

Why Standards?

The standards will be developed with two principal objectives. First, they provide a common set of requirements applying across all health care organizations to ensure that health services are provided that are both safe and of an acceptable quality.

Second, they provide a framework for continuous improvement in the overall quality of care people receive. The framework ensures that the extra resources being directed to the health system are used to help raise the level of performance measurably year-on-year.

This aim can only be achieved if these benefits are delivered to **all** groups within our society. The standards must therefore be interpreted and implemented in ways which:

- Challenge discrimination
- Promote equality of access and quality of services
- Support the provision of services appropriate to individual needs, preferences and choices

Purpose of the National Core Standards

The main purpose of the National Core Standards is to:

Develop a common definition of quality care which should be found in all health care services in Bangladesh as a guide to the service providers in all levels;

Establish a benchmark against which health establishments can be assessed, gaps identified and strengths appraised;

Provide for the national certification of compliance of health establishments with mandatory standards.

Goal

To develop core national standards, criteria and indicators and the tools for their assessment in health establishments.

Suggestive areas of addressing the National Health Care standard

- **Domain**
- **Sub Domain**
- **Standard**
- **Criteria**
- **Appraisal**

The use of the Standards

The over-riding goal of the standards is to assist in improving the quality of care. The primary activity is therefore to ensure that the standards are disseminated throughout the health system and that compliance with them becomes the norm for staff and managers as a continuous improvement process is implemented

Meeting standards

Standards are designed to be used by all managers and supervisors as a guide to expected service planning and delivery. Thus, compliance with standards and certification will be one of the requirements for increased management autonomy, formally reflected in the delegation of authority and ultimately in access to public funding.

Fast-track improvement to meet patients' immediate expectations

It is expected that all establishments will ensure they are compliant with these standards. However, as improving quality is a process, not a once-off event, we have identified six critical areas where we are aware that many establishments (especially in the public sector) have much to improve. These are at the same time absolutely fundamental to the provision of safe, decent care.

Managers are therefore expected to ensure that they are compliant with these six fast-track areas in as short a time as possible (see also the document: "Fast Track to Quality").

1. Values and attitudes of staff
2. Cleanliness
3. Waiting times
4. Patient safety and security
5. Infection prevention and control
6. Availability of basic medicines and supplies

Domains and Action Areas

Domain Areas for core standards

1. Patient Safety

- 1.1 Safe handling (and storage) of medicines
- 1.2 Patient safety system (reporting and information)
- 1.3 Infection Prevention & Control (incl. TB)
- 1.4 Medical device risk reduction

2. Clinical care

- 2.1 Clinical governance
- 2.2 Use of guidelines and protocols
- 2.3 Diagnostic services (laboratories & X-Ray)
- 2.4 Clinical audit and reviews
- 2.5 Appropriate use of technology
- 2.6 Delivery of an appropriate package of services
- 2.7 Medical records

3. Governance

- 3.1 Management and planning
- 3.2 Financial management
- 3.3 Procurement
- 3.4 Human resource management
- 3.5 Information and management
- 3.6 Corporate Governance
- 3.7 Quality Improvement Programme
- 3.8 Risk management
- 3.9 Research governance
- 3.10 Communication and public relations

4. Patient experience of care

- 4.1 Patient rights / Citizen charter
- 4.2 Complaints System
- 4.3 Help desk / hospital information
- 4.3 Patient perceptions of care

5. Access to care

- 5.1 Timely access to care
- 5.2 Access to medicines
- 5.3 Referral system
- 5.4 Ambulance response and turnaround time
- 5.5 Emergency care treatment
- 5.6 Physical access

6. Infrastructure and environment /

- 6.1 Cleanliness
- 6.2 Medical waste management
- 6.3 Equipment
- 6.4 Services (laundry, catering, linen and clothing,utilities).
- 6.5 Safe and secure environment
- 6.6 Design and condition of buildings for safe delivery of care

7. Public health

- 7.1 Health promotion and prevention programmes
- 7.2 Integration of care including community involvement
- 7.3 Disaster or outbreak preparedness and response

Domain one: Patient Safety

Definition: Patient safety includes initiative to identify, report, analyze and prevent any unintended or unexpected incidents that could harm health care users.

