital Initiative and Patient Safety Performance Measures.

PSFHC is a performance measurement based evaluation. It is voluntary certification. PSFHC certification body's evaluators will assess hospitals to determine whether or not they comply with WHO Patient Safety Performance Measures and Patient Safety Performance Indicators.

Patient Safety Performance Measures will provide a framework for hospitals to enable them to deliver safer patient care by assessing hospitals from a patient safety perspective; building capacity of staff regarding patient safety; and involving consumers in improving health care safety.

There are specific features in the Patient Safety Performance Measures, which are different from other accreditation experiences. One of the differences is that the scope of PSPM is focused on patient safety. It includes: ***Patient and Public Performance Measures; Hospital Self-regulation Performance Measures; Evidence Based Safe Healthcare Practice Performance Measures; and Lifelong Hospital Learning Performance Measures.*** Another difference is all Patient Safety Performance Measures and Patient Safety Performance Indicators follow WHO guidelines e.g. Safe Hand Hygiene and WAPS challenges, e.g. clean care safer care. Another difference is the PSPM are classified into core and developmental Performance Measures. If a hospital meets all core PSPM, it will receive a silver PSFHC. While if a hospital meets all of both core and developmental PSPM, it will receive a golden PSFHC. This gradual certification should allow most hospital to join PSFHC instead of only a few high tech hospitals.

Dr. Ahmed Abdellatif,  
Coordinator of Health Systems, WHO/EMRO

## **Acknowledgment**

Patient Safety is a global health concern as it affects all health care systems, whether in developed or developing. World Health Organization (WHO) has recognized the growing importance of patient safety. Resolution WHA55.18 outlines the various responsibilities of WHO in providing technical support to member states in developing reporting systems, reducing risk, and formulating evidence-based policies, fostering a culture of safety and encouraging a research agenda on patient safety.

World Health Organization/ Eastern Mediterranean Regional Office (EMRO) took the lead to develop Patient Safety Performance Measures (PSPM) and initiate Patient Safety Friendly Hospital Certification (PSFHC) and Patient Safety Friendly Hospital Initiative (PSFHI).

The Patient Safety Performance Measures Manual is under support and coordination of WHO Head Quarters (WHO HQ) and in continuation with the World Alliance for Patient Safety (WAPS) efforts to ensure safer patient care.

The Patient Safety Performance Measures Manual has an attached appendix of definitions used in Patient Safety Performance Measures and cited from the Glossary of Patient Safety.

WHO EMRO/patient Safety Unit invites all interested stakeholders to contribute in the development and implementation of the Patient Safety Friendly Hospital Initiative and Patient Safety Performance Measures .It would be highly appreciated if comments on Patient Safety Performance Measures are sent out to Dr. Ahmed Abdellatif, Coordinator of Health Systems, WHO/EMRO. Email: aalatifa@emro.who.int.

## **Abbreviations:**

### **Abbreviations:**

<b>AERLS</b>	Adverse Event Reporting and Learning System
<b>EMRO</b>	Eastern Mediterranean Regional Office
<b>GCC</b>	Gulf Cooperation Council
<b>ISQua</b>	International Society for Quality in Healthcare
<b>JCI</b>	Joint Commission International
<b>NPSA</b>	National Patient Safety Agency
<b>PS</b>	Patient Safety
<b>PSFH</b>	Patient Safety Friendly Hospital
<b>PSFHC</b>	Patient Safety Friendly Hospital Certification
<b>PSFHI</b>	Patient Safety Friendly Hospital Initiative
<b>PSIB</b>	Patient Safety Internal Body
<b>PSPI</b>	Patient Safety Performance Indicators
<b>PSPM</b>	Patient Safety Performance Measures
<b>WAPS</b>	WHO World Alliance for Patient Safety
<b>WHO</b>	World Health Organization
<b>WHO HQ</b>	WHO Head Quarters

## Introduction

Patient Safety is a global health concern as it affects patients in all health care systems, whether developed or developing. Different research studies stated that an estimated average of 10 percent of all inpatient admissions result in a degree of unintended patient harm. [1]

Also, studies stated that up to 75 percent of these health care errors can be preventable; in addition to human suffering, an estimate between 5% and 10% of health expenditure is due to unsafe patient practices; and that those health care errors were mainly caused by system failures rather than by individuals. [2]

World Health Organization (WHO) has recognized the growing importance of patient safety. Resolution WHA55.18 outlines the various responsibilities of WHO in providing technical support to member states in developing reporting systems, reducing risk, and formulating evidence-based policies, fostering a culture of safety and encouraging a research agenda on patient safety. [3]

World Health Organization/ Eastern Mediterranean Regional Office (EMRO) took the lead to develop Patient Safety Performance Measures (PSPM) and initiate Patient Safety Friendly Hospital Certification (PSFHC) and Patient Safety Friendly Hospital Initiative (PSFHI)

### **What are the purposes of Patient Safety Performance Measures?**

Patient Safety Performance Measures will provide a framework for hospitals to enable them to deliver safer patient care by assessing hospitals from a patient safety perspective; building capacity of staff regarding patient safety; and involving consumers in improving health care safety.

### **What are the Patient Safety Performance Measures and how are they organized?**

Patient Safety Performance Measures are a set of requirements to assess and improve patient safety program at a hospital level. They are organized in the following sections: ***Patient and Public Performance Measures; Hospital Self-regulation Performance Measures; Evidence Based Safe Healthcare Practice Performance Measures; and Lifelong Hospital Learning Performance Measures.***

### **What is the Patient Safety Friendly Hospital Certification, and what are its benefit and its goals?**

PSFHC is a performance measurement based evaluation. It is voluntary. WHO/EMRO/Patient Safety Program and elected members from other interested patient safety stakeholders e.g. WHO Head Quarters (WHO HQ), World Alliance for Patient Safety (WAPS), and Gulf Cooperation Council (GCC) would be the certifying body for PSFHC. They will assess hospitals to determine whether or not they comply with WHO Patient Safety Performance

Measures and Patient Safety Performance Indicators. The Patient Safety Performance Measures and Patient Safety Performance Indicators (PSPI) are valid, reliable and objective. The benefits of PSFHC are that hospitals would demonstrate their commitment and accountability regarding patient safety to public; external assessment of hospital and comparison to other hospitals; and motivation of staff to be participating in improving patient safety .The goal of PSFHC is to raise awareness on patient safety at hospital and public levels.

### **What is the role of WHO/EMRO Patient Safety Unit in Patient Safety Performance Measures and Patient Safety Friendly Hospital Certification?**

WHO EMRO Patient Safety Program took the lead to develop, implement and monitor Patient Safety Performance Measures. Also, it will establish and maintain Patient Safety Friendly Hospital Certification. WHO EMRO invites all interested stakeholders to contribute in the development and implementation of the Patient Safety Friendly Hospital Initiative and Patient Safety Performance Measures .it would be highly appreciated if comments on PSPM were sent out to Dr. Ahmed Abdellatif, Coordinator of Health Systems, WHO/EMRO. Email: aalatifa@emro.who.int.

### **How to join Patient Safety Friendly Hospital Initiative?**

Selection of hospitals will be based on criteria developed by PSFH certification Body, and in collaboration with WHO Representative (WR), Regional Patient Safety Center, and the National Patient Safety Task Force /Committee. All kinds of hospitals are welcomed, e.g. public, private and community to join PSFHI.

### **What are the requirements of Patient Safety Program at a Hospital level?**

- It requires a patient safety culture that is open, non punitive, and learning.
- It requires a patient safety strategy ranked as a top priority of the hospital and is translated into detailed action plan.
- It requires each person working in the hospital (from board /senior managers to janitors) to be committed to patient safety and continuous quality improvement.
- It requires a complex system wide involvement though a range of processes including performance management, risk management, and safe environment for patients, staff, volunteers and visitors.
- It requires patient and public involvement in patient safety activities.
- It requires PSFHC Adverse Event Reporting Learning System (PSFH/AERLS) that identifies all forms of health care errors, analyze their root causes, report and communicate lessons learnt and success solutions through internal and external channels.

### **Is there a classification for Patient Safety Performance Measures?**

Each section is formed of performance measures, which are divided into core criteria and developmental criteria. The **core criteria** are the optimum requirements that hospital must comply to be certified. While the **developmental criteria** are the requirements that hospitals should try to comply with in the future within its capacity of resources to enhance a safer care.

### **Is there a format for Patient Safety Performance Measures?**

All Patient Safety Performance Measures follow the same format:

Each Patient Safety Performance Measure has a **Title**, which explains the areas it covers; followed by a **Performance Measurement Statement**, which explains the measure of performance according to WHO Patient Safety Guidelines; followed by a **Rationale**, which explains why Patient Safety Performance Measure was selected; and finally **Criteria**, which explain requirements to comply with the WHO Patient Safety Performance Measures.

### **How to comply with Patient Safety Performance Measures?**

The on site PSFHC evaluator team and agenda will vary according to hospital's profile, e.g. size, services, and location. PSFHC evaluator team would send survey findings to the PSFH certification body to issue certification result. The PSFHC evaluator team would be mix of national and international evaluators. The PSFHC evaluator's team would be composed of at least a doctor, a nurse and an administrator. Hospital's staff would be trained to internally evaluate their hospital regarding patient safety. The PSFHC evaluator team will use a set of patient safety indicators and criteria to ensure that WHO Patient Safety Performance Measures are being met.

### **How often it is appropriate to use Patient Safety Performance Measures?**

Internal evaluation would be on a quarterly basis and external evaluation would be every 18 months.

### **How frequent will the Patient Safety Performance Measures be revised?**

WHO/EMRO would invite all interested and involved stakeholders involved in patient safety: e.g. WHO HQ, World Alliance for Patient Safety (WAPS), International Society for Quality in Healthcare (ISQua), Gulf Cooperation Council (GCC), National Patient Safety Agency (NPSA), and Joint Commission International (JCI) every 3 years to review and update WHO Patient Safety Performance Measures and Patient Safety Performance Indicators.

## **What are the next steps on Patient Safety Performance Measures?**

- Consensus building on PSPM from all stakeholders involved in patient safety: e.g. WHO HQ, WAPS, ISQua, GCC, NPSA, and JCI (from 02/07 till 04/07).
- Selection of lead PSFHC evaluators on PSPM and PSPI (from 04/07 till 05/07).
- Pre- testing of PSPM and PSPI in pilot hospitals. (From 05/07 to 07/07).
- Reformulation of PSPM and PSPI based on lessons learnt for piloting. (08/07).
- Selection and development of PSFHC evaluators on PSPM and PSPI (from 08/07 till 10/07).

## **Patient Safety Friendly Certification Polices and Procedures**

### **Conditions for requesting Patient Safety Friendly Certification:**

To request PSFHC, the hospital applying should meet all the following preliminary requirements:

- The Hospital must be licensed by the appropriate National health authority with a minimum of a year of operation.
- The Hospital must be in full operation round the clock all days of the year.
- The Hospital must ensure that all of its professionals are licensed by the appropriate National health authorities to perform their duties.

### **Steps to Request Patient Safety Friendly Certification:**

To request PSFH certification, the hospital should contact the PSFH Certifying Body in writing and in accordance with the following standards of procedure:

- The hospital management team should complete a standardized application form.
- The hospital management team should contribute to the cost of the evaluation
- Before the evaluation, the hospital will receive the Patient Safety Standards and indicators documents that will be used for the evaluation. Also, it will receive PSFHC/ AERLS software and guidelines.
- The hospital management team should inform public, staff, and the patients, that PSFHC evaluators would be evaluating hospital on which days and inform them with purpose of certification. All stakeholders, e.g. public, staff, and inpatients should be instructed to respond to all inquiries of the evaluators.

