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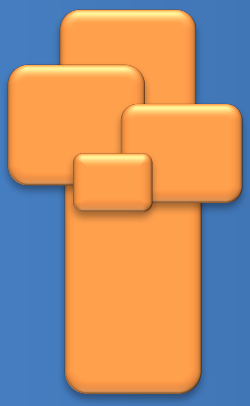

PATIENT SAFETY STANDARDS

Surveyor Guide *For* Hospitals

2016

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PREFACE

The release of the first edition of the **Patient Safety Standards Surveyor's Guide for Hospitals** by the Health Governance Unit, Medical Research Institute, Alexandria University is a contribution to quality care and a sign of the participatory culture within the healthcare sector in Egypt. It responds to a growing demand by the public and by patients and their families to make our healthcare system safer and is part of the commitment by healthcare providers to do so.

This guide has been developed by the Health Governance Program, an initiative realised by the Medical Research Institute in collaboration with the Italian Health Institute and is the result of a long journey initiated a decade ago in Alexandria by a concerned group of doctors and nurses who, with the WHO support, founded the Alexandria Patient Safety Alliance (APSA) an interagency organization hosted by the Medical Research Institute.

The Health Governance Unit members being among APSA founders dedicated generous time to the promotion of the Egyptian Patient Safety Standards for Hospitals. In 2014, it decided to focus its attention on the assessment of Patient Safety Standards and the outcome is here presented in a clear and detailed manner.

This guide benefits from the practical experience gained in several Alexandria hospitals, it is aimed for healthcare professionals, hospital management, hospital boards as an assessment and foresight tool needed for safe, effective, efficient, patient oriented care.

Professor Mohamed Mokhtar

Dean
Medical Research Institute
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AUTHORS

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Professor and surgeon at Medical Research Institute (MRI), Alexandria University. His clinical experience and his commitment to quality motivated him to get engaged in 2008 in the Patient Safety Friendly Hospitals WHO initiative which led to the establishment in 2009 of the Alexandria Patient Safety Alliance (APSA) of which he is a founding member and current Coordinator.

As a former MRI Dean he has been exposed to the challenges of institutional management and led him to actively participate in the launching and implementation of the Health Governance Project which encompasses clinical governance, institutional governance and health system governance and within such context this work has been carried out.

As Director of the Health Governance Program he has led the work for the promotion of the Egyptian Standards for Hospitals in Alexandria, and the application of the Patient Safety Standards through the design and implementation of rigorous exercises of assessment in hospitals which led to the production of this surveyor guide.

Ms Eman EL Sayed, BSc in Nursing, MSc

Nursing Specialist, Master Degree in Infection Control, PHD student, JCI certified hospital surveyor, Member of Alexandria Patient Safety Alliance is from 2013 Health Governance Junior Consultant and from 2014 a researcher in the Health Governance Unit.

Her work on patient safety was initiated in 2010 when she participated in the WHO Patient Safety Friendly Hospitals Initiative; was a member of the team involved in the analysis of the WHO critical standards on patients' safety and of the team of hospital assessment. Participated as a trainer in several workshops for patient safety practices and standards.

Since 2014 she is a full time researcher at the Health Governance Unit, Medical Research Institute, Alexandria University, and has dedicated a large part of her work to the development and testing of assessment tools.

Patient Safety Practices

1. Purpose of The Guide

This guide is based on the 2013 Egyptian Healthcare Accreditation Program, Standard for Hospitals, issued by the Accreditation Executive Committee of the Ministry of Health, its aim is to provide hospital staff a clear understanding of the Hospital Patient Safety Standards and to guide quality teams in the implementation of an assessment of the current safety practices which is the first step for any hospital improvement initiative. The guide facilitates the assessment activity through elaborating on the rational of each safe practice (standard) with its related survey process and scoring method.

It has been developed through the experience gathered by the Health Governance Unit, Medical Research Institute, Alexandria University in the recent years and benefits from the experience of some its members from their engagement with the Alexandria Patient Safety Alliance during the WHO Patient Safety Friendly Hospital initiative.

The Health Governance Unit team, which includes among its members surveyors internationally certified, has carried out orientation activity for public, university and private hospitals and had the chance to carry out assessments in some of these hospitals with the tools and methodology presented in this guide.

2. Safe Environment

To ensure safe practices by healthcare providers an enhancing environment is essential. The environment should be supported first by a safety culture that is promoted by a committed leadership thus creating the right tone at the top of the organization. This tone will not only facilitate the adoption of safety practices but also the reporting of adverse events which is critical to understand their causes and ways to prevent them in the future.

An important element, nowadays, in the creation of safe environments within our healthcare organizations is patient involvement in any safety programs or initiatives. Their involvement can vary from just informing them of the possible risks they may face or asking them to help in minimizing them through their active participation.

Such a variety of activities will create an appropriate environment through which healthcare providers can effectively implement safe practices that ultimately enable healthcare organizations to offer safer care with acceptable assurances.

3. Patient Safety Governance

Patient safety is one of the fundamental pillars for the proper governance and management of any healthcare organization including hospitals. Therefore, hospital

governing and management boards in collaboration with quality and patient safety teams should work together to ensure that clinicians (doctors and nurse) are offering safe care to patients through the adoption of patient safety practices (Egyptian Patient Safety Standards). Furthermore, patient safety should be well rooted into the organization (hospital) strategic and risk management plans and is a constant item in all performance dashboards.

4. Safe Practices

Safe practices can be grouped under various headings. The Egyptian Healthcare Accreditation Program, Standards for Hospitals present safe practices (standards) under three main headings as shown in the table below.

General Patient Safety	Medication Management Safety	Operative and Invasive Procedure Safety
• Policies and procedures • Staff orientation and education • Patient Identification • Hand Hygiene • Injection safety • Verbal and telephone orders • Panic values • Cather and tubing misconnection • Fall prevention • Pressure ulcer prevention • Critical alarms • Handover communication	• Policies and procedures • High risk medication • Dangerous abbreviation • Look-alike and sound-alike • Concentrated electrolytes • Medication labeling • Medication reconciliation	•Policy and procedures •Pre-intervention checklist •Patient identification •Time out •Site marking •Equipment retention

The Egyptian Healthcare Accreditation Program, Standards for Hospitals are divided into three levels (Level A, B, C). Level A are known as the essential structural standards and are expected to be fully present. Level B and level C are known as implementation standards presenting more advance complexity. The Egyptian Patient Safety Standards belong to level A and B.

Another way of presenting safe practices is through their position along the patient pathway from time of admission to discharge as presented by the Alexandria Patient Safety Alliance as shown in the table below. For example at time of patient admission it its important to properly identify patients using two identifiers (Patient Safety Standard PS.6) and also to document all medication being used by the patient upon admission (Patient Safety Standard PS.26).

Patient Pathway Step	Patient Safety Standards				
Admission	Patient identification			Medication documentation	
↓					
Assessment	Fall prevention			Pressure ulcer prevention	
↓					
Diagnosis	Panic values			Alarm systems	
↓					
Medication	Injection safety	Electrolytes safety	Dangerous abbreviations	Sound alike look alike	Medication labelling
↓					
Procedures	Checklists	Time out	Site marking	Instrument retention	Tube misconnection
↓					
Discharge	Medication list			Continuity of care	
All above steps	Staff awareness	Policies ad procedures	Hand hygiene	Verbal orders	Hand-over

5. Context

Assessment of patient safety practices (standards) can be considered as a special type of audit. It can be performed by the hospital staff and in this case it will be considered as a first party internal audit primarily aimed at quality and safety improvement. The assessment can also be performed by external staff and in the case when the external staff are from another purchaser of services it is considered a second party external audit primarily aimed at winning new contracts. However, if performed by an accrediting agent it will then be considered as a third party external audit primarily aimed at obtaining accreditation.