Outcome : Patient safety is accelerated by the use of health care practices and activities that prevent or reduce the potential risk of harm to client / patients.

Intent: To minimise risk and improve patients' safety through reporting, analysis prevention of medical errors and adverse events.

Action areas in this domain:

- 1.1 Infection Prevention and Control
- 1.2 Patient safety systems (reporting and information).
- 1.3 Safe handling and storage of medicines.
- 1.4 Medical equipment / Instrument risk reduction.

Area : 1.1 Infection Prevention & control

1.1.2 Standard: The risk of health care associated infections is reduced through ongoing monitoring and management.

1.1.2.1 Criteria:

- The National Infection Prevention and Control Policy is available.
- Guidelines and protocols are available and implemented.
- There is an appropriately trained Infection Prevention and Control Officer.
- An IPC committee is in place in the facility.
- Infection surveillance data is routinely collected, analyzed and used.
- Protective clothing for staff and patients is available and used when needed.

1.1.3 Standard: The facility actively manages the infection prevention & control

1.1.3.1 Criteria:

- The facility has policies & protocols in place.
- There is a system in place to facilitate early identification and isolation of cases.

1.2 Patient safety system:

1.2.1 Standard : All steps are taken to ensure the safety of care and the environment through the ongoing assessment and management of risks.

1.2.1.1.Criteria : The facility conducts risk assessment for safety risk.

1.2.2 Standard : Local patient safety education needs are met.

1.2.2.1Criteria: Patient safety information is available.

1.2.2.2 Involvement of patient regarding patient safety strategy.

1.2.2.3 Formal name tag will be used by staff for identification all times.

1.2.3 Standard : Adversed events or incidents are actively monitored and managed.

- **1.2.3.1Criteria:** Risk management committee is in placed
- 1.2.3.2 The facility conducts risk assessment for adverse event likely to occur.
- 1.2.3.3 Risk management process, tools & procedure in place.

1.3 Safe handling and storage of medicines

1.3.1 Standard : Medicines are appropriately stored and packaged to ensure that the medicine is not inactivated due to light, temperature etc.

1.3.1.1Criteria:

A fridge and freezer is available and functional.

Temperature in the storage area is maintained at room temp.

The storage area is suitably secured and protected against unauthorized entry or atmospheric pollution.

1.3.2 Standard: Suitably qualified staff handle medicines and supply them to other healthcare professionals

1.3.2.1.Criteria:

There are sufficient pharmacists and pharmacy assistants to cover the prescription workload

Pharmacy assistants are supervised by pharmacists

Standard operating procedures exist for the safe handling of medicines for inpatients and out-patients

1.4 Medical Equipment Risk Reduction:

1.4.1 Standard: Safe use of Medical devices is ensured through adequate usage, storage and maintenance.

1.4.1.1 Criteria:

- All medical device users(Medical technologists) are trained and supported in correct, optimal utilization and safe storage of the available medical devices and meet legal or licensing requirements (for medical X-Ray equipment.)
 - All medical devices to be serviced calibrated and maintained in accordance with the Manufacturer's conditions as well as the license conditions for medical X-Ray equipment.
 - There is an Institutional Policy regarding the decontamination of all medical devices.
 - Health Technology Adverse Event Reporting and Management Policy is available to ensure correct incident reporting, immediate removal of defective device(s) and bagging of disposable items.
 - Safety Gear, to protect patients and staff, is available and functional within
 - the room where the medical device will be utilized (e.g. lead aprons, gonad shields)

Domain 2: Clinical Care

Definition: Clinical care address the provision of the necessary inputs and guidance needed for the patient care by clinicians and the mechanisms to ensure that care is effective and responsive.

Intention: The intention is to ensure that all the requirements for patient care are in place and the appropriate skills are available to deliver clinical care.