### **Instructions for the use of the Patient Safety Performance Measures Manual:**

- The PSFHC is a performance measurement based evaluation. It is based on complying with the WHO Patient Safety Performance Measures Manual.
- The Patient Safety Performance Measures are a set of requirements to assess and improve patient safety program at the hospital level. They are organized in the following sections: **Patient and Public Performance Measures; Hospital Self-regulation Performance**

**Measures; Evidence Based Safe Healthcare Practice Performance Measures; and Lifelong Hospital Learning Performance Measures.**

- Each section is formed of core criteria and developmental criteria. The core criteria are the optimum requirements that hospital must comply with to be certified. No core criteria can be waived.
- The developmental criteria are the requirements that hospitals should try to comply with in the future within its capacity of resources to enhance a safer care.
- The on site PSFHC evaluator team and agenda will vary according to hospital's profile, e.g. size, services, and location. PSFHC evaluator team would send survey findings to the PSFH certification body to issue certification result. The PSFHC evaluator team would be a mix of national and international evaluators. The PSFHC evaluator's team would be composed of at least a doctor, a nurse and an administrator. Hospital's staff would be trained to internally evaluate their hospital regarding patient safety. The PSFHC evaluator will use a set of patient safety indicators and criteria to ensure that WHO Patient Safety Performance Measures are being met.
- The report of recommendations given by the PSFHC evaluator team to the senior managers of the hospital should be confidential and constructive with recommended solutions for improvement in patient safety.
- The results of the evaluation can be appealed before the PSFH certification body, which will issue a final report that cannot be appealed.
- The PSFHC full certification will be rewarded for 18 months; at its termination it should be renewed. Provisional certification will be rewarded on temporary basis for 9 months; depending on whether or not deficiencies in requirements have been overcome. The hospitals not certified should wait for 9 months before requesting a new evaluation.
- If the hospital meets all core PSPM, it will receive a silver PSFHC, while if the hospital meets all of both core and developmental PSPM, it will receive a golden PSFHC.
- The final report will be communicated by the PSFH certification body to the hospital management confidentially. The Hospital has the right to make the results of the evaluation public or to remain confidential.
- Upon termination of PSFHC, the hospital does not have right to use PSFHC benefits or use PSFH certificate on its marketing tools.
- Future surveys will involve a progressive increase in the levels of patient safety requirements to enhance hospitals to continue to improve their safety and quality of care.

### **Reviews and investigations of Patient Safety Friendly Certification:**

The PSFH Certification body may conduct unannounced surveys and investigations to PSFH certified hospital.

### **Review and Update of Patient Safety Performance Measures:**

WHO/EMRO would invite all interested stakeholders involved in patient safety: e.g. WHO HQ, WAPS, ISQua, GCC, NPSA, and JCI every 3 years to review and update PSPM and PSPI.

## **Patient Safety Performance Measures:**

They are organized in the following sections:

### **A-Patient and Public Performance Measures:**

This section addresses patients and public involvement to different patient safety activities. It includes: patient rights; patients' and their carers' health literacy and empowerment to make right decisions in their care; patient identification and verification at all stages of care; health promotion programs; community involvement in different patient safety activities; communication of patient safety incident to patients and their carers; patient and their carers involvement in different patient safety activities; and establishment of patient friendly environment.

### **B- Hospital Self-regulation Performance Measures:**

This section addresses actions that hospitals should undertake to assess and improve its patient safety program. It includes: commitment of leadership and governance; establishment of performance management system; establishment of patient safety management system; establishment of risk management program; development of safe and secure environment for patients, staff, volunteers, and visitors; safe hospital design; continuous availability of essential functioning equipment and supplies to deliver its services; sufficient staff pattern to provide safe care; and availability of clear policies, guidelines, and standard operation procedure (SOP) for all departments and supporting services.

### **C-Evidence Based Safe Healthcare Practice Performance Measures:**

This section addresses availability and application of evidence based health care practices and systems. It includes: application of effective clinical system; availability of effective system to reduce risk of Hospital Acquired Infections (HAI); availability of safe waste management system; availability of measures to ensure blood and blood products safety; availability of measures to ensure safe injections, infusions and immunization; availability of safe medication system; and availability of completed medical records system.

### **D-Lifelong Healthcare Facility Learning Performance Measures:**

This section addresses availability of lifelong learning measures. It includes: availability of staff professional development program with patient safety as a cutting theme; availability of medical credentialing activities; and availability of patient safety improvement projects.

## **Patient Safety Performance Measures:**

### **Patient and Public Performance Measures**

A.1. Patient safety is incorporated into hospital's patient rights standards.

A.2.The hospital builds health literacy for its patients and carers to empower them to make right decisions in their care.

A.3.The hospital ensures proper patient identification and verification at all stages of care.

A.4.The hospital has different health promotion programs.

A.5.The hospital involves community in different patient safety activities.

A.6.The hospital communicates patient safety incident to patients and their carers.

A.7.The hospital involves patient and their carer in patient safety activities.

A.8.The hospital has a patient friendly environment.

### **B. Health Facility Regulation Performance Measures**

#### **Care Self-**

B.1. The leadership and Governance are committed to patient safety.

B.2. The hospital has an efficient Performance Management System.

B.3. The hospital has an efficient Patient Safety Management System.

B.4. The hospital has an efficient Risk Management Program.

B.5.The hospital has a safe and secure environment for patients, staff, volunteers, and visitors.

B.6. The Hospital Design ensures patient safety.

B.7. The hospital ensures continuous availability of essential functioning equipment and supplies to deliver its services.

B.8. The Hospital has sufficient work force (skill mix: number of staff to beds, ratio of doctor to patient, ratio of nurse to patient) to provide safe care.

B.9. Hospital has clear policies, guidelines, and standard operation procedure (SOP) for all departments and supporting services.

**C. Evidence Based  
Safe Health Care  
Practice  
Performance  
Measures**

C.1. The hospital has an effective clinical system.

C.2. The hospital has a system to reduce risk of Hospital Acquired Infections (HAI).

C.3. The hospital has a safe waste management system.

C.4. The hospital ensures safety of blood and blood products.

C.5. The hospital ensures safe injections, infusions, and immunization.

C.6. The hospital has a safe medication system.

C.7. The hospital has completed medical records system.

**D. Lifelong Health  
Care Facility  
Learning  
Performance  
Measures**

D.1. The hospital has a staff professional development program with patient safety as a cutting theme.

D.2. The hospital verifies competency (particular issue knowledge) for all health professionals (doctors and nurses) working in it or contracted.

D.3. The hospital learns from all PS incidents reported in PSFHC/AERLS by making improvements in hospital.

D.4. The hospital's quality is externally evaluated on ongoing basis.

D.5. The hospital conducts research in patient safety on ongoing basis.

## A. Patient and Public Performance Measures:

### Objectives:

- To involve patients and their carers in managing patients' health care decisions.
- To involve community in patient safety activities.

<b>A.1.</b>	<b>Title</b>	Patient and Family Rights
	<b>Performance Measurement Statement</b>	<b>Patient safety is incorporated into hospital's patient and family rights standards.</b>
	<b>Rationale</b>	The hospital ensures that its patients are aware of their patient and family safety rights.
	<b>Core Criteria</b>	A.1.1.1. Patient and community involvement in development of Patient and family rights. A.1.1.2. All patients are briefed about their patient and family rights.
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• A written and approved patient rights statement.</li> </ul>

<b>A.2.</b>	<b>Title</b>	Health Literacy
	<b>Performance Measurement Statement</b>	<b>The hospital builds health literacy for its patients and carers to empower them to make right decisions regarding their care.</b>
	<b>Rationale</b>	The hospital ensures that its patients are health literate about their conditions and empowers them to make right decision in their care.
	<b>Core Criteria</b>	<p>A.2.1.1.The hospital builds health literacy for all of its patients and their families for their specific health problem and for general patient safety issues (e.g. use disposable syringe) through support groups, patient-to-patient involvement activities, flyers, literature, lectures and other channels of communication.</p> <p>A.2.1.2.Every patient obtains from his/her treating physician complete updated information on his/her diagnosis, treatment, or any prognosis, which includes what to expect during treatment, care and after-care (all risks, side effects, and complications). That information should be communicated in an easy simple non- medical (layman language) way to the patient. When it is not considered medically advisable to give this information to the patient that information will be made available to an individual whom the patient refers to in consent.</p> <p>A.2.1.3. All patients participate in planning and making decisions regarding their health care.</p> <p>A.2.1.4. Patients or their carers should sign consent before any risky procedure. He/she should be informed of all risks, pros and cons of procedure. Need clarification regarding informed choice. Who has the final decision regarding informed choice</p> <p>A.2.1.5. The hospital should train patients' carers</p>

		to take care of patients when they are discharged. Delete Issue of how to protect Doctors where patients have chosen <b>not</b> to take their advice
	<b>Developmental Criteria</b>	A.2.2.1 .The hospital has a health care portal and patients have access to it.
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Patient consents.</li> <li>• Reports on patient-to-patient involvement activities.</li> <li>• Minutes of support groups.</li> <li>• Flyers, literature, lectures notes and other channels of communication.</li> </ul>

<b>A.3.</b>	<b>Title</b>	Patient Identification
	<b>Performance Measurement Statement</b>	<b>The hospital ensures proper patient identification and verification at all stages of care.</b>
	<b>Rationale</b>	The hospital has processes to ensure proper patient identification at all stages of care.
	<b>Core Criteria</b>	<p>A.3.1.1. All patients are identified and verified with at least 2 identifiers (room number is not one of them) whenever patient undergoes any procedure or transfer or is administered any medication or blood and blood component. Especial emphasis on high risk e.g. new born babies, patients in coma, senile patients. .</p> <p>A.3.1.2. Major patients' procedures; chronic conditions; and allergies should be identified by color-coding system.</p>
	<b>Developmental Criteria</b>	A.3.2.1. The hospital uses bar coding for patient identification.
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Patient Identifiers.</li> </ul>

<b>A.4.</b>	<b>Title</b>	Health Promotion
	<b>Performance Measurement Statement</b>	<b>The hospital has different health promotion programs.</b>
	<b>Rationale</b>	The hospital has different health promotion programs to ensure that their patients are well informed.
	<b>Core Criteria</b>	A.4.1.1.The hospital has disease prevention, early screening (e.g. breast cancer, diabetes), A.4.1.2.The hospital has health promotion (e.g. patient safety, hand hygiene, safe injection, weight reduction, smoking cessation) programs.
	<b>Developmental Criteria</b>	A.4.2.1.The hospital has outreach programmes. A.4.2.2. The hospital has Patient Forums.
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Health Promotion Program events, action plan, and reports.</li> </ul>

<b>A.5.</b>	<b>Title</b>	Community Involvement
	<b>Performance Measurement Statement</b>	<b>The hospital involves community in different patient safety activities.</b>
	<b>Rationale</b>	The hospital ensures community involvement in patient safety activities.
	<b>Core Criteria</b>	<p>A.5.1.1. The hospital develops critical mass and “campaigns” of patient safety that share solutions and raise awareness of patient safety in the community. <del>Delete Should hospitals have a role in this?</del></p> <p>A.5.1.2. The hospital plans events to promote patient safety through meetings on a regular basis with civic groups, NGOs, community leaders.</p> <p>A.5.1.3. The hospital involves community (e.g. non governmental organizations, religious institutions, patient advocates) in designing and implementation of patient safety program.</p> <p>A.5.1.4. The hospital uses media and marketing to promote patient safety (e.g. distribute press releases announcing patient safety activities).</p>
	<b>Developmental Criteria</b>	<p>A.5.2.1. The hospital provides chat /message board for patients and public to write the concerns, share success solutions.</p> <p>A.5.2.2. The hospital should provide access to computer-based information on patient safety, health literacy and patient well being.</p>
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Press releases.</li> <li>• Minutes of community involvement meetings and events.</li> </ul>

<b>A.6.</b>	<b>Title</b>	Communication of patient Safety incidents to patient and carers.
	<b>Performance Measurement Statement</b>	<b>The hospital communicates patient safety incident to patients and their carers.</b>
	<b>Rationale</b>	The hospital has a system to report patient safety incidents to patients and their carers.
	<b>Core Criteria</b>	A.6.1.1. The hospital has a structured disclosure system: policy, and procedures.  A.6.1.2. The hospital has a health care mediator to disclose incident.
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Relevant job descriptions.</li> <li>• Reporting patient safety incidents to patients' flowchart.</li> <li>• Patient safety incident reports.</li> </ul>