Context of Assessment		
Internal	External	
First Party	Second Party	Third Party
Improvement	Contracting	Accreditation

Regardless of context, assessment of patient safety practices is usually performed through a one-day organization wide survey. The survey usually entails a short orientation meeting, survey process, debriefing meeting, generation of report. The survey process is performed through a series of document reviews, observations and interviews.

In the context of internal audit, the assessment can be performed by any healthcare team member aware of the components of safe practices (standards) and trained on their evaluation.

6. Survey Process

a) Survey team:

- Establish a survey team from healthcare professional including doctors and nurses.
- The number of the team depends on the organization size.
- A survey coordinator should be appointed to coordinate the survey activities and assign the responsibilities for the team members.
- Survey team should understand all related patient safety standards.
- The team should be trained on the survey process.

b) Preparation for the survey:

- The survey coordinator sets up a meeting with the hospital leaders to determine the survey date and underline the purpose.
- A list is made of participants from the hospital staff with assigned responsibilities, who will accompany the survey team.
- A copy of the survey agenda (Appendix 1) and patient safety standards (Appendix 2) and required documents (Appendix 3) are distributed to all the concerned staff two weeks prior to the survey date.
- Locate a defined space with tables, chairs, telephone and data show if available for the survey team meeting and documents review.

c) Survey day:

I. Opening meeting

Participants

- Hospital director.
- Nursing director.
- Patient safety coordinator or hospital survey coordinator.
- Others, at the discretion of the hospital (e.g.: representative from quality team, ICU, operating room, inpatient wards, pharmacy, etc).
- Hospital staff members who will help in the survey team.

Meeting activities:

The following issues are presented and explained:

- The purpose and the scope of survey.
- The learning spirit of the survey.
- The survey agenda (Appendix 1).
- The role of hospital staff in facilitating the survey.
- The hospital director and nursing director will attend the closing meeting (please mention its place).

II. Documents review

- The session objective is to review all documents as required by the standards survey process (Appendix 3). The review is performed in the presence of relevant hospital staff that are familiar with these documents.

Medical records sample:

- It is recommended to review both active and closed medical records. Review of active medical records reflect current implementation of standards and can be performed during the observation tour. Review of closed medical records (5-10 medical records) retrieved randomly from the medical records department reflect past implementation of standards.
- Items that are to be reviewed from the medical records are shown in the medical records review items table (Appendix 4).

III. Observation tour

- The relevant areas are to be visited to observe and review patient safety practices at point of care (Appendix 5).

IV. Interviews

- Interview concerned staff to collect required information and to cross check information obtained through document review and observations. (Appendix 6)
- When interviewing patients focus on the care and services they actually received.
- During staff interview focus on their orientation and understanding of the standards and related policies and procedures.
- When interviewing leadership focus on patient safety management and program.

V. Team reflection meeting

- Surveyors review their findings together to ensure consistency.
- Each surveyor should present a summary of the finding emphasizing on the positive findings and explaining the reasons for non- compliance.

VI. Closing meeting

- A 30 to 60 minute session for discussion among the survey team, hospital director, hospital leaders and hospital staff as determined by the hospital.
- The following points are to be covered:
    - Summary of the survey process activities.
    - Positive finding.
    - Significant issues resulting from the survey.
- Allow hospital staff to provide clarifications and missed information.
- Agree on next steps related to implementation and evolved issues.

7. Scoring process

The scoring process used in this guide follows the principles stated in the Egyptian Healthcare Accreditation Program, Standards for Hospitals, Second Edition, 2013.

The Egyptian patient safety standards are divided into three levels (Level A, B, C). Level A are known as the essential structural standards and are expected to be fully present. Level B and level C are known as implementation standards presenting

more advance complexity and are expected to implemented with variation depending on the organizations state of development.

a) Standards A scoring:

Standards A are essential structure standards that **should be fully met** (cannot be partially met). They include plans, policies, committees, and bylaws.

Scoring box

M (Met)**:** All standard's required elements should be present (totally present) in order to score the standard as as Met.
N (Not Met)**: I**f one element is missing (not totally present) score the standard as Not Met
NA (Not Applicable)**:** If the standard is not relevant to the setting score as Not Applicable.

Scoring Principle for Standards A	
M (Met)	All standard requirements are present
N (Not Met)	If one or more elements are not present
NA (Not Applicable)	If the standard is not relevant to the setting

b) Standards B & C scoring:

Standards B & C are implementation standards and their score is based on the number of observation and documentation deficiencies or non- compliance with the standard.

Scoring box

M (Met)**:** If there is no or a single observation and/or documentation deficiency the standard is scored as Met.
P (Partially Met): If there are 2 observations and/or documentation deficiencies the standard is scored as Partially Met.
N (Not Met)**:** If there are 3 or more observations and/or documentation deficiencies the standard is scored as Not Met.
NA (Not Applicable)**:** If the standard is not relevant to the setting score as Not Applicable.

Scoring Principle for Standards B and C	
M (Met)	0 - 1 observations and/or documentation deficiency
P (Partially Met)	2 observations and/or documentation of deficiencies
N (Not Met)	3 or more observations and/or documentation of deficiencies
NA (Not Applicable)	If the standard is not relevant to the setting

8. Standards Assessment

A. General Patient Safety Standards

A-PS.1	M		N	NA
Standard: **There are Policies & Procedures related to patient's safety in the organization.**				

Rationale:
Patient safety is a constant domain in any framework for quality healthcare. All organizations should ensure the safety of their patients through the adoption of safe practices. Defining these practices and how to implement them through policies and procedures is the starting point. Policies and procedures foster a right culture that supports standardization and documentation that helps create consistency in patient safety practices thus minimizing patient harm.

Survey Process:
Review the patient safety policies and procedures and check whether they have been developed by a dedicated authority and endorsed by the organization governing body and distributed at all patient care units and departments.

Documents	Interviews	Observations
Patient safety policies and procedures.		

Score Process:
If the policies and procedure are available, developed by a dedicated authority, endorsed by the governing body, and distributed to all relevant care units and departments score as fully met otherwise score as not met.

A-PS.2	M		N	NA
Standard: **The patient's safety policy defines Egyptian and WHO Patient Safety recommendations and solutions that include at least the following:**				

PS.2.1	Accurate standardized patient identification in all service areas.
PS.2.2	Standardized process for dealing with verbal or telephone orders (Refer to standard MM.31).
PS.2.3	Handing critical values/tests.
PS.2.4	Hand hygiene throughout the organization (Refer to standard IC.12.2).
PS.2.5	Prevention of catheter and tubing mis-connections.
PS.2.6	Prevention of patient's risk of falling.
PS.2.7	Prevention of patient's risk of developing pressure ulcers.
PS.2.8	A standardized approach to hand over communications.