Domain outcome ;

Action areas in this domain:

2.1 Clinical governance.

2.2 Compliance with guidelines and protocols.

2.3 Clinical support services.

2.4 Clinical Audit.

2.5 Appropriate use of technology.

2.6 Delivery of an appropriate package of services.

2.7 Medical records.

Area 2.1 Clinical Governance:

2.1.1 Standard : Clinical leadership is accountable for the delivery of quality health care that meets patient needs within the available resources

2.1.1.1 Criteria

- Hospital/ facility organizational structure will have the key clinical departments like, OPD, IPD, support services
- Head of the departments will have the clear written accountabilities
- Proper & appropriate training of the clinicians.
- Team building, leadership, motivation & good communication skill
- Good ethical practices of the head of the departments
- Head of the departments organize their services to ensure the best use of available resources.

2.1.2. Standard :

Provide best practice of clinical care & continuous improvement of services

2.1.2.1Criteria:

Clinical practices strive to find out better ways of working through an analysis of results and outcome based on evidence based practice.

Followed national clinical management guideline uniformly level wise (Primary, secondary & Tertiary)

Area 2.2 : Compliance with Guideline & protocols

2.2.1 Standard: National Clinical Guideline & Management protocol

2.2.1.1Criteria: Treatment protocols follow National Clinical Guideline.

Essential drug list and standard treatment guideline for the facility is available and utilized

Area 2.3 : Clinical support service

2.3.1 Standard : Diagnostic laboratory services are accessible, quality & effective

2.3.1.1 Criteria:

- Laboratory services are provided on site or through a referral service
- National Standard of pathological laboratory services in place
- The turnaround time for results is within specific limits.
- The Quality of results is perceived by clinicians and management to be acceptable.
- Standard Operative Procedure of laboratory services in place.

2.3.2. Standard : Appropriate Radiology service available**2.3.2.1 Criteria:**

- Medical imaging equipments is available and functional for the every level of care.
-

2.3.3 Standard: Other clinical support services are available in accordance with the level of care.**2.3.3.1 Criteria:**

- Transfusion medicine services is available with transfusion standard & SOP
- Rehabilitation services are available in accordance with the specified level.
- Social support services are available in accordance with the specified level.

Area : 2.4 Clinical Audit**2.4.1 Standard:** Processes to improve clinical Quality are in place**2.4.1.1 Criteria :**

- Policy directives & clinical guideline for clinical audit are available in all service areas.
- Each service area conducts regular clinical audits.
- Reviewed of morbidity & mortality.
- The facility has functional Quality assurance committee & Clinical audit committee.

Area 2.5: Appropriate use of technology**2.5.1 Standard:** Appropriate Medical device is available in each clinical service area**2.5.1.1 Criteria:**

Medical device risk policy available in each clinical service area.

Critical equipments available in Medical College Hospitals : Emergency & Trauma, Diagnostic radiology, Anesthesia, OT, Pediatrics, Neonatal unit, ICU & critical care, CCU, urology.

District Hospital ; : Emergency & Trauma, Diagnostic radiology, Anesthesia, OT, Pediatrics, Neonatal unit,

Area 2.6: Delivery of an appropriate package of services**2.6.1 Standard:** The facility / Hospital deliver a defined range of health services on its stipulated level.**2.6.1.1 Criteria:**

The facility delivers the approved range of service (Services for UHC, DH, MCH specified)

Area 2.7: Medical Records:

2.7.1 Standard : Medical records are created, maintained and stored to standard which meet legal, regulatory and professional requirements.

2.7.1.1Criteria: Data management policy in place.

2.7.2 Standard : Computerize data management system is deployed to enhance quality of care

2.7.2.1 Criteria:

The core module are deployed: Patient registration, Diseases profile, Discharge & referral data base.

A facility master patient index is available online.

Domain 3: Governance

Definition: Governance is the use of structures of authority and collaboration to allocate, coordinate and control resources in the care management

Intent: To indicate the health care structures and their responsibilities towards ensuring that facilities operations in providing quality care are realized

Action areas:

1. **Management and planning**
2. **Financial & Resource management**
3. **Procurement**
4. **Human Resources**
5. **Information and management**
6. **Corporate governance**
7. **Quality improvement**
8. **Risk management**
9. **Research**
10. **Communication**

Area : 3.1 Management & planning

3.1.1 Standard: Manager develop the strategic management planning

3.1.1.1Criteria:

Planning will be developed by services need and client expectation.