A.7.	<b>Title</b>	Patient Involvement
	<b>Performance Measurement Statement</b>	<b>The hospital involves patients and their carers in patient safety activities.</b>
	<b>Rationale</b>	The hospital ensures patient involvement in patient safety activities.
	<b>Core Criteria</b>	<p>A.7.1.1. The hospital obtains patients and their carers' feedback through different tools: satisfaction surveys, leadership walk rounds (who should be doing this - Director, heads of department, who is doing, how frequent, scheduled, do patients know? How do we know that this happens - method for documentation and measurement - need a forcing function), focus groups. Should be patients - to hear the views of patients with someone from hospital management to hear and respond), complaint letters, safety hotline, staff feedback has to be a structured mechanism (verbal, written e.g. staff satisfaction survey), and suggestion box and community groups.</p> <p>A.7.1.2. The hospital involves patients and their carers in setting policies and suggesting quality improvement and patient safety activities. Patient involvement in infection control and other appropriate areas (observation of staff conforming to WHO hand hygiene guidelines).</p> <p>A.7.1.3. The hospital offers specified hours for direct interaction between doctors and patients. (Presence of a social counselor to mediate between Doctors and patients and ensuring understanding)</p> <p>A.7.1.4 The hospital responds to patients complaints by sending them a feedback of how complain was managed and changes taken place to prevent further recurrence of complain.</p>

	<b>Developmental Criteria</b>	<p>A.7.2.1. The hospital provides chat /message board for patients and their carers to write the concerns, share success solutions.</p> <p>A.7.2.2.The hospital should provide access to computer-based information on patient safety, health literacy and patient well-being.</p> <p>Need to clarify what is included, reflecting confidentiality and privacy</p>
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Patient Satisfaction questionnaires</li> <li>• Patient satisfaction survey results, analysis and action taken.</li> <li>• Computer based information on patient safety and health literacy.</li> <li>• Chat and message boards on patient safety.</li> <li>• Reports on leadership walk rounds, focus groups reports, complaint letters, safety hotline, staff feedback, and suggestion box comments.</li> </ul>

<b>A.8.</b>	<b>Title</b>	Patient Friendliness
	<b>Performance Measurement Statement</b>	The hospital has a patient friendly environment.
	<b>Rationale</b>	The hospital ensures it provides its services in a friendly setting.
	<b>Core Criteria</b>	<p>A.8.1.1. The hospital staff should be aware of patients' and their carers' feeling at all processes of care. They should be supportive and trained to deal with patient anxieties and worries. Important but how to measure? Rather subjective even if rely of patient surveys and questionnaires? Measure number of complaints about this issue? Observation feedback from patients. Important to encourage complaints/feedback. (Marty to share Australian work on how to respond to patient complaints)</p> <p>A.8.1.2. The hospital staff should be respondent to patient's emotional and psychological needs and be caring and human (express sympathy and empathy)</p> <p>A.8.1.3. The hospital should have recreative entertainment for patients e.g. music, TV, films, library.</p> <p>A.8.1.4. The hospital has place for prayers and meets patients spiritual and religious needs.</p> <p>A.8.1.5. The hospital staff should support patient's family and their carers in patient's end of life cases.</p>
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Friendly and support training program.</li> <li>• Patient satisfaction surveys.</li> <li>• Employee satisfaction surveys.</li> </ul>



## B. Health Care Facility Self-Regulation Performance Measures:

### Objectives:

- To have leadership and all staff working in the hospital commitment to patient safety.
- To have an effective patient safety management system that identifies and learns from all medical and non-medical errors.
- To prevent and reduce risk to patients, staff, visitors, and volunteers.

<b>B.1.</b>	<b>Title</b>	Leadership and Governance
	<b>Performance Measurement Statement</b>	<b>The leadership and Governance are committed to patient safety.</b>
	<b>Rationale</b>	The Hospital's governance is accountable for assuring the safety of its patients. The necessary processes are in place and a non-blaming learning culture is established and maintained.
	<b>Core Criteria</b>	<p>B.1.1.1.The hospital has Patient Safety as a strategic priority. This strategy is being implemented through a detailed action plan.</p> <p>B.1.1.2.The hospital has an annual budget for patient safety activities based on a detailed action plan.</p> <p>B.1.1.3.The hospital has a safe, open, non punitive, none blaming, honest, learning and continuous improvement patient safety culture at all levels of the hospital. The leadership assesses staff attitudes towards patient safety culture quarterly.</p> <p>B.1.1.4.The hospital governance encourages staff engagement to patient safety activities and teamwork by using different concepts e.g. situation awareness, appropriate assertion, structured conversation, and using different communication tools (briefing and debriefing).</p>

		<p>B.1.1.5. The leadership supports staff involved in patient safety incidents as long as there are no criminal intents.</p> <p>B.1.1.6. The leadership conducts Patient Safety Executive Walk Rounds to promote patient safety culture, learn about risks in the system, and act on patient safety improvement opportunities.</p> <p>B.1.1.7. Staff members should be accountable and work in a transparent error-reporting environment.</p> <p>B.1.1.8. The hospital follows a code of ethics. It has policies and procedures that reflect its code of ethics in marketing, admission, transferring and discharging.</p>
	<b><i>Developmental Criteria</i></b>	
	<b><i>Patient Safety Performance Indicators</i></b>	
	<b><i>Examples of Verification</i></b>	<ul style="list-style-type: none"> <li>• Documents and charts demonstrating a strategy for patient safety, a patient safety action plan, and a patient safety annual budget plan.</li> <li>• A written and approved code of ethics policies and procedures.</li> <li>• Patient Safety is included in Employees satisfaction questionnaires.</li> <li>• Periodic conduction of employee satisfaction questionnaire. Results are analyzed and action is taken accordingly.</li> </ul>

<b>B.2.</b>	<b>Title</b>	Performance Management
	<b>Performance Measurement Statement</b>	<b>The hospital has an efficient Performance Management System.</b>
	<b>Rationale</b>	The hospital has necessary Performance Management System in place to ensure valid and reliable data regarding operation plan targets, process and outcome performance indicators to monitor patient safety activities.
	<b>Core Criteria</b>	<p>B.2.1.1. The hospital has measurable operation plan targets e.g. IC reduce MARSA, reduce postoperative infections and complications; risk related to medical device use is reduced.</p> <p>B.2.1.2. The hospital has a set of outcome indicators that assess performance with a special focus on patient safety in a form of Patient Safety Report Card (E.g. mortality rates, unplanned readmission post discharge from index admission, adverse drug reaction, unplanned transfer from general care to intensive care, unplanned return to operating room on this admission).</p> <p>B.2.1.3. The hospital has a set of process indicators that assess performance with a special focus on patient safety in a form of Patient Safety Report Card (delays in admission and discharge, and percentage of on-time administration of prophylactic antibiotics).</p> <p>B.2.1.4. The Patient Safety Report Card composed of outcome and process indicators is sent on a monthly basis to the PSFH certification body for benchmarking with other hospitals.</p> <p>B.2.1.5. The hospital acts on benchmarking results through action plan and patient safety improvement projects.</p>
	<b>Developmental Criteria</b>	

	<p><b><i>Patient Safety Performance Indicators</i></b></p>	<ul style="list-style-type: none"> <li>• The hospital has measurable operation plan targets e.g. IC reduce MARSA, reduce postoperative infections and complications; risk related to medical device use is reduced.</li> <li>• The hospital has a set of process indicators that assess performance with a special focus on patient safety in a form of patient safety report card (delays in admission and discharge, and percentage of on-time administration of prophylactic antibiotics).</li> <li>• The hospital has a set of outcome indicators that assess performance with a special focus on patient safety in a form of patient safety report card (E.g. mortality rates, unplanned readmission post discharge from index admission, adverse drug reaction, unplanned transfer from general care to intensive care, unplanned return to operating room on this admission).</li> </ul>
	<p><b><i>Examples of Verification</i></b></p>	<ul style="list-style-type: none"> <li>• Performance management training program and records.</li> <li>• Patient safety Process and Outcomes Report Cards.</li> <li>• Organizational performance management system flow chart.</li> <li>• Performance management reports.</li> <li>• Relevant job descriptions.</li> </ul>

<b>B.3.</b>	<b>Title</b>	Patient Safety Management
	<b>Performance Measurement Statement</b>	<b>The hospital has an efficient Patient Safety Management System.</b>
	<b>Rationale</b>	The hospital has necessary Patient Safety Management System in place to ensure patient safety.
	<b>Core Criteria</b>	<p>B.3.1.1.Hospital has a program of patient safety in operation. It includes infection control; safe use of medicine; safe environment of care; safe clinical practice; equipment safety; and emergency management .The Patient Safety program activities are coordinated with quality improvement department. The program focuses on patients but includes staff, visitors and volunteers.</p> <p>B.3.1.2.The hospital has an assigned Patient Safety Coordinator. He/She is responsible for coordinating all patient safety activities at their different phases of development (i.e. designing, implementing, and monitoring) and monitors PSFHC /AERLS.</p> <p>B.3.1.3.Hospital identifies, records, and analyses all patient safety incidents (near miss, adverse, sentinel events, even no harm and prevented incidents) through a PSFHC Adverse Event Reporting and Learning System (AERLS) on a continuous basis. The PSFHC /AERLS focuses on learning and patient safety redesign as well as ensures transparency and public accountability. The PSFHC /AERLS is designed to foster continuous improvement through identifying themes, reducing variation and sharing success solutions.</p> <p>B.3.1.4.The scope of errors reported in the PSFHC /AERLS includes: medical: [diagnostic (misdiagnosis by physician, delay in diagnosis, inaccurate laboratory results, and errors in investigation processes), clinical management (wrong treatment decision, surgical complications, blood and body fluid safety, adverse drug reaction,</p>

		<p>nosocomial infection, radiation exposure, pharmacovigilance, unanticipated death, transfusion reaction, medical equipment errors, and safe injection practice, staff competence, anesthesia, and deaths within 28 days of discharge)]; and non –medical:[ environmental (injuries, suicide, restraint and seclusion , aggression, safe physical environment, nutrition, unauthorized absence, and fire safety); administrative(medical filing system, appointment system, communications, chart completeness ,controlled substance audit, staff coverage/management, and patient misidentification)]. The hospital conforms to WHO Draft guidelines for adverse event reporting and learning system.</p> <p>B.3.1.5.Hospital has a system for data analysis of PSFHC /AERLS. It has Patient Safety Internal Body (PSIB) that analyzes prioritized events (sentinel events and frequent events). The PSIB is multidisciplinary and is formed of representatives from management, surgical, pharmacy, clinical, environmental health, nursing, and others (involved stakeholders). The PSIB use prospective analysis tools (failure mode and effects analysis), retrospective analysis tools (root cause analysis), and quality improvement tools e.g. PDSA to conduct and recommend patient safety improvement activities (map clinical process). The reporting should ensure a non-punitive consequence.</p> <p>B.3.1.6. The Patient Safety Coordinator forms different multidisciplinary patient safety teams to implement different patient safety improvement projects. The patient safety teams use quality improvement tools e.g. Plan, Do, Study and Act.</p> <p>B.3.1.7.There is a standard procedure during adverse events for: immediate staff response, clinical intervention, containment of risk to patient and others, notification of relevant physician, preserving factual information for subsequent investigation, documentation in AERLS, and notification of patient and family if outcome of care different from that anticipated outcome. The</p>
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		<p>standard is published in the public domain and available for patients and visitors. The governing body approves that standard.</p> <p>B.3.1.8.The hospital calculates the financial cost of adverse events and knows how much of health expenditure (%) goes for additional hospital treatment and actual cost of legal proceedings.</p> <p>B.3.1.9.The hospital has a Patient Safety Communication System Framework. It identifies gaps of communication (patient handoffs), develops reports, and issues media reports.</p>
	<b><i>Developmental Criteria</i></b>	
	<b><i>Patient Safety Performance Indicators</i></b>	
	<b><i>Examples of Verification</i></b>	<ul style="list-style-type: none"> <li>• Relevant job descriptions.</li> <li>• Patient Safety register.</li> <li>• Patient Safety action plan.</li> <li>• PSFHC/AERLS.</li> <li>• PSIB minutes over the last 18 months.</li> <li>• Patient Safety strategy.</li> <li>• Patient Safety Management flowchart.</li> <li>• Patient Safety training program and records.</li> <li>• Patient Safety Standard Operating Procedures.</li> </ul>

<b>B.4.</b>	<b>Title</b>	Risk Management
	<b>Performance Measurement Statement</b>	<b>The hospital has an efficient Risk Management Program.</b>
	<b>Rationale</b>	The hospital has Risk Management Program in place to ensure patient safety.
	<b>Core Criteria</b>	B.4.1.1.The hospital has an ongoing proactive systemic risk assessment within the risk management program. It identifies and monitors the following areas: invasive procedures, high risk procedures, and unusually expensive medications, Its data sources includes: near misses reported from PSFHC/AERLS, occupational health and safety records, new guidelines from international bodies e.g. WHO, from professional societies, from manufacturers, from external auditors, and patient complaints.
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Risk register.</li> <li>• Risk assessment.</li> <li>• Risk action plan.</li> <li>• Risk management training program and records.</li> <li>• Organizational risk management flow chart.</li> <li>• Relevant job descriptions.</li> <li>• Cases and improvement proposals.</li> </ul>