Rationale:
To address the most common and critical identified areas which can prevent adverse events and to ensure awareness of the Egyptian and WHO standards for patient safety.

Survey Process:
Review the patient safety policy and procedures and check if it includes all the standard's items.

Documents	Interviews	Observations
Patient safety policy and procedures.		

Score Process:
If the relevant policy and procedures includes at least all the standard's items score as fully met. Otherwise, score as not met.

A-PS.3	M		N	NA
Standard: **The policy and procedure for handling critical values/tests includes at least the following:**				

PS.3.1	List of the lab tests that have critical values/test results and the critical values/test results are defined for each test.
PS.3.2	List of the radiology tests that have critical values/test results and the critical values/test results are defined for each test.
PS.3.3	List of the clinical findings that have critical values results and the critical values are defined for each clinical finding.
PS.3.4	Process of communication of the critical values/test results including the timing of reporting.

Rationale:
To establish a reporting system for the notification of responsible healthcare providers of significantly outside the normal range test results or clinical findings that may be life threatening and require immediate action.

Survey Process:
Review the relevant patient safety policy and procedures and check if it includes all the standard's items.

Documents	Interviews	Observations
Handling critical values/tests policy and procedures.		

Score Process:
If the relevant policy and procedures includes at least all the standard's items score as fully met. Otherwise, score as not met.

B-PS.4	M	P	N	NA
Standard: **The organization and staff are educated regarding the Egyptian and WHO Patient Safety recommendations and solutions. In addition to hospital policy.**				

Rationale:
Staff education and training is essential to establish a critical mass that can offer a safe and error free healthcare service. Furthermore, education and training creates capacity and willingness to take responsibilities and be accountable.

Survey Process:
Review the organization's education / training program.
Review the documented evidence of staff training.
Interview an appropriate number of staff and ask them if they received the relevant training.

Documents	Interviews	Observations
Organization's education / training program.	Appropriate number of staff.	
Evidence documents of staff training.		
Evidence documents of staff training.		

Score Process:
If patient safety recommendations and solutions are included in organization's education / training programs, evidence documents of staff training available, all staff state that they were educated / trained, aware of recommendations and solutions or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met**.**

B-PS.5	M	P	N	NA
Standard: **The patient safety standards and solutions are posted in all applicable areas.**				

Rationale:
To ensure knowledge of patient safety standards and utilization of their solutions (policies and procedures), staff should be aware of their existence and have access to them at point of care. Furthermore, if they are posted in visible, patient participation in ensuring their safety can be enhanced.

Survey Process:
Observe all possible posting areas and check if patient safety standards and solutions are posted as appropriate.

Documents	Interviews	Observations
Patient safety standards posters.		Posted patient safety standards and solutions at patient accessible areas.
Patient safety solution posters.		

Score Process:
If the patient safety standards and solutions are posted at all patient's care areas, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met**.**

B-PS.6	M	P	N	NA
Standard: **At least two (2) ways are used to identify a patient when giving medicines, blood, or blood products; taking blood samples and other specimens for clinical testing; or providing any other treatments or procedures.**				

Rationale:
Performing interventions on the wrong patient is a significant error which may have grave consequences. Using two identifiers for each patient is the key driver in minimizing such preventable errors which is especially important with high risk or invasive procedures.

Survey Process:
Review relevant policy and procedures and check whether it states those two identifiers (personal) and when they should be used.
Review an appropriate number of medical records and check each sheet for the presence of the two identifiers mentioned in the policy and procedures document.
Interview a number of clinicians and ask them about the two identifiers and when should they be used according to what is mentioned in the standard.
Observe patient identification wrist bands for the two identifiers.

Documents	Interviews	Observations
Identification policy and procedures.	Clinicians.	Patients identification wrist bands.
Medical records.		

Score Process:
If there is policy and procedures that mention two identifiers and when they should be used, the two identifiers are present in the medical records, clinicians are aware about what and when, patients are wearing identification wrist bands with two

identifiers, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met**.**

B-PS.7	M	P	N	NA
Standard: **Current published and generally accepted hand hygiene guidelines, laws and regulations are implemented to prevent healthcare-associated infections.**				

Rationale:
Hand hygiene is the cornerstone for reducing infection transmission at all healthcare settings.

Survey Process:
Review relevant policy and procedures of hand hygiene.
Review hand hygiene guideline.
Interview clinicians enquiring about hand hygiene technique and moments.
Observe hand washing equipment at each patient care area
Check availability of supplies (soap, tissue paper, alcohol hand rub, etc).
Observe compliance of clinicians with hand hygiene technique and moments.

Documents	Interviews	Observations
Hand hygiene policy and procedures.	Clinicians. Auxiliary staff.	Hand hygiene equipment. Hand hygiene supplies. Clinicians and auxiliary staff compliance.
Hand hygiene guideline.		
Hand hygiene supplies needs.		

Score Process:
If the relevant policy and procedures complies with MoH infection control or WHO guidelines, staff are knowledgeable and trained, adequate hand hygiene equipment and supplies are available, staff is complied with technique and moments, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met**.**

B-PS.8	M	P	N	NA
Standard: **Single use injection devices are discarded after one time use to prevent healthcare-associated infections.**				

Rationale:
Reusing syringes even with the same patient leads to infection and transmission of serious disease such as hepatitis B, C and HIV.

Survey Process:
Review relevant policy and procedures for safe injection.
Interview clinicians to ensure their understanding of single use of injection devices.
Check injection devices in patient care area.
Observe compliance of clinicians with single use of injection devices.

Documents	Interviews	Observations
Safe injection policy and procedures.	Clinicians. Patients.	Single use injection devices. Staff compliance.

Score Process:
If there is a relevant policy and procedures, staff are knowledgeable and trained, staff are compliant with the single use concept, no evidence of reuse of single use injection devices, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.9	M	P	N	NA
Standard: **A process for taking verbal or telephone orders and for the reporting of critical test results, that requires a verification by write down and "read-back" of the complete order or test result by the person receiving the information is implemented.**				

Rationale:
Miscommunication is the commonest root cause for adverse events. Writing down and reading back the complete order or test result by the person receiving the information minimizes miscommunication and reduces errors from unambiguous speech, unfamiliar terminologies or unclear pronunciation. It also provides an opportunity for verification.

Survey Process:
Review the policy of taking verbal or telephone orders and for the reporting of critical test results and check whether it clearly describes the process of documentation and "read-back" by the recipient and measurements to be taken in case of critical test results.
Review documentation in dedicated registers and / or medical records.
Interview clinicians and technicians to assess knowledge and implementation.

Documents	Interviews	Observations
Verbal, telephone orders, critical test results (VTC) reporting policy and procedures.	Clinicians. Technicians.	
VTC registers. Medical records.		

Score Process:
If there is a relevant policy and procedures, staff are knowledgeable and trained, staff are complaint with reporting and "read-back" principles, evidence of documentation in register, action to be taken, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.10	M	P	N	NA
Standard: **Systems are implemented to prevent catheter and tubing misconnections.**				

Rationale:
Patients especially within specialized care have many tubes and catheters connected to them each with a special function (monitoring, access, drainage). During care these tubes and catheters can be misconnected leading to the administration of wrong material via the wrong route with grave consequences.