3.1.2 Standard : Direct link between management & financial planning, performance management & management infrastructure.

3.1.2.1 Criteria: Accountability & responsibility are clear through plan, management framework & organizational structure.

3.1.2.2 Organizational structure reflect service objectives

3.1.2.3 Departmental head can be held accountable for management performance.

Area 3.2 : Financial management

3.2.1 Standard: Appropriate tools, information & skills are available to enable management of expenditure

3.2.1.1 Criteria : Cost centre are in place to ensure that managers have financial information to monitor performance.

Managers understand and assess cost effectiveness relationship

3.2.2 Standard : Resources are adequately managed and efficiency savings are achieved

3.2.2.1 Criteria: Efficiency targets and anticipated resource utilization are set within the management plan.

3.2.2.2 Plans are communicated to all staff members

3.2.2.3 Medical devices are monitored in order to maximize up time utilization through proper management.

Area 3.3 Procurement & supplies

3.3.1 Standards: Selection process for equipment and consumables are efficient and transparent and reflect the needs of both users and management.

3.3.1.1 Criteria: A process exists for prioritizing the procurement of appropriate medical equipment (facilities, personnel and budget available)

3.3.1.2. Effective procedure exist to limit and / or to monitor influence on purchasing decision.

3.3.2 Standard: Stock & Equipment is managed effectively and efficiently to maximize use, maintain adequate levels and reduce loses.

3.3.2.1 Criteria: Information system to manage stock are in place and functional.

3.3.2.2 An asset register of medical equipment is available and updated regularly.

3.3.2.3 Medical repair maintenance records are kept

3.3.2.4 Spare parts are available on site or in a reasonable time.

Area 3.4 Human Resource management

3.4.1 Standard: Human resource plan forms part of the strategic management plan and monitoring system

3.4.1.2 Criteria : Suitable approved organograms in accordance with the specified level of care

3.4.2 Standard : Authority is delegated to appropriate levels to improve efficiency.

3.4.2.1 Criteria : Power delegation to head of the department

3.4.3 Standard: Performance is regularly reviewed against agreed outputs.

3.4.3.1 Criteria : A system exists for establishing staff responsibilities and output.

3.4.3.2 Manager at all levels regularly review staff performance.

3.4.3.3 Clinical protocols, Quality control and outcome measures are used to guide the organization services and to monitor performance

3.4.4 Standard: Duty Planning and management of staff adequately covers duty rosters, overtime, leave, etc.

3.4.4.1 Criteria: Patient flow, bed occupancy and activity level are used to plan duty rosters for efficient use of staff.

3.4.4.2 Departmental head determining planning flexibility and conduct regular reviews of staff utilization

3.4.4.3 Leave, sick leave and absenteeism are actively controlled by the head of the departmental head & personnel dept

3.4.4.4 Ongoing monitoring & control as well as regular audits or reviews are conducted of the planning and controls for staff time use including doctors

3.4.5 Standard: An efficient system exists to implement disciplinary controls**3.4.6.1 Criteria :** All staff & supervisor have received training and regular updates.**3.4.6.2** Adequate record keeping at all levels to support procedure is prioritized.**3.4.6.3** Cases are recorded and outstanding cases followed up**Area 3.5: Information & Management****3.5.1 Standard :** The minimum data set at the facility meets the agreed requirements for quality & timeliness.**3.5.1.1 Criteria:** Data Quality & Data flow policy available**3.5.2 Standard:** ICT & software required for management and patient care is well managed.**3.5.1.2 Criteria :** An inventory of ICT required for management and patient care is available**3.5.1.2** Telephone, Faxes, Computer and other communication tools are recorded in the register**3.5.1.2** All software used in the facility is recorded in the "system availability" register**3.5.3 Standard:** Information Management system is supported by a dedicated staff complement**3.5.3.1 Criteria:** The organization has dedicated staff for information management.**3.5.3.1** Facility data is collected and collated by dedicated staff**Area 3.6 : Quality Improvement Programme****3.6.1 Standard:** The facilities clinical and managerial leaders collaborate in planning and actively implementing a quality management and improvement programme**3.6.1.1. Criteria :** There is a written plan for an organization wide Quality management and improvement (QA) programme covering key areas**3.6.1.2** There is a dedicated QA committee that designs and oversees the programme.**3.6.1.3 :** All the service provider participate in QA process**3.6.1.4 Managers** ensure that Quality improvement teams are established and functional in all areas of facility.**3.6.2 Standard:** Staff members actively participate in the QA activities**3.6.2.1 Criteria:** A training programme equips staff with the necessary skills and competencies**3.6.2.2** Staff participates actively in the quality improvement teams**Area: 3.7: Risk Management****3.7.1 Standard:** Management has established for process for identification, assessment and intervention to risks across the institution**3.7.1 .1 Criteria;** An integrated risk management strategy is available.