<b>B.5.</b>	<b>Title</b>	Safe Environment
	<b>Performance Measurement Statement</b>	<b>The hospital has a safe and secure environment for patients, staff, volunteers, and visitors.</b>
	<b>Rationale</b>	The hospital establishes and maintains a safe environment to ensure safety for all.
	<b>Core Criteria</b>	<p>B.5.1.1. The hospital has a building safety program.</p> <p>B.5.1.1.1. The hospital has a multidisciplinary safety committee.</p> <p>B.5.1.1.2. The hospital has warning and directive signs as appropriate.</p> <p>B.5.1.2. The hospital has a security program.</p> <p>B.5.1.2.1. Staff members are identified by ID badges.</p> <p>B.5.1.2.2. The hospital restricts access by security system or personal.</p> <p>B.5.1.3. The hospital ensures patient confidentiality</p> <p>B.5.1.4. The hospital protects safety of patients, staff, volunteers and public in external emergency situations (e.g. war, earth quakes) by having an external disaster action plan that is rehearsed twice a year.</p> <p>B.5.1.5. The hospital protects safety of patients, staff, volunteers and public in internal emergency situations (e.g. fire) by having an internal disaster plan of action that is rehearsed twice a year.</p> <p>B.5.1.6. The Hospital has a fire safety program with special emphasis on high-risk areas: lab, kitchen, etc.</p> <p>B.5.1.7. The hospital has emergency light and power lights in high-risk areas (e.g. operation rooms, intensive care unit, blood bank, medical</p>

		<p>gas system, etc) and elevators.</p> <p>B.5.1.8. The hospital has an effective utility system plan, which is composed of preventative maintenance and back up plan in case of failure or interruption</p>
	<b><i>Developmental Criteria</i></b>	
	<b><i>Patient Safety Performance Indicators</i></b>	
	<b><i>Examples of Verification</i></b>	<ul style="list-style-type: none"> <li>• Minutes of safety committee.</li> <li>• Policies and procedures for building safety.</li> <li>• Policies and procedures for patient confidentiality.</li> <li>• External disaster action plan.</li> <li>• Internal disaster action plan.</li> </ul>

<b>B.6.</b>	<b>Title</b>	Hospital Design
	<b>Performance Measurement Statement</b>	<b>The Hospital follows patient safety specification in its design.</b>
	<b>Rationale</b>	The Hospital Design ensures patient safety.
	<b>Core Criteria</b>	<p>B.6.1.1. The hospital is designed to ensure safety of all patients, staff, visitors, and volunteers. The design is made to ensure non-slipping floors, bars to support patients, system to call for assistance, and meet fire safety (fire/smoke barrier doors, fire resistant walls in high risk areas, fire resistant curtains, etc) and infection control specifications.</p> <p>B.6.1.2.The design ensures efficient patient and workflows.</p>
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Hospital blueprint.</li> <li>• Hospital design records.</li> <li>• Hospital workflows and patient flow charts.</li> </ul>

<b>B.7.</b>	<b>Title</b>	Equipment &Supplies
	<b>Performance Measurement Statement</b>	<b>The hospital has essential functioning equipment and supplies to deliver its services.</b>
	<b>Rationale</b>	The hospital ensures continuous availability of essential functioning equipment and supplies to deliver its services.
	<b>Core Criteria</b>	<p>B.7.1.1.The hospital ensures availability of essential equipment (disposable syringe, yellow box for sharps).</p> <p>B.7.1.2. The hospital has an effective preventative maintenance system for medical and non-medical equipment on regular basis. All staff is trained on equipment assigned to them</p> <p>B.7.1.3. The hospital ensures that all risks associated with presence and use of medical devices are reduced.</p> <p>B.7.1.4. The hospital ensures that all reusable medical devices are properly decontaminated prior to use.</p> <p>B.7.1.5. The hospital has sufficient supplies to ensure prompt decontamination and sterilization.</p>
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Policies and procedures for equipment preventative maintenance.</li> <li>• Equipment maintenance reports.</li> <li>• Policies and procedures for decontamination.</li> </ul>

<b>B.8.</b>	<b>Title</b>	Staffing Patterns
	<b>Performance Measurement Statement</b>	<b>The hospital has sufficient staff patterns round the clock to deliver safe care.</b>
	<b>Rationale</b>	The hospital ensures it has sufficient staffing patterns to deliver safe care.
	<b>Core Criteria</b>	B.8.1.1.The Hospital has sufficient work force (skill mix: number of staff to beds, ratio of doctor to patient, ratio of nurse to patient) to provide safe care.
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Staff registers and records.</li> </ul>

<b>B.9.</b>	<b>Title</b>	Policies, Guidelines, SOP
	<b>Performance Measurement Statement</b>	<b>Hospital has clear policies, guidelines, and standard operation procedure (SOP) for all departments and supporting services.</b>
	<b>Rationale</b>	The hospital has policies and standard operating procedures to ensure patient safety.
	<b>Core Criteria</b>	B.9.1.1.The hospital has policies and procedures for all department and services. SOP include: preventing wrong site, wrong procedure, and wrong person surgery; standardized list of abbreviations; preventing sharp injury; alarm systems for medical equipment (ventilators, heart monitors, etc).
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Policies and Standard Operating Procedures Manuals for all departments and services to ensure patient safety.</li> <li>• Staff training and knowledge about relevant SOP.</li> </ul>

## C. Evidence Based Safe Health Care Practice Performance Measures:

### Objectives:

- To have effective clinical systems.
- To reduce risk of Hospital Acquired Infections (HAI).

C.1.	<b>Title</b>	Clinical System
	<b>Performance Measurement Statement</b>	<b>The hospital has an effective clinical system that assures inclusion of patient safety.</b>
	<b>Rationale</b>	The hospital has clinical system to ensure patient safety.
	<b>Core Criteria</b>	<p>C.1.1.1. The hospital conforms to WHO clinical practice guidelines whenever appropriate (e.g. Integrated Management of Childhood Illness guidelines, hypertension, making pregnancy safer guidelines etc) by ensuring proper dissemination of guidelines, training and monitoring physician performance..</p> <p>C.1.1.2.The hospital practices evidence based medicine in diagnosing and treating patients. It follows guidelines of best practices (e.g. in choice of using invasive or non invasive techniques in management of case; choice of appropriateness of hand washing or hand rubbing). It ensures proper dissemination of guidelines, training and monitoring physician performance.</p> <p>C.1.1.3. The hospital has policies and procedures to ensure safe surgery and prevent wrong person, site, and procedure which includes the following:</p> <p>C.1.1.3.1.To conduct preoperative verification</p> <p>C.1.1.3.2.To mark of the operative site by the surgeon who will do the procedure;</p> <p>C.1.1.3.3.To involve the team in the</p>

		<p>procedure take a "time out" immediately before starting the procedure to confirm patient identity, procedure, and operative site.</p> <p>C.1.1.4. The hospital has a list of standardized abbreviations of medical terms.</p> <p>C.1.1.5. The hospital conducts regular at least monthly morbidity and mortality meetings for all its specialties.</p> <p>C.1.1.6. The hospital maps its clinical processes.</p> <p>C.1.1.7. The hospital has processes and systems to avoid catheter and tubing mis-connections.</p> <p>C.1.1.8. The hospital has processes and systems to ensure the following:</p> <p><i>C.1.1.8.1. To minimize the use of verbal and telephone orders and have "read back" verification in case orders were verbally</i></p> <p><i>C.1.1.8.2. To ensure effective communication during patient hand-over especially concerning critical information.</i></p>
	<b>Developmental Criteria</b>	<p>C.1.2.1. The hospital holds regular meetings for continuous systemic review of best practices in patient safety; learning from national and international patient safety experiences; and adapting these experiences in assessment and management of risks .</p> <p>C.1.2.2. The hospital conducts clinical audits on a regular basis.</p> <p>C.1.2.3. The hospital uses smart pumps.</p>
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• WHO guidelines.</li> <li>• Evidence based guidelines.</li> <li>• Clinical audit reports.</li> </ul>

<b>C.2.</b>	<b>Title</b>	System to reduce HAI
	<b>Performance Measurement Statement</b>	<b>The hospital has a system to reduce risk of Hospital Acquired Infections (HAI).</b>
	<b>Rationale</b>	The hospital has a system to ensure reduction of HAI.
	<b>Core Criteria</b>	<p>C.2.1.1.The hospital conforms to WHO Practical Guidelines for Infection Control.</p> <p>C.2.1.2.The hospital has infection prevention and control policy, with multidisciplinary committee and officer (one officer for every 150 beds).</p> <p>C.2.1.3.The hospital ensures continuous availability of essential functioning infection control equipment, personal protective equipment, and supplies.</p> <p>C.2.1.4.The hospital has a surveillance system (e.g. through feedback, and outbreak investigations, monitored using indicators [incidence of infection]).</p> <p>C.2.1.5. The hospital has isolation protocols for specific infectious disease (e.g. TB, meningitis) and certain health conditions (e.g. stem cell transplant). Also, have protocols for high-risk settings (e.g. dialysis).</p> <p>C.2.1.6. The hospital has policies and procedures for rational use of antibiotic therapy. It includes types of antibiotics, combination of them, dosage and frequency of administration.</p> <p>C.2.1.7. The hospital has policies and procedures for continuing instructions to staff regarding cleaning, disinfection, and aseptic techniques procedures, isolation precautions, exposure management and compliance of invasive techniques for diagnosis and treatment with safety.</p> <p>C.2.1.8.The hospital ensures its proper sanitation (cleaning, decontamination and sterilization).of all</p>

		<p>its facilities with a special emphasis on high risk areas e.g. emergency, etc</p> <p>C.2.1.9.The hospital conforms to World Alliance for Patient Safety .WHO Draft Hand hygiene guidelines. The hospital has processes and system to ensure the following:</p> <p>C.2.1.9.1. availability of alcohol-based hand-rubs readily at points of patient care;</p> <p>C.2.1.9.2.access to a safe, continuous water supply at all taps/faucets ;</p> <p>C.2.1. 9.3.continuous education of staff on correct hand hygiene techniques;</p> <p>C.2.1. 9.4.presence of hand hygiene reminders in the workplace;</p> <p>C.2.1. 9.5.measurement of hand hygiene compliance through observational monitoring and other techniques.</p> <p>C.2.1.10.The hospital has a staff safety program. It includes immunization, continuous education, and personal protection, post exposure management, and regular testing for HCV, HIV.</p>
	<b><i>Developmental Criteria</i></b>	
	<b><i>Patient Safety Performance Indicators</i></b>	
	<b><i>Examples of Verification</i></b>	<ul style="list-style-type: none"> <li>• Relevant job descriptions.</li> <li>• Minutes of Infection control Committee.</li> <li>• Staff safety records.</li> <li>• Surveillance reports.</li> <li>• Infection Control policies and procedures.</li> <li>• WHO guidelines: Hand hygiene, etc.</li> </ul>

<b>C.3.</b>	<b>Title</b>	Waste Management
	<b>Performance Measurement Statement</b>	<b>The hospital has a safe waste management system.</b>
	<b>Rationale</b>	The hospital has a waste management system to ensure patient, staff, and community safety.
	<b>Core Criteria</b>	C.3.1.1.The hospital conforms to WHO Safe management of wastes from health care activities. All kinds of waste such as: clinical waste, chemotherapeutic waste, radioactive waste, hazardous gases, and anesthetic gases are properly safe collected, segregated, handled and stored, transported and safe treated and disposed. C.3.1.2. The hospital uses color coding for the waste system.
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• WHO Safe Management of Wastes Guidelines.</li> <li>• WHO health care waste assessment tools.</li> </ul>