Survey Process:
Review the policy and procedures for catheter and tubing misconnections and check for catheter differentiation, catheter maps, back tracing, etc.
Interview clinicians to ensure their understanding of misconnection prevention.
Observe compliance of clinicians with misconnection prevention.

Documents	Interviews	Observations
Catheter and tubing misconnections policy and procedures.	Clinicians.	Patients at ICU.
Catheter maps.		Patients at recovery units.

Score Process:
If there is a relevant policy and procedures, staff are knowledgeable and trained, staff are complaint with misconnection prevention, evidence of active differentiation and mapping, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.11	M	P	N	NA
Standard: **Each patient's risk of falling, including the potential risk associated with the patient's medication regimen is assessed and periodically reassessed.**				

Rationale:
All patients are liable to fall, however, some are more prone to do so. Identifying the more prone is usually done through a risk assessment process in order to offer them tailored preventative measures against falling.

Survey Process:
Review the policy and procedures for fall prevention and check for patient risk assessment at admission and status change, that medication review is part of the assessment.
Check availability of fall risk assessment forms (incudes medication review).
Review medical records for fall risk assessment.
Interview clinicians to ensure their understanding and implementation of fall risk assessment.

Documents	Interviews	Observations
Fall prevention policy and procedures.	Clinicians.	
Fall risk assessment form.		
Medical records.		

Score Process:
If there is a relevant policy and procedures, relevant risk assessment sheets, staff are knowledgeable and trained, staff is complaint with patient risk assessment at admission and change in condition, all is documented in medical record, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.12	M	P	N	NA
Standard: **Action is taken to decrease or eliminate any identified risks of falling.**				

Rationale:
Effective preventive measures to minimize falling are those that are tailored to each patient and directed towards the identified risks from risk assessment.

Survey Process:
Review the policy and procedures for fall prevention and check for general measures to reduce risk of falling and for tailored care plans based on individual patient fall risk assessment.
Review fall prevention care plan forms and fall risk labels.
Review patient and family education material.
Review medical records for general measures and tailored care plans.
Interview clinicians to ensure their understanding and implementation of fall prevention care plans.
Interview patients and families to ensure their awareness and involvement.
Check organization wide general measures (Call systems, lighting, corridor bars, bathroom bars, bedside rails, wheelchairs and trollies with locks).

Documents	Interviews	Observations
Fall prevention policy and procedures.	Clinicians Patients and families.	Organization wide general measures.

Fall prevention care plan forms.		
Tailored forms in medical records.		
Patient and family education material.		

Score Process:
If the relevant policy and procedures cover risk reduction measures, organization environment is safe, patient and family education material available, staff are knowledgeable and trained, staff are compliant with fall risk reduction measures through tailored care plans, all is documented in medical records, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.13	M	P	N	NA
Standard: **Each patient's risk of developing pressure ulcers is assessed and documented.**				

Rationale:
Identifying patients who are more prone to develop pressure ulcer is a better strategy than trying to treat patients after they develop them as they require a lot of resources and have a negative impact on the patients themselves.

Survey Process:
Review the policy and procedures for pressure ulcer prevention and check for patient risk assessment at admission and status change.
Check availability of pressure ulcer risk assessment forms.
Review medical records for pressure ulcer risk assessment.
Interview clinicians to ensure their understanding and implementation of pressure ulcer risk assessment.

Documents	Interviews	Observations
Pressure ulcer prevention policy and procedures.	Clinicians.	
Pressure ulcer risk assessment form.		
Medical records.		

Score Process:
If there is a relevant policy and procedures, relevant risk assessment sheets, staff is knowledgeable and trained, staff is complied with patient risk assessment at admission and change in condition, all processes are documented in medical record, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.14	M	P	N	NA
Standard: **Action is taken to decrease or eliminate any identified risks of developing pressure ulcers.**				

Rationale:
Effective preventive measures to minimize pressure ulcer development are those that are tailored to each patient and directed towards the identified risks from risk assessment.

Survey Process:
Review the policy and procedures for pressure ulcer prevention and check for general measures to reduce risk of pressure ulcer (SSKIN) and for tailored care plans based on individual pressure ulcer risk assessment.
Review pressure ulcer prevention care plan forms.
Review patient and family education material.
Review medical records for general measures and tailored care plans.
Interview clinicians to ensure their understanding and implementation of pressure ulcer prevention care plans.
Interview patients and families to ensure their awareness and involvement.
Check organization wide general measures (pressure relieving devices).

Documents	Interviews	Observations
Pressure ulcer prevention policy and procedures.	Clinicians. Patient and families.	Pressure relieving devices in use.
Pressure ulcer prevention care plan forms.		
Tailored forms in medical records.		
Patient and family education material.		

Score Process:
If the relevant policy and procedures cover risk reduction measures, availability of pressure relieving devices, patient and family education material available, staff are knowledgeable and trained, staff are compliant with pressure ulcer risk reduction measures through tailored care plans, all is documented in medical records, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.15	M	P	N	NA
Standard: **Preventive maintenance and testing of critical alarm systems is implemented and documented.**				

Rationale:
Medical devices especially those related to vital functions are fitted with alarms that alert staff of device malfunction or patient's critical situation. Losing that function exposes patients to increased risk of morbidity and mortality.

Survey Process:
Review policy and procedures for maintenance and testing of critical alarm systems which should include staff responsible, control measures, assurance measures, remedial action.
Review inventory of all devices with critical alarms including setting guidelines.
Review maintenance document for evidence of responsible staff, responsible company, schedule, agreed settings, evidence of function, reporting of malfunction, remedial action.
Interview maintenance staff and check for implementation.

Documents	Interviews	Observations
Critical alarms policy and procedures.	Maintenance staff. Staff around devices with critical alarms.	
Inventory of all devices with alarms.		
Alarm setting guidelines.		
Device / alarm maintenance register.		

Score Process:
If the relevant policy and procedures is available and includes controls to ensure proper functioning of alarm systems with assurance of control function that are implemented, or with only one deficiency score as fully. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.16	M	P	N	NA
Standard: **Alarms are tested and activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.**				

Rationale:
Alarms are intended to induce appropriate action from staff to either check device malfunction or initiate action that will revert the situation. This can be ensured when all staff has been made aware of alarm settings (values and volume) and their significance and trained on the required actions to be taken when triggered.

Survey Process:
Review critical alarms policy and procedures and check whether they cover testing of alarms, appropriate settings procedures, priorities for competing alarms, staff

authorization for disabling alarms or changing their settings, monitoring of response to alarm activation.
Review the schedules of alarm tests and list of current active settings at difference care areas.
Interview staff around devices with critical alarms and check their knowledge of critical alarm settings and response to their activation.
Observe (listen) or activate critical alarms to check for suitability of alarm volume to working space.

Documents	Interviews	Observations
Critical alarms policy and procedures.	Staff around devices with critical alarms.	Devices with critical alarms.
Schedules of alarm tests.		
List of critical alarm settings.		

Score Process:
If the relevant policy and procedures covers essential elements mentioned above (Survey Process), active schedule of testing, critical alarms are functioning with appropriate settings and volume, staff are knowledgeable and trained, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.17	M	P	N	NA
Standard: **A standardized approach to hand over communications, including an opportunity to ask and respond to questions is implemented.**				

Rationale:
The primary objective of a 'handover' is the direct transmission of accurate patient care information between staff to ensure continuity of care. Moreover, provide adequate chance for clarification which decreases medical errors subsequently.