3.7.1.2 Risk management tools & Incident register are available.

Area 3.8: Research Governance:

3.8.1 Standard: Any research conducted in the facility is carried out with appropriate consent and authorization from the subject and in line with guideline on research projects

3.8.1.1 Criteria: Valid consent or authorization is obtained from all subjects and kept on file

Area 3.9: Communication & Public relation:

3.9.1. Standard: The facility has communication strategy and plan supported by top management to address internal & external and relation with stakeholder

3.9.1.1 Criteria: The strategy and plan cover both internal & external clients

3.9.1.1 An understanding of the communication needs of different stakeholders is reflected in the strategy and plan.

3.9.1.2 There are clear procedure relating to dealing with the media.

Domain: 4: Patient Cares

Definition: The patient care encompasses initiatives aimed at assessing, ensuring and improving health care users levels of satisfaction or perception of care after using the health care services.

Intent: To identify and as far as possible address the gap, between the expected service and the experience of the service, from the client/ patient point of view.

Action Areas: **4.1: Patient rights**
4.2: Patient perception of care
4.3: Help desk / Hospital information
4.4: Compliant system.

Area 4.1: Patient rights

4.1.1 Standard: The patient Rights charter is used to protect and promote the implementation of patient's Right.

4.1.1.1 Criteria: The patient Rights charter is accessible and visible for all users of the facility

4.1.2 Standard: There is a compliant management system in place

4.1.2.1 Criteria: There is an identifiable complaints Manager

Area 4.2: Patients perception of care:

4.2.1 Standard: There is a system in place to measure patient / client perception of care.

4.2.1.1 Criteria: Client satisfaction surveys are conducted and analyzed

4.2.1.2 The facility implements quality improvement initiatives based on the recommendation of the survey reports.

Area 4.3 Help Desk:

4.3.1 Standard: Patient has access to information on hospital services and processes

4.3.1.1 Criteria: There is an accessible and visible help desk.

4.3.1.2 : Availability, location, and times of services are publicly displayed.

Area 4.4: Compliant system:**4.4.1 Standard: There is an indefinable compliant manager**

4.4.1.1 Criteria: A clear and accessible complaints procedure guides patients, families and the community on how to make complaints procedure (according national guideline).

4.4.1.2 : The facility has a compliant register

4.4.1.3 Investigation / analysis of complaints leads to appropriate preventive by management.

Domain 5: Access to Care

Definition: Access to care covers the initiatives aimed at ensuring that patients have access to appropriate services within a reasonable period of time at the facility at which they present or through a well functioning referral system.

Intent: To ensure that the patient services the needed treatment, care and support in an equitable and timely manner

Action Areas:

- 5.1 Timely access**
- 5.2 Emergency care treatment**
- 5.3 Referral system**
- 5.4 Access to Medicine**
- 5.5 Physical access**
- 5.6 ambulance Response and turnaround time**

Area : 5.1 Timely access**5.1.1 Standard: Patient have access on arrival to correct information on the services offered at that service point**

5.1.1.1 Criteria: Information is available on the services being provided and on referral process

5.1.2 Standard: Patient are attended to within and acceptable period of time and in accordance with their needs

5.1.2.1 Criteria: Waiting times in key areas are monitored and measures taken by management to address causes of blockage.