<b>C.4.</b>	<b>Title</b>	Safe Blood and blood products
	<b>Performance Measurement Statement</b>	<b>The hospital ensures safety of blood and blood products.</b>
	<b>Rationale</b>	The hospital has a system to ensure blood and blood products safety.
	<b>Core Criteria</b>	<p>C.4.1.1.The hospital conforms to WHO Safe Blood and blood products: manual on the management, maintenance and use of blood cold chain equipment.</p> <p>C.4.1.1.1. The hospital has guidelines for prevention, early diagnosis and effective treatment of conditions that could result in the need for transfusion.</p> <p>C.4.1.1.2.. The hospital uses good surgical and anesthetic techniques, pharmaceuticals and medical devices to reduce blood loss.</p> <p>C.4.1.1.3.. The hospital has and use of simple alternatives for volume replacement, including intravenous replacement fluids (crystalloids and colloids).</p> <p>C..4.1.1.4.The hospital complies with guidelines of appropriate prescribing of blood and blood products .</p> <p>C.4.1.1.5. The hospital has safe pre-transfusion procedures e.g. recruitment, selection and retention of voluntary blood donors, blood screening (e.g.HIV, HBV) and ,cross-matching..</p> <p>C.4.1.1.6. The hospital performs safe administration of blood and blood products.</p> <p>C.4.1.1.7. The Hospital promotes optimal hand hygiene associated with procedures for collection, processing and use of blood products</p> <p>C.4.1.2. Administration process for blood and blood products is verified by an RN and countersigned by another health professional.</p> <p>C.4.1.3.The hospital has a policy for post blood exposure accidents.</p>
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	

	<b><i>Examples of Verification</i></b>	<ul style="list-style-type: none"><li>• WHO Safe Blood and Blood Products Manual.</li></ul>
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<b>C.5.</b>	<b>Title</b>	Safe Injections, infusions, and immunizations
	<b>Performance Measurement Statement</b>	<b>The hospital ensures safe injections, infusions, and immunization.</b>
	<b>Rationale</b>	The hospital has processes to ensure safe injections, infusions, and immunization.
	<b>Core Criteria</b>	<p>C.5.1.1.The hospital conforms to WHO-UNICEF-UNFPA joint statement on the use of auto disposable syringes in immunization services through having processes and systems to ensure the following:</p> <p>C.5.1.1.1.To prevent reuse of needles at hospital</p> <p>C.5.1.1.2.To continuous periodic train providers and other health care workers regarding infection control principles;</p> <p>C.5.1.1.3.To educate of patients and families regarding transmission of blood borne pathogens;</p> <p>C.5.1.1.4.To ensure safe needle disposal practices e.g. no recapping, safety boxes.</p> <p>C.5.1.1.5.The hospital ensure skin preparation (aseptic) before administration of any injections, infusions, and immunization.</p> <p>C.5.1.1.6. The hospital has guidelines for anaphylactic reactions that might occur following injections, infusions, and immunization.</p> <p>C.5.1.1.7. All staff are mandated to wear gloves during administration of injections, infusions, and immunization.</p>
	<b>Developmental Criteria</b>	C.5.2.1. The hospital uses needle less
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Relevant Polices and Procedures.</li> </ul>

C.6.	<b>Title</b>	Medication Management System
	<b>Performance Measurement Statement</b>	<b>The hospital has a safe medication system.</b>
	<b>Rationale</b>	The hospital has a medication management system to ensure patient safety.
	<b>Core Criteria</b>	<p>C.6.1.1. The hospital's safe medication system covers the following: selection and procurement, storage, ordering and transcribing, preparing and dispensing, administration, and follow-up.</p> <p>The hospital has processes and systems to ensure the following:</p> <ul style="list-style-type: none"> <li>• To report and prevent any adverse drug reaction or drug interaction.</li> <li>• To identify drug names look or sound like (LASA) drug used and set mechanisms to prevent confusion. This includes both nonproprietary names and proprietary (brand or trademarked) names e.g. physically separating medicines with LASA names in all storage areas; including both the brand name and nonproprietary name on medication orders to provide redundancy; and using "tall man" (mixed case) lettering (e.g. DOPamine versus DoBUTamine) to emphasize drug name differences.</li> <li>• To standardize the dosing, units of measure, and terminology use of concentrated electrolyte solutions e.g. Potassium Chloride. The prepared solution should be labeled with a HIGH RISK WARNING label prior to administration.</li> <li>• To avoid mix-ups of specific concentrated electrolyte solutions (e.g. confusing sodium chloride with potassium chloride).</li> <li>• To ensure legible handwriting when prescribing or writing doctors orders through improved handwriting and printing.</li> <li>• To conduct continuous education for staff on available new products (dosage forms, frequency of administration, etc.).</li> <li>• To ensure proper labeling and storing of similar packaging at different sites.</li> <li>• To ensure medication accuracy at</li> </ul>

		<p>transitions in care through development of a complete and an accurate list of all medications.</p> <ul style="list-style-type: none"> <li>• To identify dangerous drugs by 2 nurses</li> <li>• To ensure proper dispensing of medication by authorized personal.</li> <li>• To ensure proper storage of medication by expiry date.</li> </ul>
	<b>Developmental Criteria</b>	<p>C.6.2.1. The hospital has process to ensure legible handwriting when prescribing or writing doctors orders through or the use of preprinted orders or electronic prescribing.</p> <p>C.6.2.2. The hospital has an effective automated medication alarm system.</p> <p>C.6.2.3. The hospital has an automated dispensing systems for medication.</p>
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Medication records, doctor orders, etc.</li> <li>• Relevant job descriptions.</li> </ul>

<b>C.7.</b>	<b>Title</b>	Medical Records System
	<b>Performance Measurement Statement</b>	<b>The hospital has completed medical records system.</b>
	<b>Rationale</b>	The hospital has medical records system to ensure patient safety and confidentiality.
	<b>Core Criteria</b>	<p>C.7.1.1.Each and every patient have a single completed medical record with a unique identifier. The medical record must contain the following: medical history and physical examination; evidence of informed consent; signed doctor orders; nurse notes; doctor prognosis; operative report (if relevant); reports of procedures and test results; and discharge summary).</p> <p>C.7.1.2. The hospital has policies regarding medical records entries (e.g. a unique identifier for each staff member, dates and time should be documented at each entry); medical records tracking system; storage and retention; protection against deliberate alterations and theft.</p> <p>C.7.1.3.The hospital uses standardized codes for diseases (International Classification of Disease 9 [ICD9, ICD10 ]); diagnosis; and procedures.</p>

	<b>Developmental Criteria</b>	<p>C.7.2.1. The hospital has an automated information management and electronic medical records.</p> <p>C.7.2.2. The hospital has a computerized physician order entry.</p> <p>C.7.2.3. The hospital has an effective automated clinical alarm system.</p>
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Medical Records.</li> <li>• Relevant job descriptions.</li> <li>.</li> </ul>

## D-Lifelong Healthcare Facility Learning Performance Measures:

### Objectives:

- To communicate lessons learnt and success solutions through internal and external channels of communication.
- To be a lifelong learning hospital striving for continuous quality improvement and provide safer patient care.

<b>D.1.</b>	<b>Title</b>	Staff Professional Development Program
	<b>Performance Measurement Statement</b>	The hospital has a staff professional development program with patient safety as a cutting theme.
	<b>Rationale</b>	The hospital has staff professional development program to ensure patient safety.
	<b>Core Criteria</b>	<p>D.1.1.1. It includes: training, knowledge, communication (horizontal and vertical communication, patient hands-off, doctor-patient, nurse-patient) and employee safety and well-being.</p> <p>D.1.1.2. Each and every person working in the hospital (from board /senior managers to janitors) are trained in patient safety and the PSFHC /AERLS on a continuous basis (from orientation forwards). They are familiar with reporting procedures, how to use PSFHC /AERLS and standard procedure during adverse event for their field of duties.</p>
	<b>Developmental Criteria</b>	
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• PSFHC Training Manual, Patient Safety training kit, and records.</li> <li>• Relevant Policies and procedures.</li> </ul>

<b>D.2.</b>	<b>Title</b>	Medical Credentialing
	<b>Performance Measurement Statement</b>	The hospital verifies competency (particular issue knowledge) for all health professionals (doctors) working in it or contracted.
	<b>Rationale</b>	The hospital assures competency of its professionals.
	<b>Core Criteria</b>	D.2.1.1.The hospital verifies competency (particular issue knowledge) for all health professionals (doctors): working through an internal medical credentialing committee.
	<b>Developmental Criteria</b>	D.2.2.1. The hospitals are credentialed through national medical credentialing bodies (medical syndicate and professional societies).

	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Medical credentialing records and staff records.</li> </ul>

<b>D.3.</b>	<b>Title</b>	Patient Safety Performance Improvement Activities.
	<b>Performance Measurement Statement</b>	The hospital learns from all PS incidents reported in PSFHC/AERLS by making improvements in hospital system thus reducing and preventing risk.
	<b>Rationale</b>	The hospital has a system to learn from all PS incidents to ensure safer care.
	<b>Core Criteria</b>	<p>D.3.1.1.The hospital generates reports that include statistics on the frequency of iatrogenic harm and other types of incidents that occur in it. These reports are circulated to involved stakeholders through clear communication channels.</p> <p>D.3.1.2.The hospital prioritizes its patient safety activities according to frequency and severity of incidents using different tools e.g. statistical quality control tools.</p> <p>D.3.1.3.Patient safety notices, alerts, complains, and other means of communications regarding patient safety are acted upon by an action plan.</p> <p>D.3.1.4.The PSIB publishes a patient safety report on a quarterly basis to the PSFH certifying body. The report includes events (iatrogenic harm in patients per admission, non-consequential<sup>1</sup>events per number of admissions, consequential events per number of admissions, adverse events per number of admissions, and sentinel events per number of admissions, non-medical incidents per number of admissions, near misses per number of admissions, potentially preventable adverse events per number of admissions); outcomes; and interventions. Also, PSIB publish an annual report that reports all patient safety activities. A copy of these reports is send to PSFH certification body.</p>
	<b>Developmental Criteria</b>	D.3.2.1. The hospital sends its patient safety report card on a regular monthly basis to PSFH certification body to benchmark it with other

		hospitals and learn from best practices.
	<b><i>Patient Safety Performance Indicators</i></b>	
	<b><i>Examples of Verification</i></b>	<ul style="list-style-type: none"> <li>• Examples of patient safety notices and alerts.</li> <li>• Patient Safety Reports.</li> <li>• Benchmark reports.</li> <li>• Examples of Patient safety improvement projects and solutions.</li> </ul>

<b>D.4.</b>	<b>Title</b>	Accreditation and Re-licensing
	<b>Performance Measurement Statement</b>	The hospital's quality is externally evaluated on ongoing basis.
	<b>Rationale</b>	The hospital has a quality assurance system and other means of external evaluation.
	<b>Developmental Criteria</b>	D.4.2.1 Either a national or international accreditation body accredits the hospital.  D.4.2.2.The hospital becomes re-licensed by appropriate national health authorities (Ministry of Health).
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	<ul style="list-style-type: none"> <li>• Accreditation reports.</li> <li>• Re-licensing certificate.</li> </ul>

<b>D.5.</b>	<b>Title</b>	Research in Patient Safety
	<b>Performance Measurement Statement</b>	The hospital conducts research in patient safety on ongoing basis.
	<b>Rationale</b>	The hospital conducts research to assess magnitude and nature of adverse event and ensure safer care.
	<b>Core Criteria</b>	D.5.1.1. The hospital conducts WHO cross-sectional studies to assess magnitude and nature of adverse event and ensure safer care on regular basis at least once every quarter.  D.5.1.2. The hospital conducts WHO retrospective record review studies to assess magnitude and nature of adverse event and ensure safer care on regular basis at least once a year.
	<b>Developmental Criteria</b>	.D.5.2.1..The hospital uses large data sets and prospective studies to assess magnitude and nature of adverse event and ensure safer care.
	<b>Patient Safety Performance Indicators</b>	
	<b>Examples of Verification</b>	Report on . cross-sectional studies Report on retrospective record review studies.