Survey Process:
Review the policy and procedures for of handover (of patients and of shifts) and check for recommended framework (SBAR, ISOBAR, I PASS the BATON), staff responsible, recommended environment, and documentation.
Review medical record for evidence of implementation.
Interview staff to ensure their knowledge about agreed framework.

Documents	Interviews	Observations
Handover policy and procedures.	Clinicians.	
Handover forms.		
Medical records.		

Score Process:

If the relevant policy and procedures clarifies a handover framework and staff responsible, staff are knowledgeable and trained, all is documented in medical records, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B. Medication Management Safety Standards

A-PS.18	M		N	NA
Standard: **Policy & Procedures for medication management safety include at least the following:**				

PS.18.1	Abbreviations not to be used throughout the organization (Refer to standard PS.21).
PS.18.2	Documentation and communication of patient's current medications & discharge medication.
PS.18.3	Labeling of medications, medication containers and other solutions.
PS.18.4	Prevent errors from high risk medications.
PS.18.5	Prevent errors from look-alike, sound-alike medications.

Rationale:
Policies and procedures foster a right culture that supports standardization and documentation that helps create consistency in patient safety practices thus minimizing patient harm.

Survey Process:
Review the relevant medication management safety policy and procedures and check if it includes all the standard's items.

Documents	Interviews	Observations
Medication management safety policy and procedures.	Clinicians.	

Score Process:
If the relevant policy and procedures includes at least all the standard's items score as fully met. Otherwise, score as not met.

A-PS.19	M		N	NA
Standard: **The Policy to prevent errors from high risk medications defines:**				

PS.19.1	The list of high risk medications including concentrated electrolytes.
PS.19.2	Labeling and storage of high risk medications.
PS.19.3	Dispensing and preparation of the high risk medications.
PS.19.4	Frequency of reviewing and updating of the list.

Rationale:
Provides mitigation strategies to manage risks associated with high risk medications.

Survey Process:
Review the policy and procedures to prevent errors from high risk medications check if it includes all the standard's items.

Documents	Interviews	Observations
High risk medication policy and procedures.		

Score Process:
If the relevant policy and procedures includes at least all the standard's items score as fully met. Otherwise, score as not met.

A-PS.20	M		N	NA
Standard: **The Policy to prevent errors from look-alike, sound-alike medications defines the following:**				

PS.20.1	The list of look-alike, sound-alike medications.
PS.20.2	Labeling and storage of look-alike, sound-alike medication.
PS.20.3	Dispensing and preparation of the look-alike, sound-alike medication.
PS.20.4	Frequency of reviewing and updating of the list.

Rationale:
Identifies and warns of medication similarities in names and appearance for purpose of setting safeguards in place to reduce chance of mix-ups and the potential error.

Survey Process:
Review the policy and procedures to prevent errors from errors from look-alike, sound-alike medications check if it includes all the standard's items.

Documents	Interviews	Observations
Look-alike, sound-alike medication policy and procedures.		

Score Process:
If the relevant policy and procedures includes at least all the standard's items score as fully met. Otherwise, score as not met.

A-PS.21	M	P	N	NA

Standard:
Abbreviations not to be used throughout the organization are:
U/ IU
Q.D., QD, q.d., qd
Q.O.D., QOD, q.o.d., qod
MS, MSO4
MgSO4
Trailing zero
No leading zero
Dose x frequency x duration

Rationale:
Abbreviations avoidance prevents misunderstandings, miscommunications and administration of incorrect prescription.

Survey Process:
Review appropriate number of medical records and check for the use abbreviations with medication orders.

Documents	Interviews	Observations
Medical records.		

Score Process:
If all medication orders don't include any abbreviation, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.22	M	P	N	NA

Standard:
Look-alike and sound-alike medications are identified, stored and dispensed to assure that risk is minimized.

Rationale:
Identification and differentiation is an error reduction strategy.
Survey Process:
Review the updated list of look -alike and sound -alike medication.
Interview with pharmacists and nurses and check if they understand how to minimize the risk associated with look- alike sound - alike medication.
Observe at the pharmacy and the medication cars the labeling of LASA medications.
Review the medical records to check if doctors write the purpose of drug to avoid confusion due to LASA medication during dispensing by the pharmacist.

Documents	Interviews	Observations
List of look -alike and sound -alike medication.	Pharmacists and nurses.	LASA medication storage at pharmacy and medication cars.

Score Process:
If LASA medication identified and updated, all pharmacists and nurses aware by the strategies of minimizing the risk associated with LASA medication, and all preventive strategies implemented, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.23	M	P	N	NA
Standard: **Concentrated electrolytes; including, but not limited to, potassium chloride (2 meq/L or greater concentration), potassium phosphate, sodium chloride (>0.9% concentration), magnesium sulfate (50% or greater concentration) and concentrated medications are removed from all patient care areas, whenever possible.**				

Rationale:
Accidental administration of concentrated electrolytes without dilution poses a fatal threat to patients, therefore, their separation by distance is an error reduction strategy.

Survey Process:
Interview with nurses at different patient care areas and check if they understand the preventive strategies for concentrated medications.
Observe patient care areas if the concentrated medications are removed from all patient care areas.

Documents	Interviews	Observations
	Nurses.	Clinical care areas (nursing stations).

Score Process:
If all nurses are aware of the preventive strategies of concentrated medications and they are removed from all patient care areas or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.24	M	P	N	NA
Standard: **Concentrated medications not removed are segregated from other medications with additional warnings to remind staff to dilute before use.**				

Rationale:
Accidental administration of concentrated electrolytes without dilution poses a fatal threat to patients, therefore, their separation and differentiation is an error reduction strategy.

Survey Process:
Observe clinical care areas if there are concentrated medications for clinical use and check whether they are separated in secure areas and labeled individually with a visible florescent warning label that states MUST BE DILUTED.

Documents	Interviews	Observations
	Nurses.	Clinical care areas observe concentrated medications segregation.

Score Process:
If concentrated medications which are present at clinical care areas are separated in secure areas and labeled properly at all areas, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.25	M	P	N	NA
Standard: **All medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in peri-operative and other procedural settings are labeled.**				

Rationale:
Labelling of medication containers at the point of care assist health care providers to identify the correct medicine and/or fluid at all times and reduce the risk of medication error.

Survey Process:
Observe at the peri-operative and other procedural settings if medication containers labeled.

Documents	Interviews	Observations
		Peri-operative and other procedural settings observe the medication containers label.

Score Process:
If all medication containers or other solutions on and off the sterile field labeled, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.26	M	P	N	NA

Standard:
A process is implemented to obtain and document a complete list of the patient's current medications upon admission to the organization and with the involvement of the patient.

Rationale:
Medication reconciliation at every patient care transition effectively reduces medication errors such as omissions, duplications, dosing errors, or drug interactions. This can result from unintended medication discrepancies.

Survey Process:
Review appropriate number of medical records and check for the documentation of current medications upon admission.
Interview with appropriate number of patients and ask them if they are asked by doctors upon admission about the current medication and educated if any of it will interfere with the new medications.

Documents	Interviews	Observations
Medical records.	Patients.	