5.1.2.2 A maximum waiting time is locally determined per service area.

5.1.2.3 Screening is initiated at the point of patient entry.

5.1.2.4 Effective mechanism exists to ensure seriously ill patients are immediately attended to.

5.1.2.5 Policies and procedure address the management of patients when there is no vacant bed in the facility

Area 5.2 Emergency care treatment:

5.2.1 Standard: Patients requiring emergency care are never refused care and always stabilized before referral.

5.2.1.1 Criteria; The facility has procedure to ensure that no patient requiring emergency care is ever turned away without of the facility capacity.

Area 5.3: Referral System

5.3.1 Standard: A defined referral network and system guides clinicians at all levels when referring patients or sharing care across different levels.

5.3.1.1 Criteria: There is an up to date list, map and contact numbers of facilities that receive patients being referred for specified services according to guidelines.

5.3.1.2 Clinicians and staff in all services areas use this list for referral among all levels of care.

5.3.1.3 Procedure exist and are implemented regarding the clinical responsibility & document requirements for lower level referring to a higher level.or higher level to lower level.

5.3.2 Standard: Hospitals are staffed and equipped to treat and manage patients appropriately.

5.3.2.1 Criteria; Staff are adequately trained to manage patients in line.

5.3.1.2 Essential equipment is available for treatment of patients at the level of care.

5.3.1.3 Essential drugs are available for the treatment of patients at that level of care

Area 5.4: Access to medicine:

5.4.1 Standard: Appropriate Medicines are available as prescribed & Patient obtain their medicine within an acceptable period of time

5.4.1.1 Criteria: There is a locally determined maximum waiting time to acute and chronic patients.

Area 5.5: Physical access

5.5.1 Standard: The facility offers safe and easy access and entry by patients

5.5.1.1 Criteria: Facility is accessible from all type route (Bus , Train, others)

5.5.2 Standard: The facility enables persons with disability to access critical areas and services.

5.5.2.1 Criteria: The entrance in to the facility is level or there is a ramp with handrails to allow access to persons with reduced mobility functioning.

5.5.2.2 There is clear signage for persons with visual impairment

5.5.2.3 Critical points in the facility are designed and equipped to enable persons with disabilities to make use of the services and amenities.

Area 5.6: Emergency response and turnaround time:

5.6.1 Standard: Admission / Discharge/ Transfer of emergency cases handled efficiently and competently by hospital staff.

5.6.1.1 Criteria: An emergency admission / discharge / referral policy and procedure exists

5.6.1.2 Management of casualty regularly analysis handover times in order to improve them.

5.6.1.3 For referral: all clinical information and ambulance call out and hospital departure time are documented. And a copy given to ambulance crew

5.6.2 Standard: On ambulance call-out for transfer and referrals, establishments provide adequate clinical information to guide dispatch of an appropriate level of emergency care.

5.6.2.1 Criteria: Clinical record indicates the level of assistance requested from the ambulance service.

Domain: 6: Environment & Infrastructure

Definition: The facilities, environment and infrastructure should ensure an acceptable, appropriate, hygienic and safe environment for health care users

Intent: To ensure the key support services, buildings and environment are appropriate, available and safe

Action Areas:

6.1 Cleanliness

6.2 Medical waste management

6.3 Linen, laundry, catering & Clothing services

6.4 Basic equipment services

6.5 Safe environment

6.6 Design and condition of buildings

Area 6.1 : Cleanliness

6.1.1 Standard: The cleaning service is effectively managed to ensure a clean and safe environment.

6.1.1.1 Criteria : Standard Operating procedure for cleaning are in place.

6.1.1.2 Cleaning material are available.

6.1.1.2 Capacity development of housekeeping staff identified and addressed.

Area 6.2 Medical waste management

6.2.1 Standard: Medical waste is managed to reduce potential risk to patients, staff and the public.

6.2.1.1 Criteria: There is a facility medical waste management plan.

6.2.1.2 There is a medical waste manager.

6.2.1.3 Capacity development of all staff.

6.2.1.4 There is behavior change communication material relevant to medical waste management.

6.2.1.5 Medical waste is segregated in accordance to waste management policy..

6.2.1.6 Outhouse management by city corporation / pourosova

Area 6.3: Linen, laundry, catering & Clothing services

6.3.1 Standard: Laundry & linen is managed to ensure a safe and acceptable service.

6.3.1.1 Criteria : A suitably trained and experienced person manages the services.

6.3.1.2 Orientation of the staff regarding house keeping.

6.3.1.3 Procedure and process are available in terms of the separation of staff working in the soiled and clean areas within in facility, handle of infection linen, etc