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## **Appendix 1: Glossary of Patient Safety**

*Cited from T. Khoja et al. Glossary of Patient Safety. Executive Board of Health Ministers' Council. August 2005*

### **Accident**

*An event that involves damage to a defined system that disrupts the ongoing future output of the system. An adverse outcome that was not caused by chance fate. Most accidents and their contributing factors are predictable and the probability of their occurrence may be reduced through system improvements.*

### **Accountability**

*Accountability of a government, agency, organization or group is the ability of the client to hold the body responsible for decisions made and actions taken; and the body acceptance of that responsibility. The result of the process which ensures that decision-makers at all levels actually carry out what they are obliged to do, and that they are made answerable for their actions. The process of setting explicit objectives and targets for health and defining the means of monitoring progress towards them has facilitated the attempt to achieve greater accountability through public disclosure or "transparency"*

### **Action plan**

*The product of the root cause analysis which identifies the strategies that an organization intends to implement to reduce the risk of similar events occurring in the future. The plan should address responsibility for implementation, oversight, pilot testing as appropriate time lines and strategies for measuring the effectiveness of the actions.*

### **Administrative Procedures (Standard Operating Procedure)**

*A statement by an authority of the expected way in which organizations staff carries out certain activities. Standard Operating Procedures are more stringent than guidelines. Define routine non – clinical processes. It includes step by step how to follow the rules under different situations, such as procedure for admission, discharge, emergency, etc.*

### **Adverse Drug Event (ADE)**

*Any incident in which the use of a medication (drug or biologic) at any dose, medical device or a special nutritional product (e.g. dietary supplement, infant formula, medical food) may have resulted in an adverse outcome in a patient. An injury from a medicine or lack of an intended medicine. Any harm resulting from a medical intervention resulting from a medical intervention related to a drug. ADE's are typically due to process breakdowns.*

*An injury caused by the use of medications, the failure to use appropriate medications when indicated, rather than the patient's underlying condition;*

*noxious and unintended outcome that occurs at doses used in man for prophylaxis, diagnosis, therapy, modification of physiological function.*

*Any of a myriad of outcomes not intended from use of a drug. These may include errors in medication administration prescription, but they could also include allergic reactions and unanticipated side effects. An injury resulting from use of a drug. An incident resulting from medical intervention related to a drug.*

### **Adverse Event**

*An injury that was caused by medical management (rather than underlying disease) and that prolonged the hospitalization or produced a disability at the time of discharge, or both.*

*An unwanted, undesirable, and usually unanticipated event death of a patient falls or improper administration of medication are also considered adverse events even if there is no permanent effect on patient.*

*An injury that was caused by medical management and that results in measurable disability*

*- Potential AE.*

*- Preventable AE.*

*An undesired and unplanned occurrence directly associated with the care services provided to a patient. in the system, and can result from commission omission, and includes problems in practice, products, procedures and system.*

*An unexpected and undesired incident directly associated with care services provided to the patient.*

*An incident that occurs during the process of providing health care and results in patient injury death.*

*An adverse outcome for a patient including an injury complication.*

*Any event or circumstances which did lead to damage, loss or harm.*

*Unintended injuries or complications that are caused by health care management rather than underlying disease.*

*A harm resulting from a medical intervention, the harm is not due to the underlying medical condition of the patient.*

*An injury resulting from a medical intervention.*

### **That Adverse Event be defined in one of three ways;**

*1- An unexpected and undesired incident directly associated with the care services provided to the patient;*

*2- An incident that occurs during the process of providing health care and results in patient injury death;*

*3- An adverse outcome for a patient, including an injury complication.*

*In view of the three different options, it is essential that the context be described whenever the term adverse event is used.*

*A preferable option would be to use an alternate term with a better defined meaning.*

## **Adverse Sentinel Events**

*An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof serious injury specifically includes the loss of limb or function (JCAHO 1996).*

## **Assessment**

*The determination of the intensity, frequency, and duration of actual hypothetical event. Process by which the characteristics and needs of clients, groups or situations are evaluated or determined so that they can be addressed.*

### **The assessment forms the basis of a plan for services or action:**

#### **External assessment**

*External analysis deals with opportunities and threats. Opportunities in pharmacy practice: examples, pharmaceutical care, import of industrial technology. Etc. Threats in pharmacy practice: examples evolving international systems, low recognition by society etc.*

#### **Internal assessment**

*Internal assessment deals with: strength and weaknesses. Strengthens example: massive drug knowledge, pharmaceutical industry etc. Weaknesses: scarcity of pharmacists, lack of post graduate programmes etc.*

## **Audit**

*Systematic review of the procedures used for diagnosis, care, treatment and rehabilitation, examining how associated resources are used and investigating the effect care has on the outcome and quality of life for the patient. It is the systematic critical analysis of the quality of medical care, including procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patients.*

*This implies a process more active than mere counting - there*

*Should be self-improvement through standard-setting measurement, change and re-measurement.*

### **The scope of audit**

#### **Two major categories of activity are of consummate interest:**

*Audits of process (examining records, appointment books. and immunization records. to see how patients are being treated).*

*Audits of outcome (mortality morbidity and patient satisfaction looking at the results of treatment). Audit is systematic independent examination and review to determine whether actual activities and results comply with planned arrangements.*

### **Average length of stay (ALOS)**

*Average stay counted by days of all or a class of inpatients discharged over a given period, calculated by dividing the number of inpatient days by the number of discharges. This may be calculated by different hospitals, departments and diseases.*

### **Bar code**

*A bar code is a graphic representation of data (alpha, numeric, or both) that is machine readable. Bar coding is a method of encoding numbers or alphabetic characters using wide and narrow bars and spaces according to a set of rules called symbologies. Both the lines and the spaces are read. Scanning a bar code gives instant access to information in an associated database.*

### **Baseline**

*An observation or value that represents the background level of a measurable quantity. The baseline rate is used for comparison with values representing responses to experimental intervention or an environmental stimulus, usually implying that the baseline and response values refer to the same individual or system*

### **Benchmarking**

*Continuous measurement of a process, product, or service compared to those of the toughest competitor, to those considered industry leaders, or to similar activities in the organization in order to find and implement ways to improve it. This is one of the foundations of both total quality management and continuous quality improvement. A process of measuring another organization's product or service according to specified standards in order to compare it with and improve one's own product or service. Benchmarks may be established within the same organization (internal benchmarking); outside of the organization with another organization that produces the same product or service (external benchmarking). Or with reference to a similar function or process in another industry (functional benchmarking)*

*It compares performance by comparing different aspects of performance with a view to adopting the best methods or performance targets*

*Benchmarking also comparing the results of organizations' evaluations to the results other interventions, programs, or organizations, and examining processes against those of others recognized as excellent, as a means of making improvements. It is an improvement process in which a company measures its performance against that of best-in-class companies, determines how those companies achieved their performance levels, and uses the information to improve its own performance. The subjects that can be benchmarked include strategies, operations, processes, and procedures.*

***Internal benchmarking** occurs when similar processes within the same organization are compared. **Competitive benchmarking** occurs when an organization's processes are compared with best practices within the industry. **Functional benchmarking** refers to benchmarking a similar function or process. Such as scheduling in another industry*

### **Best Practice**

*An approach that has been shown to produce superior results, Selected by a systematic process, and judged as exemplary, or demonstrated as successful. It is then adapted to fit a particular organization.*

### **Clinical indicator**

*A statement about a desirable attribute (process or outcome) of clinical care that is used to evaluate the quality of services provided (e.g.. women ages 50 and older should have an annual mammogram to screen for breast cancer), the modifier "clinical" is used to distinguish these indicators from those that capture the patient's perspective (e.g., satisfaction) or that measure structural attributes (e.g. number of physicians per 10.000 populations).*

### **Clinical Incident Code Classification**

**Severity Code 1** *There is no adverse outcome, e.g. a fall with no significant symptoms or injury.*

**Severity Codes 2** *There is no apparent adverse outcome, or the injury is minor and self limiting. If action is required, only simple first aid or monitoring is necessary.*

**Severity Code 3** *The incident has adverse outcomes (which are more than minor) that are successfully reversed with treatment (e.g. a fall resulting in a fracture followed by a full recovery) or there is no adverse outcome, but there is a significant potential for future adverse outcomes. Major system policy or process review may be required.*

**Severity Code 4** these incidents result in actual serious physical injury not reversed by clinical intervention, or death. In addition to immediate clinical intervention in some cases a critical review of policy and process is required.

## **Complaint**

Expression of a problem, an issue, or dissatisfaction with services that may be verbal or in writing.

## **Compliance**

To act in accordance with as in "compliance with a standard." Compliance (does the patient take the medicine?). There is no point in being a brilliant diagnostician if no body can be persuaded to take your treatments.

**The following have been found to be associated with increased compliance:**

- Being able to identify with a personal doctor.
- Patient's overall satisfaction with the doctor.
- Simple therapeutic regimens.
- Supplementary written information (use short words).
- Longer consultation time.
- Prescribing in association with giving health education.
- Continuity of care by the same Doctor.
- Short waiting time for appointments.
- The encouragement of self-monitoring by the patient.
- Belief in the efficacy of the treatment.

**Monitoring compliance:** Monitoring plasma drug levels is the most reliable way of doing this, but it is cheaper to ask patients to return with their tablets, so that you can count them.

## **Compliance level**

**A measure of the extent to which a hospital acts in accordance with a specified standard, including the following:**

- **Substantial compliance** A hospital or PHCC consistently meets all major provisions of a specified standard: designated by a score 1.
- **Significant compliance** A hospital or PHCC meets most provisions of a standard: designated by a score 2.
- **Partial compliance** A hospital or PHCC meets some of the provisions of a standard: designated by a score 3.

- **Minimal compliance** A hospital or PHCC meets few of the Provisions of a standard: designated by a score 4.
- **Noncompliance** A hospital or PHCC fails to meet the provisions of a standard: designated by a score 5.
- **Not applicable** The standard does not apply to the hospital or PHCC. Designated by NA.

### **Computerized Practitioner Order Entry (CPOE)**

A networked computerized system that allows health care professionals to enter orders online. These orders include, but are not limited to, medications diagnostic tests (clinical laboratory, imaging), nursing orders, and special orders (e.g. types of diet).

### **Confidentiality**

1. the restricted access to data and information to individuals who have a need, a reason, and permission for such access.
2. An individual's right to personal and informational privacy. Including for his or her healthcare records.

So confidentiality is guaranteed limits on the use and distribution of information collected from individuals or organizations.

One of the aspects of the responsiveness of health systems whereby privacy in the context of privileged communication (such as patient-doctor consultation) and medical records is safeguarded.

### **Consent**

Voluntary agreement or approval given by a client.

### **Continuous quality improvement (CQI)**

A model for reducing defects in a system that affects an outcome of quality, A management approach to the continuous study and improvement of the processes of providing health care services to meet the needs of patients and other persons. CQI focuses on making an entire system's outcomes better by constantly adjusting and improving the system itself instead of searching out and getting rid of persons or processes whose practices or results are outside of established norms. CQI is often considered to be synonymous with "total quality management." It was introduced in the early nineties. It is team oriented, more attentive, every department in organization should be involved.