Score Process:
If all medical records contain documented evidence of patient's current medication upon admission, all patients are asked by doctors about the current medication / the "brown bag" and educated if there is any interference, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.27	M	P	N	NA

Standard:
A complete list of the patient's medications to be taken after discharge is provided to the patient.

Rationale:
Medication reconciliation at every patient care transition effectively reduces medication errors such as omissions, duplications, dosing errors, or drug interactions. This can result from unintended medication discrepancies.

Survey Process:
Review the medical record checking for the documentation of the medication reconciliation process at the time of discharge.
Interview with appropriate number of doctors or nurses and check if they understanding of the medication reconciliation process on discharge.
Interview with appropriate number of discharge patients if possible and check if their discharge medications explained with them and if they are given clear copy of list of medication description.

Documents	Interviews	Observations
Medical record.	Doctors or nurses. Patients.	

Score Process:
If there is documented evidence at all medical record on the medication reconciliation process on discharge and all doctors and nurses aware of it, and all patient understand their discharge medication and received clear list of medication prescription, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.28	M	P	N	NA
Standard: **The discharge medication list is communicated to the next provider of service when the patient is referred or transferred outside the organization.**				

Rationale:
Medication reconciliation at every patient care transition effectively reduces medication errors such as omissions, duplications, dosing errors, or drug interactions. This can result from unintended medication discrepancies.

Survey Process:
Review appropriate number of transferred or referred cases' medical record and check if it includes medication reconciliation documented evidence upon transfer.
Interview with doctors and check their understanding of medication reconciliation on transfer or referral.

Documents	Interviews	Observations
Transferred or referred cases' medical record.	Doctors.	

Score Process:
If all medical records include documented evidence on the medication reconciliation on transfer or referral and all doctors understand this process, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

C. Operative and Invasive Procedure Safety Standards

B-PS.29	M		N	NA
Standard: **Policy & Procedures for operative and invasive procedures safety includes at least the following:**				

PS.29.1	Accurate documented patient identification preoperatively, and just before surgery (time out).
PS.29.2	Process for verification of all documents and equipment needed for surgery or invasive procedures preoperatively.
PS.29.3	Marking of site of surgery preoperative.
PS.29.4	Verification of accurate counting of sponges, needles and instruments pre and post procedure.

Rationale:
Performing the right surgery on the right patient and on the right side without any retained instrument is the mainstay objective of surgical safety. Establishing related policies and procedures, otherwise known as the universal protocol, is the initial step for offering safe surgery.

Survey Process:
Review the operative and invasive procedures safety policy and procedures and check if it includes all the standard's items.

Documents	Interviews	Observations
Operative and invasive procedures safety policy and procedures.		

Score Process:
If the relevant policy and procedures includes at least all the standard's items score as fully met. Otherwise, score as not met.

B-PS.30	M	P	N	NA
Standard: **A process or checklist is developed and used to verify that all documents and equipment needed for surgery or invasive procedures are on hand, correct and functioning properly before the start of the surgical or invasive procedure.**				

Rationale:
Ensuring availability of patient data and the necessary functioning equipment minimizes the risk of identification and procedure errors. Implementing regular checkup is a quality improvement process that should be guided by well-designed checklists performed by well-trained staff.

Survey Process:
Review document and equipment verification policy and procedures and ensure that it supports a documented verification process for: patient documents (consent, physical examination, medical assessment, nursing assessment, pre-anesthetic assessment), patient laboratory and radiologic test results, procedure devices or blood products.
Review the checklist and observe whether it is dedicated to this standard or it is a part of a wider checklist (surgical safety checklist, universal protocol checklist)
Review medical records of post-operative patients and check for checklist utilization.
Interview relevant staff checking their understanding of this process.
Observe implementation of this process at the intervention room if possible.

Documents	Interviews	Observations
Document and equipment verification policy and procedures.	Surgical team staff.	Pre-procedure verification (if possible).
Document and equipment verification checklist.	Invasive procedures staff.	
Medical records of post-operative patients.		

Score Process:
If the relevant policy and procedures is clear and relevant checklist(s) are available, staff are knowledgeable and trained, verification implemented, all is documented in medical records, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.31	M	P	N	NA
Standard: **There is a documented process of accurate patient identification preoperatively and just before starting a surgical or invasive procedure (time out), to ensure the correct patient, procedure, and body part.**				

Rationale:
Double checking that is verified by others, declared and documented is a quality improvement process that minimizes errors.

Survey Process:
Review preoperative / pre-intervention patient identification policy and procedure and ensure that it supports patient, procedure, part of body verification with patient involvement and with patient sedated or anesthetized just before start of the procedure (Time Out).
Review the checklist and observe whether it is dedicated to this standard or it is a part of a wider checklist (surgical safety checklist, universal protocol checklist).

Ensure that the policy states clearly the responsibilities of each of the operative / intervention team members in implementing this standard.
Review medical records of post-operative patients and check for checklist utilization.
Interview relevant staff to check on their understanding of this process.
Observe implementation of this process at the intervention room if possible.

Documents	Interviews	Observations
Preoperative / pre-intervention patient identification policy and procedure.	Surgical team staff. Invasive procedures staff.	Pre-procedure verification (if possible).
Time out / surgical safety checklist.		
Medical records of post-operative patients.		

Score Process:
If the relevant policy and procedures is clear and relevant checklist(s) are available, staff are knowledgeable and trained, accurate identification implemented, all is documented in medical records, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.32	M	P	N	NA
Standard: **The precise site where the surgery or invasive procedure will be performed is clearly marked by the physician with the involvement of the patient.**				

Rationale:
Making things visible and clear is an error reduction strategy that should be performed by the operating surgeon while the patient is awake.

Survey Process:
Review surgery / invasive site marking policy and procedure and check that it specifies situations for site marking (laterality, multiple structure or levels), states that site marking is done with a recognizable and consistent mark organization wide, should resist disinfection procedures, should be visible after draping, should be made by the authorized person performing the procedure and should be done when the patient is awake and aware.
Review the checklist and observe whether it is dedicated to this standard or it is a part of a wider checklist (surgical safety checklist, universal protocol checklist).
Review relevant post- operative patients' medical records and check for documentation evidence.
Interview surgeons / interventionists and check their understanding of this process.
Interview relevant post-operative patients and check their involvement in site marking.
Observe implementation of this process at the intervention room if possible.

Documents	Interviews	Observations
Surgery / invasive site marking policy and procedures.	Surgical team staff. Invasive procedures staff.	Pre-procedure verification (if possible).
Marking / surgical safety checklist.		Site markers at surgical or intervention theatres.
Medical records of relevant post- operative patients.		

Score Process:
If the relevant policy and procedures is clear and relevant checklist(s) are available, staff are knowledgeable and trained, appropriate site marking implemented, all is documented in medical records, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

B-PS.33	M	P	N	NA
Standard: **There is a documented process to verify an accurate accounting of sponges, needles and instruments pre and post procedure.**				

Rationale:
Equipment retention causes serious morbidity in the form of pain, organ injury and sepsis. Such situations require a second surgery to remove the retained equipment which is also associated with high risk of new complications. Every effort should be done by the surgical team to prevent such an event.