6.3.2 Standard: Minimum Standards for food provisioning as stipulated of national food policy.

6.3.2.1 Criteria: Database of standard recipes available to ensure correct meal preparation

6.3.1.2 Serving meal time are clearly defined and adhered to.

6.3.1.3 Meals are delivered to wards using appropriate trollys and at correct temperature.

6.3.3 Standard: The food service unit is efficiently and effectively managed.

6.3.3.1 Criteria : The facility has a qualified food service manager (More than 51 bed)

6.3.3.2 The food service personnel receives training continuously

6.3.3.3 A standardized monitoring tool is used to do quality control in food health service.

Area 6.4 Basic equipment and services

6.4.1 Standard: Basic services and equipment are available and functional

6.4.1.1 Criteria : All basic equipment/ services are readily available, eg:, emergency power, UPS, IPS, Medical Gas, Air condition, etc

Area 6.5 Safe environment :

6.5.1 Standard: The facility buildings adequately protect staff and patients from the elements and from threats to their person, and protects the assets of the facility from theft and damage.

6.5.1.1 Criteria: Buildings floor, walls, ceiling, windows, doors and sanitary fittings pose no danger to patients or staff.

6.5.1.2 Building electrical system are in sound operating condition.

6.5.1.3 Windows are in sound condition and secured to avoid accidents with children or psychiatric patients.

6.5.1.4 Entry point is protected from unauthorized.

6.5.1.5 Fire safety mechanism

6.5.1.6 Building complies with fire safety regulation.

Area 6.6: Design and condition of buildings

6.6.1 Standard: The facility has well designed and functional treatment areas.

6.6.1.1 Criteria; Appropriate level of care in all areas like< OPD, IPD , Emergency, Pharmacy, OT, etc.

Domain: 7: Public Health

Definition: Public Health covers the active collaboration between facilities (Both PHC facilities & Hospitals) and with relevant healthcare and other organizations and with local communities to ensure an integrated and effective health care system.

Intent: To ensure the design and delivery of programme to promote, protect and improve health; and which will protect health inequalities and help people to live healthy and independent lives.

Action Areas

7.1 : Health promotion and prevention:

7.2: Integration of care & Community involvement

7.3: Disaster preparedness and response

Area 7.1 : Health promotion and prevention:

7.1.1 Standard : Facilities act to promote, protect and improve the health of the community and reduce health inequalities

7.1.1.1 Criteria : Facilities ensure that needs assessment and sound public health advice inform their plans, policies & Practices.

7.1.1.2 Facilities actively assess and promote access by the population in their defined catchment area, especially where problems with access have been identified.

7.1.1.3 Facilities have systematic, appropriate and actively managed diseases prevention and health promotion programme in accordance with national guideline.

7.1.1.4 Facilities encourage & support individuals to recognize their own responsibilities in maintaining their health and wellbeing and practice sing a healthy lifestyle.

Area 7.2: Integration of care & Community involvement

7.2. 1 Standard: Facilities work in partnership with other ministries & communities in the development, implementation and evaluation of health programme

7.2.1.1 Criteria : Facilities have mechanism in place for liaison with and support to community organization.

7.2.1.2 Treatment & referral protocols used in the facility to follow national protocol & referral guideline for NCD, CD, MCH, Mental health etc.

Area 7.3: Disaster preparedness and response

7.3.1 Standard: Facilities protect the public in the event of significant infectious diseases outbreak or other health emergencies.

7.3.1.1 Criteria: There are plans in place to deal with outbreaks in the facility or in its catchment areas.

There are plans in place to deal with disaster emergencies affecting the facility or communities in its catchment area.