## **Criteria**

*Expected level(s) of achievement against which performance or care can be evaluated. Criteria are the elements of care chosen and counted or assessed in order to judge whether the standard has been reached. Criteria are specific steps to be taken, or activities to be done, to reach a decision or a standard.*

## **Criterion(s)** *(criteria, criterion [Greek] - a means for judging)*

*Provide the more detailed and practical information on how to achieve the standard, and relate to structure, process or outcome factors.*

*An attribute or rule that serves as a basis for evaluation, definition or classification of something; an evaluation standard.*

## **Culture of safety**

*The utopian environment where medical errors will not occur because everyone is safety conscious enough to avoid all mistakes.*

## **Electronic medical records (EMR)**

*Electronically maintained information about an individual's lifetime health status and health care across multiple episodes of care in all pertinent clinical environments. Replacing the paper medical record as the primary record of care. An electronic patient record that resides in a system specifically designed to support users through availability of complete and accurate data, alerts, reminders clinical decision support systems, links to medical knowledge, and other aids.*

## **Evaluation**

*A process of determining the actual status of an object (process, phenomenon, system) in relation to the desired status or to another object (process, phenomenon, system). Judging something (a scenario, a policy, a strategy, a futures project, etc) in terms of selected criteria (feasibility, desirability, equity cost effectiveness, etc) or comparing two or more items in terms of such criteria. Evaluation is the assessment of the degree of success in meeting the goals and expected results (outcomes) of the organization's services, program or clients. To determine the worth of or in appraise, as in "the evaluation of hospital performance.*

### **Certifying evaluation,**

*Evaluation based on measurement of learner performance, in order to justify decisions regarding advancement to the next class or the award of an academic qualification or other certification of competence.*

### **Evidence Based Healthcare (EBHC)**

*Is the conscientious use of current best evidence in making decisions about the care of individual patients or the deliver)' of health services. Current best evidence is up-to-date information from relevant, valid research about the effects of different forms of health care, the potential for harm from exposure to particular agents, the accuracy of diagnostic tests, and the predictive power of prognostic factors. Promotes the collection. Interpretation, acid integration of valid, important and applicable patient-reported, clinician-observed, and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments and facilitate cost effective health care.*

### **Evidence-based medicine**

*An approach to health care that promotes the collection, interpretation, and integration of valid, important and applicable patient-reported. clinician-observed and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments, and facilitate cost-effective health care.*

### **Governance**

*Governance is the -system by which an organization directs and controls its functions and relates to its stakeholders. Numerous definitions of governance are currently in circulation. Our Global Neighborhood (Oxford University Press, 1995) defines governance as "the sum of the many ways individual and institutions, public or private, manage their common affairs. It is a continuing process through which conflicting or diverse interests may be accommodated and co-operative action may be taken. it includes formal institutions and regimes empowered to enforce compliance, as well as informal arrangements that people and institutions either have agreed to or perceive to be in their interest". For the purposes of this glossary and in the context of health, the following definition is proposed: "good governance for health is the enabled participation of those concerned in the formulation and deployment of policies, programmes and practices leading to equitable and sustainable health systems". Some elements of good governance*

*common to most definitions are: people-centeredness, accountability, transparency, broad participation and consultation, and regular monitoring and evaluation.*

*The system through which society organizes and manages the affairs of diverse sectors and partners in order to achieve its goals. Also governance is the function of determining the organization's direction, setting objectives and developing policy to guide the organization in achieving its mission, and monitoring the achievement of those objectives and the implementation of policy. The exercise of political, economic and administrative authority in the management of a country's affairs at all levels. It is a neutral concept comprising the complex mechanisms, processes, relationships and institutions through which citizens and groups articulate their interests, exercise their rights and obligations and mediate their differences (UNDP).*

### **iatrogenic**

*1-Resulting from the professional activities of physicians, or, more broadly, from the activities of health professionals. Originally applied to disorders induced in the patient by autosuggestion based on a physician's examination, manner, or discussion, the term is currently applied to any undesirable condition in a patient occurring as a result of treatment by a physician (or other health professional), especially to infections acquired by the patient during the course of treatment.*

*2-Pertaining to an illness or injury resulting from a procedure, therapy, or other element of care. Patterns about how people, teams, and organizations coordinate activities, information, problem solving to cope with the complexities of problems that arise. The surface characteristics (phenotype) of a near miss or adverse event are unique to a particular setting and people. Genotypical patterns re-appear in many specific situations.*

### **Incidence**

*The number of new cases of a specified disease diagnosed or reported during a defined period of time divided by the number of persons in a stated population in which the cases occurred.*

### **Incident**

*That incident is defined as including events, processes, practices, or outcomes that are noteworthy by virtue of the hazards they create for, or the harms they cause, patients. Incident reporting systems are meant to capture*

*any and all incidents that are worthy of reporting. They often fail to do so because practitioners do not know what they should report*

### **Incident report**

*The documentation for any unusual problem, incident, or other situation that is likely to lead to undesirable effects or that varies from established policies and procedures or practices. Synonym: occurrence report*

### **Indicator**

*A measure used to determine, over time, performance of functions, processes, and outcomes.*

*A statistical value that provides an indication of the condition or direction over time of performance of a defined process or achievement of a defined outcome. Variables that help to measure [changes in the health situation] directly or indirectly and to assess the extent to which the objectives and targets of a programme are being attained. For the regional HFA targets, both quantitative indicators are used. Indicator is a measure of the performance of functions, systems, or processes over time; also it is a statistical value that indicates the condition or direction of the performance of a process or achievement of an outcome over time. It is a tool used to measure; also it is a statistical value that indicates the condition or direction of the performance of a process or achievement of an outcome over time. It is a tool used to measure, over time, an organization's performance of functions, processes, and outcomes. Indicators are an indication of a given situation. Indicators have to be seen as a tool to be used in a well defined process for monitoring and evaluating strategies for health for all. The number of indicators should be minimized when assessing key processes and identifying potential problem areas. Indicators are fundamentally tools for evaluating and monitoring quality of care.*

### **Medical audit**

*A detailed retrospective review and evaluation of patient records along specified dimensions of care usually conducted by physicians and other medical staff members. Medical audits are used to measure and assess professional and organization performance by comparing it with accepted standards or current professional judgment.*

*Medical audit can be defined as the study of some part of the structure, process and outcome of clinical care, earned out by those personally engaged in the activity concerned, to measure whether set objectives have been attained, and thus assess the quality of care delivered. This working definition covers all aspects of medical audit.*

*More simply, audit is looking at ourselves and our practices to see what we are up to, and to determine the quality of care delivered.*

### **Medical error**

*An adverse event or near miss that is preventable with the current state of medical knowledge. that medical error be no different from a definition of the term 'error', where error is the failure to complete a planned action as it was intended, (i.e., error of execution) or when an incorrect plan is used in an attempt to achieve a given aim (error of planning).*

*Any preventable event that may cause or lead to patient harm while under the care of the healthcare professional. Any incident in which the use of a medication (drug or biologic) at any dose, a medical device, or a special nutritional product (e.g. dietary supplement, infant formula, medical food) May have resulted in an adverse out come in a patient.*

### **Medication error**

*That medication error is defined as the failure to complete a planned action as it was intended, or when an incorrect plan is used, at any point in the process of providing medications to patients.*

*Any preventable event that I cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such Events may be related to professional practice, health care products, procedures, systems, including prescribing; order Communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer.*

*Medication errors can occur at any stage of medication administration.*

**These in include:-**

**Ordering-** *Wrong dose, wrong choice of drug Transcribing- Wrong frequency of drug administration, Missed dose because medication is not transcribed*

**Dispensing-** *Drug not sent in time to be administered at the time ordered, |wrong drug, wrong dose.*

**Administering-** Wrong dose of drug administered, wrong technique used to administer the drug.

**Monitoring-** Not noting the effects of the given medication.

**Medication Safety-** Freedom from accidental injury during the course of medication use; activities to avoid, prevent, or correct adverse drug events which may result from the use of medications.

**Medication error index (NCC MERP)**

No error **Category A** Circumstances or events that have the capacity to cause error.

No harm **Category B** An Error occurred but the medication did not reach the patient.

**Category C** An error occurred that reached the patient but did not cause patient harm

**Category D** An error occurred that resulted in the need for increased patient monitoring but no patient harm.

Error, harm **Category E** An error occurred that resulted in the need for treatment or intervention and caused

temporary Patient harm. **Category F** An error occurred that resulted in Initial or prolonged hospitalization and caused temporary Patient harm.

**Category G** An error occurred that resulted in permanent patient harm.

**Category H** An error occurred that resulted in a near-death even (e.g. cardiac arrest).

Error, death **Category I** An error occurred that resulted in patient death"  
harm: death, or temporary or permanent impairment of body function/structure requiring intervention.

**Morbidity rate**

An incidence rate used to include all persons in the population under consideration who become clinically ill during a stated period of time. The population may be limited to a specific gender or age group or to people with certain other characteristics.

**Mortality rate**

A rate calculated in the same way as an incidence rate by dividing the number of deaths occurring in a given population during a stated period of time, usually a year, by the number of persons at risk of dying during the period. A total or crude mortality rate relates to deaths from all causes and is usually expressed as deaths per 1000 persons. A disease-specific mortality rate relates to deaths attributable to only one disease and is often expressed as deaths per 100 000 persons.

## **MRSA**

*Methicillin Resistant Staphylococcus Aurous (MRSA). An antibiotic-resistant infection often acquired in hospitals.*

## **Multidisciplinary team**

*A multidisciplinary team is a group of people from different disciplines (both healthcare and non-healthcare) who work together to provide care for patients with a particular condition. The composition of multidisciplinary teams will vary according to many factors. These include the specific condition, the scale of the service being provided, and geographical/socio-economic factors in the local area*

## **Near miss**

*A situation in which an event or omission, or a sequence of events or omissions, arising during clinical care fails to develop further, whether or not as the result of compensating action, thus preventing injury to a patient. (NHS).*

*An event or situation that could have resulted in an accident, injury or illness, but did not, either by chance or through timely intervention. Also referred to as a "close call". Events in which unwanted consequences were prevented. An event or situation, in the patient care environment, that could have resulted in a patient injury or visitor incident, but did not, either by chance or through timely intervention. A near miss can become a trigger for deep learning and system improvement. . Where there was potential for harm, and where harm was prevented only by skill or luck.*

## **Nosocomial infections**

*Any infection(s) acquired by an individual while receiving care or services in a health care organization. Common nosocomial infections are urinary infections, surgical wound infections, pneumonia, and blood stream infection. Illnesses acquired in the hospital inpatient environment not resulting from the reasons the patient was admitted (i.e., hospital-acquired pneumonia, etc.).Nosocomial infection also called" hospital-acquired infection" can be defined as an infection acquired in hospital by a patient who was admitted for a reason other than that infection. An infection occurring in a patient in a hospital or other health care facility in whom the infection was not present*

*or incubating at the time of admission. This includes infections acquired in the hospital but appearing after discharge, and also occupational infections among staff of the facility.*

### **Organization**

*Comprises all sites/locations under the governance of, and accountable to, the governing body/owner(s).*

### **Outcome**

*A product, result or practical effect. In health care, outcomes may be measured in a variety of ways, but tend to reflect the health and well-being of the patient and associated costs. The end result of care and treatment and/or rehabilitation. In other words, the change in health, functional ability, symptoms or situation of a person, which can be used to measure the effectiveness of care" and treatment, and/or rehabilitation.*

*The result of the performance (or nonperformance) of a function(s) or process (es).*

*That which results from performance (or nonperformance) of function or process (es). An outcome represents the cumulative effect of one or more processes on a patient at a defined point in time.*

*In the field of health, the result or impact of policy measures or health interventions in terms of a change in health status or health behavior.*

*It is the effort(s) that an intervention has on a specific health problem. It reflects the purpose of the intervention. For example, the outcome(s) of aural health education program on safe drinking water could be fewer diarrhea episodes in children under five or decreased child mortality by diarrhea. A change to a situation resulting from an action.*

### **Outcome measure**

*A measure of what happens or does not happen after a process, service, or activity is performed or not performed. Outcome measure quantify an organization or providing services*

### **Patients' rights**

*Patients' basic rights to health in terms of access to care and services, equity in treatment and quality of care. A set of rights, privileges, responsibilities and duties under which individuals seek and receive health care services. Because patients' rights are often not explicit, the composition of the set varies from country to country and over time.*

## **Patient Safety**

*The avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the processes of health care. These events include "errors," "deviations," and "accidents." Safety emerges from the interaction of the Components of the system; it does not reside in a person, device or department. Improving safety depends on learning how safety emerges from the interactions of the components.*

### **Patient safety is a subset of healthcare quality.**

*Freedom from accidental injuries during the course of medical care; activities to avoid, prevent, or correct adverse outcomes which may result from the delivery of health care. This concept has many different operational each of the definitions being defined by research context. In general, however, patient safety refers to the concept that patients in health care settings are achieving intended outcomes. This term is often applied to falls, medication errors and sometimes even more far-reaching concepts such as patient education, etc.*

*That patient safety is defined as the reduction and mitigation Of unsafe acts within the health-care system, as well as through the use of best practices shown to lead to optimal patient outcomes. Freedom from accidental injury or harm; ensuring patient safety involves the establishment of operational systems and processes that minimize the likelihood of errors and maximizes the likelihood of intercepting them when they occur. Actions undertaken by individuals and organizations to protect health care recipients from being harmed by the effects of health care services. The prevention and mitigation of unsafe acts within the health care system.*

*The reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal patient outcomes.*

### **Performance assessment**

*Involves analysis and interpretation of performance measurement data to transform it into useful information the second segment of a performance measurement, assessment, and improvement system.*

### **Performance measure**

*Any device for measuring (quantifying) level of performance.*

**Performance measurement**

*Measurement of adherence to recognized standards of quality. Performance measurement may take place at the national, system, institution, or individual provider level, and it includes measures of process and outcome.*

**Performance standard**

- *Standards that evaluate the practice and measure compliance with guidelines*
- *Standards that measure health outcome*