Survey Process:
Review retention prevention policy and procedure and ensure that it covers the role of nurses and surgeons, pre and postoperative count double verification, documentation, steps to be taken in case of discrepancy between pre and postoperative counts.
Review the checklist and observe whether it is dedicated to this standard or it is a part of a wider checklist (surgical safety checklist, universal protocol checklist).
Review post-operative patient medical records checking for pre and postoperative counts documentation of this process.
Interview surgical team and check their understanding of this process.
Observe implementation of this process at the operating room if possible.

Documents	Interviews	Observations
Retention prevention policy and procedures.	Surgical team.	Pre and postoperative double verification process.
Equipment / surgical safety checklist.		

Medical records of post-operative patients.		

Score Process:
If the relevant policy and procedures is clear and relevant checklist(s) are available, staff are knowledgeable and trained, appropriate pre and postoperative matching is implemented, all is documented in medical records, or with only one deficiency score as fully met. Two deficiencies score as partially met. Three or more deficiencies score as not met.

_____

9. Assessment Report

It is essential to document the results of the survey in a manner that can ensure that all healthcare professionals when reading the report understand the current situation, positive findings, negative findings, and what needs to be done. Furthermore, documentation has to facilitate comparison over time when the survey is repeated after developing and implementing relevant corrective action plans. The report should also facilitate benchmarking if several hospitals are engaged in a collaborative effort to improve patient safety practices.

We recommend a report that presents findings in several formats thus enabling quick overview of results for the busy healthcare professional and detailed review of results for the dedicated healthcare professional. Thus, the report can have visual, numerical, graphical sections for quick review and a narrative section for detailed review. These sections are to be followed by a recommendation section that covers the necessary steps to overcome shortcomings identified by the survey.

a) Visual report

In this section the assessment results of all patient safety standards are presented as scored in a color coded fashion allowing quick identification of their implementation status in relation to each standard.

Best Hospital Patient Safety Practices Assessment

Standard	Score				Standard	Score			
	M	P	N	NA		M	P	N	NA
General Patient Safety					**Medication Management Safety**				
PS.1					**PS.18**				
PS.2					**PS.19**				
PS.3					**PS.20**				
PS.4					**PS.21**				
PS.5					**PS.22**				
PS.6					**PS.23**				
PS.7					**PS.24**				
PS.8					**PS.25**				
PS.9					**PS.26**				
PS.10					**PS.27**				
PS.11					**PS.28**				
PS.12					**Operative and Invasive Procedure Safety**				
PS.13					**PS.29**				
PS.14					**PS.30**				
PS.15					**PS.31**				
PS.16					**PS.32**				
PS.17					**PS.33**				

b) Numerical report

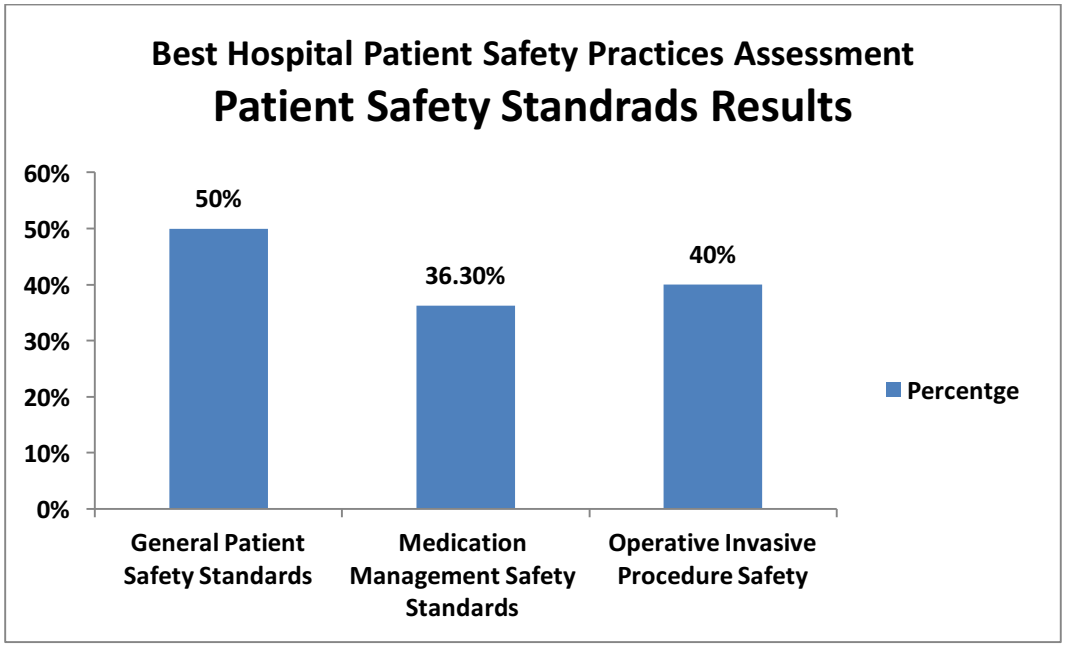
In this section the assessment results of all patient safety standards are presented numerically as a percentage of the ideal score. The results of each patient safety standard chapter are also included in the table.

Best Hospital Patient Safety Practices Assessment

Chapter	Number of standards	Ideal score	Assessment Score				Actual score	Percent
			M	P	N	NA		
			2	1	0	-		
Egyptian Patient Safety Standards (ALL)	33	66	11	7	15	0	29	43.9 %
General Patient Safety Standards	17	34	6	5	6	0	17	50%
Medication Management Safety Standards	11	22	4	0	7	0	8	36.4%
Operative Invasive Procedure Safety Standards	5	10	1	2	2	0	4	40%

c) Graphical report

In this section the assessment results of the patient safety standard chapters are presented graphically where each pillar represents the percentage of the ideal score achieved.



d) Narrative report

The results in this section are presented in a text format. The achieved standards of each chapter are grouped under strengths while the unachieved standards are grouped under weaknesses. Below is an example related to the Operative and Invasive Procedures Safety chapter

Extract from Best Hospital Patient Safety Practices Assessment

Operative and Invasive Procedure Safety

Strengths

There is a documented process for accurate patient identification preoperatively and just before starting a surgical or invasive procedure (time out), to ensure the correct patient, procedure, and body part. (PS.31)

Weaknesses

There is no policy and procedures for operative and invasive procedures safety. (PS.29)

There is no checklist developed nor used to verify that all documents and equipment needed for surgery or invasive procedures are on hand, correct and functioning properly before the start of the surgical or invasive procedure. (PS.30)

Doctors mark the operative site by a permanent marker but there is no documentation of such in the medical record. (PS.32)