**Prevalence**

*The total number of persons sick or exhibiting a certain condition in a stated population at a particular time (point prevalence) or during a stated period of time (period prevalence), regardless of when the illness or condition began, divided by the population at risk of having the disease or condition at the point in time or midway through the period in which it occurred.*

**Plan-do-study-act (PDSA) cycle**

*A four-part method for discovering and correcting assignable causes to improve the quality of processes. Synonyms: Deming cycle; Shewhart cycle.*

**Policy**

*The highest level statement of intent and objectives within an organization*

**Potential adverse event**

*An event or situation that could have resulted in an accident, injury or illness, but did not, either by chance or through timely intervention.*

**Practice guidelines**

*A set plan for care of the typical patient in the typical situation. It is developed through a formal process that uses the best scientific evidence of effectiveness with expert opinion. Descriptive tools(s) or standardized specification(s) for care of the typical patient in the typical situation, developed through a formal process that incorporates the best scientific evidence of effectiveness with expert opinion. Synonyms include: algorithm; clinical criteria; clinical practice guidelines; clinical protocol; guideline; parameter; practice parameter; preferred practice pattern; protocol; review criteria*

### **Preventable Adverse Event**

*An adverse event that was attributable to a medical or medication error. An adverse event attributable to an error. An injury due to medical care that results from errors or other system breakdowns, such as failure of an infusion pump.*

### **Procedure**

*Operational instructions to regulate activity.  
Operational.*

### **Process**

*A series of actions (or activities) that transform the inputs (resources) into outputs (services). For example, a health education program will require that staff develop an education strategy, develop educational materials, and deliver the education sessions.*

*A continuous and regular action or succession of actions, taking place or being carried out in a definite manner, and leading to the accomplishment of some results. A course of action or sequence of steps, including what is done and how it is done. Examples of these interrelated activities within the health-care system include decision making, problem solving and communication. A goal-directed, interrelated series of actions, events, Mechanisms, or steps.*

### **Process measure** (process indicator)

*Characteristics of the use of health services relative to need (technical process measure) and the manner with which providers interact with patients in providing care (interpersonal process measure) relative to some standard. For example, the proportion of persons who receive beta blockers following a myocardial infarction is a process measure related to a discrete step in the treatment of persons with heart attacks that is consistent with professional standards*

### **Reliability**

*The reliability of a measure is an indicator of the degree to which it can be replicated. Reliability is concerned with the random errors which occur in all forms of measurement. The more reliable a measure is the less random error exists in its results.*

*Also reliability is the extent, to which results are consistent through repeated measures by different measurers, or at different times by the same measurer, when what is measured has not changed in the interval between measurements.*

*Reliability is fundamental to the utility of any quality measure. If a quality measure is not reliable it is not useful. However, many quality measures are not adequately tested for reliability.*

### **Risk**

*That risk be defined as the probability of danger, loss or injury within the health-care system. The likelihood, high or low, that somebody or something will be harmed by a hazard, multiplied by the severity of the potential harm. Chance or possibility of danger, loss or injury. This can relate to the health and well-being of staff and the public, property, reputation, environment, organizational functioning, financial stability, market share and other things of value.*

### **Risk adjustment**

*In performance measurement, the use of severity of illness measures, such as age, to estimate the risk (the measurable or predictable chance of loss, injury, or death) to which a patient is subject before receiving a health care intervention. The purpose of risk adjustment is to ensure that comparisons of performance measures across organizations are fair and that observed differences are due to variation in provision of care rather than differences in patient populations served.*

### **Risk analysis**

*The process used to determine the potential severity of the loss from an identified risk, the probability a loss will happen, and Alternatives for dealing with the risk. Also referred to as hazard analysis. An approach to evaluation in which emphasis is placed on identifying the risks associated with each alternative. In futures, risk analysis is often used in evaluating alternative pathways to a chosen scenario.*

### **Risk assessment**

*The qualitative or quantitative estimation of the likelihood of adverse effects that may result from exposure to specified health hazards or from the absence of beneficial influences. A systematic process to determine risk*

*management priorities through finding out the frequency of an outcome, and its consequences.*

### **Risk identification**

*A process for finding out what outcomes are possible, and how they occur.*

*The process used to identify situations, policies, or practices that could result in the risk of patient harm and/or financial loss to the institution.*

### **Risk management**

*Clinical and business "techniques employed to prevent or reduce" risk of injury to patients, staff, visitors, and "prevent or reduce organization losses and preserve the organization's assets. Organizational activities designed to prevent patient injury or moderate the actual financial losses following an adverse outcome.*

*In the context of hospital operations, the term risk management usually refers to self-protective activities meant to prevent real or potential threats of financial loss due to accident, injury, or medical malpractice. Clinical and administrative activities that health care organizations undertake to identify, evaluate and reduce the risk of injury to patients, personnel and visitors, and the risk of loss to the institution itself. A systematic approach to the management of risk, staff and patient/client/user safety, to reducing loss of life, financial loss, loss of staff availability, loss of availability of buildings or equipment, or loss of reputation. Risk management involves identifying, assessing, controlling, monitoring, reviewing and auditing risk. Risk management is planned and systematic processes to reduce and/or eliminate the probability of losses occurring in a specific setting through:*

- *Risk identification and analysis.*
- *Loss control.*
- *Claims management and risk financing.*

### **Root cause**

*The most fundamental reason an event has occurred. (ESRD). The most fundamental reason for the failure or inefficiency of a process.*

### **Root cause analysis**

*A process for identifying the most basic or casual factor or factors that underlie variation in performance, including the occurrence of an adverse sentinel event or possible occurrence of an adverse event.*

*That root cause analysis be defined as a systematic process of investigating a critical incident or an adverse outcome to determine the multiple, underlying*

*contributing factors. The analysis focuses on identifying the latent conditions that underlie variation in performance and, if applicable, developing recommendations for improvements to decrease the likelihood of a similar incident in the future*

### **Safe injection**

*The World Health Organization (WHO) defines a safe injection to be one that does not harm the recipient, does not harm the health care worker, and does not harm the community*

### **Safety**

*Freedom from accidental injury.*

*The degree to which the risk of an intervention (for example ,use of a drug or a procedure) and the risk in the care environment are reduced for patient and other persons, including health care practitioners.*

### **Safety culture**

*Five attributes of a safety culture - these are the 5 high level attributes of a "safety culture, " that we strive to operationalize through the implementation of strong safety management systems. (ESRD)*

1. A culture where ALL workers (including front line staff, physicians, and administrators) accept responsibility for the safety of themselves, their co-workers, patients, and visitors.
2. Prioritizes safety above financial and operational goals.
3. Encourages and rewards the identification, communication, and resolution of safety issues.
4. Provides for organizational learning from accidents.
5. Provides appropriate resources, structure and accountability to maintain effective safety systems.

### **Self-assessment**

Assessment of performance against standards by individual/clinical team/Trust providing the service to which the standards are related.

**Sentinel event** An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response

Event in which death or serious harm to a patient has occurred.

A serious event that triggers further investigation each time it occurs. It is usually an undesirable and rare event, such as maternal death. Sentinel events are sometimes used in quality monitoring as markings of poor quality.

A term used by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to describe a serious medical error, including medication errors with serious consequences, suicide, unauthorized departure, wrong-site or wrong-patient surgery, intrapartum maternal death, violent crime committed against a patient, severe patient fall, or hemolytic blood transfusion.

### **Unexpected occurrence involving:**

- death, or
- major permanent loss of function or serious injury that is related to the treatment or lack of treatment of the patient's illness or underlying condition / childbirth / pregnancy.

### **Any of the following events;**

- Procedures involving wrong patient or body part.

Unexpected/unexplained serious neurological injury following spinal procedure that is likely to be permanent

- Patient suicide in hospital.
- Retained instruments or other material after surgery requiring re-operation or further surgical procedure.

- hypoxic brain damage probably attributable to anesthesia, airway management or ventilator technique.
- Maternal death or serious injury associated with labour or delivery in a low risk injury.

## **Standard**

A minimum level of acceptable performance or results or excellent levels of performance or the range of acceptable performance or results. The American Society for Testing and Materials (ASTM) defines six types of standards:

1. *Standard test methods* - a procedure for identifying, measuring and evaluating a material, product or system.
2. *Standard specification* - a statement of a set of requirements to be satisfied and the procedures for determining whether each of the requirements is satisfied.

**Standard practices** -a procedure for performing one or more specific operations or functions.

4. **Standard terminology** - a document comprising terms, definitions, descriptions, explanations, abbreviations or acronyms.
5. **Standard guide** — a series of options or instructions that do not recommend a specific course of action.
6. **Standard classification** - a systematic arrangement or division of products systems, or services into groups based on similar characteristic

A statement of expectation that defines the structures and processes that must be substantially in place in an organization to enhance the quality of care. It is a normative document regulating a set of rules, norms, and requirements to an object. • An expected level of performance that, if attained, would lead to the highest levels of quality in a system. For example, every health provider must wash his or her hands after examining. Patient statements of the quality that is expected from service. It is the translation of program goals into operational procedures. Statements of expectations for inputs, processes, and outcomes of the health system necessary to ensure the delivery of quality patients care. Standards can be rules (e.g. protocols) or specifications. For example: a separate sterile needle must be used for each child being immunized.

The standard is the target level of performance.

For purpose of accreditation, a set of expectations predetermined by competent authority. A standard describes the acceptable level of performance of an organization or individual. It relates to structures in place, conduct of a process, or measurable outcome achieved

**Standard (s)**

*That standard (s) be used in the sense of a level or measure, rather than a rule or policy. A formal structured level of care or practice that is binding by custom or law, often based on both expert opinion and data. Standards are considered more binding than recommendations.*

**Standard of care**

*That standard of care is as found in a policy, or clinical guideline, or in common practice — a set of steps that would be followed or an outcome that would be expected.*

**Standard practice**

*A definitive procedure for performing one or more specific operations or functions that does not produce a test result.*

**Standard statement**

*An overall statement of agreed performance*

## **Systems approach**

*Using prompt, intensive investigation followed by multidisciplinary systems analysis...to [uncover] both proximal and systemic causes of errors. It is based on the concept that although individuals make errors, characteristics of the systems within which they work can make errors more likely and also more difficult to detect and correct. Further, it takes the position that while individuals must be responsible for the quality of their work, more errors will be eliminated by focusing on systems than on individuals. It substitutes inquiry for blame and focuses on circumstances rather than on character*

## **System errors**

*The delayed consequences of technical design or organizational issues and decisions. Also referred to as latent errors.*

*An error that is not the result of an individual's actions, but the predictable outcome of a series of actions and factors that comprise a diagnostic or treatment process*

## **System failure**

*Medical/medication errors that result from the existing organization of the health care delivery system and the way that resource are provided to the delivery system.*

## **Target**

*The degree of achievement referring to a discrete activity expressed in terms of population (target group, age-wise/sex wise, occupational groups etc.)Characteristics, number (coverage) and time.*

## **Trends**

*Pattern in variables over time, and particularly developments that are likely to have serious implications for the future of a sector*

## **Unpreventable adverse event**

*The degree to which the risk of an intervention (for example ,use of a drug or a procedure )and the risk in the care environment are reduced for patient and other persons, including health care practitioners.*

## **Utilization management**

*The planning, organization, direction, and control of resources. How this relates to patient care by a health care organization is significant*

## **Validity**

*One of the characteristics for which scenarios should be tested during their construction. A valid scenario is one that is logical and internally consistent.*

*Validity is the extent to which a measure truly measures only what it is intended to measure.*

*The validity of a measure is an indicator of the extent to which it measures what it is intended to measure, (measuring what it purports to measure, not surrogate markers which might not correlate with reality). If a measure is not providing valid results, it is at best of no use, and at worst misleading.*

## **Variation**

*The differences in results obtained in measuring the same phenomenon more than once. The sources of variation in a process over time can be grouped into two major classes: common causes and special causes. Excessive variation frequently leads to waste and loss, such as the occurrence of undesirable patient health outcomes and increased cost of health services. Common-cause variation, also called endogenous cause variation or systemic cause variation, in a process is due to the process itself and is produced by interactions of variables of that process is inherent in all processes, not a disturbance in the process. It can be removed only by making basic changes in the process. Special-cause variation, also called exogenous-cause variation or extra systemic cause variation, in performance results from assignable causes. Special-cause variation is intermittent, unpredictable, and unstable. It is not inherently present in a system; rather, it arises from causes that are not part of the system as designed.*