There is a process for counting sponges, needles and instruments pre and post procedure but the document is signed by one nurse only. (PS.33)

e) Recommendations

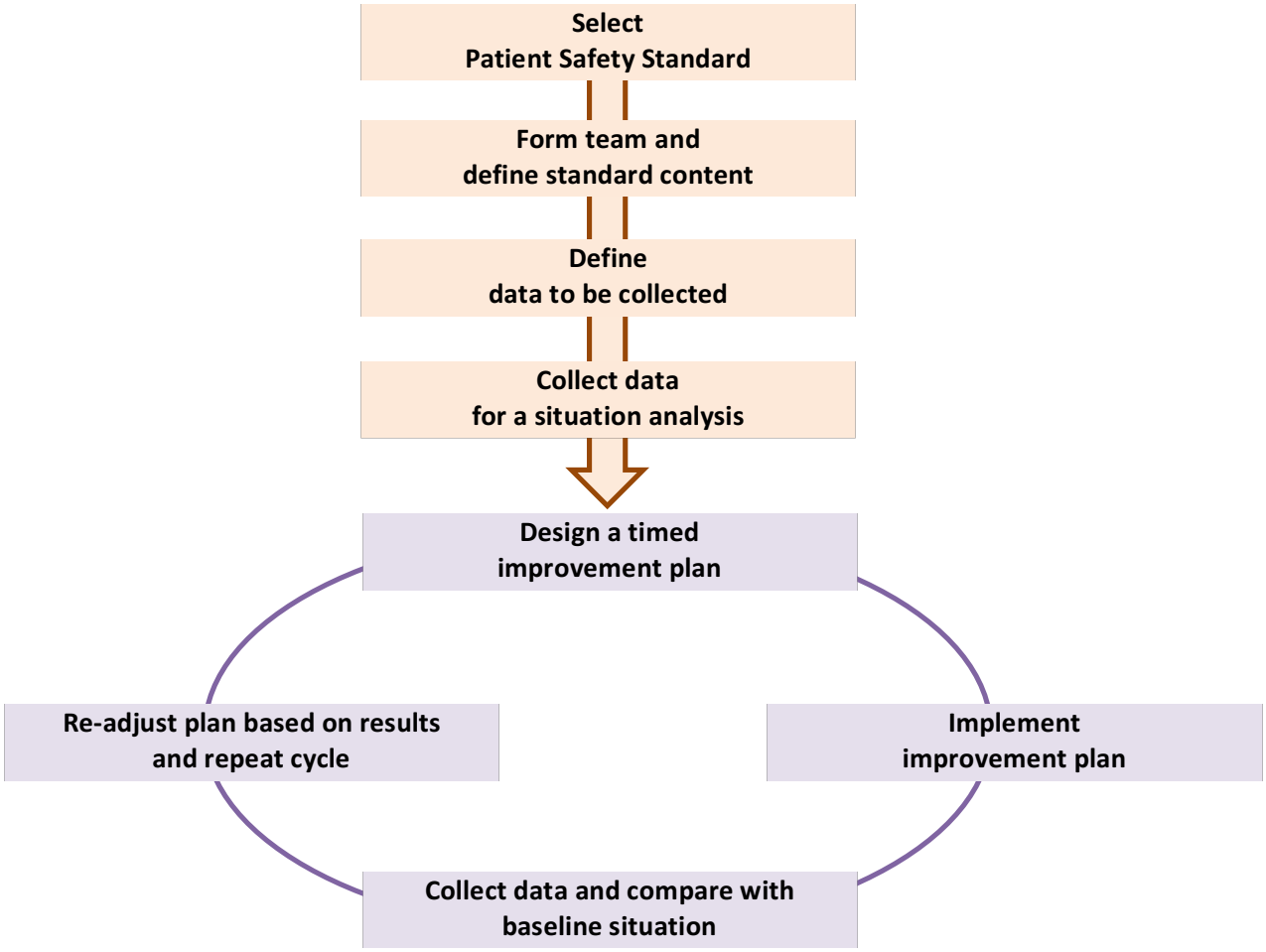
This section of the report contains the surveyor's recommendations for correcting identified deficiencies relevant to the assessed standards. They should not be regarded as otherwise.

Extract from Best Hospital Patient Safety Practices Assessment

Establishment of an organization wide patient safety committee with a subcommittee for surgical safety. Develop policy and procedures for operative and invasive procedures. Adoption of a surgical safety checklist to ensure surgery on the correct patient, procedure and site. Development of a preoperative documents and equipment checklist. Ensure documentation of surgical site marking through drawing of surgical site in medical records. Ensure documentation of counting of sponges, needles and instruments using simple tools as recording forms and white boards.

10. Implementing Change

Assessment of patient safety standards is not an end by itself but a means through which governing and management boards of healthcare organizations ensure that their front-line staff are adopting safe practices when caring for their patients. Regardless of its context, assessment will show some strong points which the organization should continue to work on its maintenance and some weak points which the organization should utilize to initiate an improvement plan that will change this situation from a negative position to one which is positive. The utilization of assessment within a continuous improvement cycle is the ultimate goal as shown in the framework developed by the Alexandria Patient Safety Alliance shown below.



There is nothing more frustrating nor resource wasting than aborting an improvement cycle by considering assessment the end point. Therefore, assessment of safe practices should be considered the starting point of a continuous process that ensures the safety of our patients and effectiveness of our healthcare organizations.

11.Appendices

a) Appendix 1: Survey Agenda

Time	Activity	Hospital Staff
08:00 am – 08:30 am	Opining meeting	Hospital Manager Medical Director Nursing Director Quality Management Director Patient safety coordinator
08:30 am – 11:30 pm	Document and medical records review	Quality Management Director Patient safety coordinator
11:30 pm – 03:30 pm	Facility tour and staff interviews	Quality Management Director Patient safety coordinator
03:30 pm – 04:00 pm	Closing meeting and debriefing	Hospital Manager Medical Director Nursing Director Quality Management Director Patient safety coordinator

Example agenda for a one-day survey performed by three surveyors.

Agendas are usually designed depending on the size of the hospital and available surveyors.

b) Appendix 2: Survey Checklist:

EGYPTIAN PATIENT SAFETY STANDARDS

A) GENERAL PATIENT SAFETY

A – PS.1	M		N	NA

Standard:
There are Policies & Procedures related to patient's safety in the organization.

Comments:

A – PS.2	M		N	NA

Standard:
The patient's safety policy defines Egyptian and WHO Patient Safety recommendations and solutions that include at least the following:

PS.2.1	Accurate standardized patient identification in all service areas
PS.2.2	Standardized process for dealing with verbal or telephone orders (Refer to standard MM.31)
PS.2.3	Handing critical values/tests
PS.2.4	Hand hygiene throughout the organization (Refer to standard IC.12.2)
PS.2.5	Prevention of catheter and tubing mis-connections
PS.2.6	Prevention of patient's risk of falling
PS.2.7	Prevention of patient's risk of developing pressure ulcers
PS.2.8	A standardized approach to hand over communications

Comments:

A – PS.3	M		N	NA

Standard:
The policy and procedure for handling critical values/tests includes at least the following:

PS.3.1	List of the lab tests that have critical values/test results and the critical values/test results are defined for each test.
PS.3.2	List of the radiology tests that have critical values/test results and the critical values/test results are defined for each test.
PS.3.3	List of the clinical findings that have critical values results and the

critical values are defined for each clinical finding.

PS.3.4 Process of communication of the critical values/test results including the timing of reporting.

Comments:

B – PS.4	M	P	N	NA

Standard:
The organization and staff are educated regarding the Egyptian and WHO Patient Safety recommendations and solutions. In addition to hospital policy.

Comments:

B – PS.5	M	P	N	NA

Standard:
The patient safety standards and solutions are posted in all applicable areas.

Comments:

B – PS.6	M	P	N	NA

Standard:
At least two (2) ways are used to identify a patient when giving medicines, blood, or blood products; taking blood samples and other specimens for clinical testing; or providing any other treatments or procedures.

Comments:

B – PS.7	M	P	N	NA

Standard:
Current published and generally accepted hand hygiene guidelines, laws and regulations are implemented to prevent healthcare-associated infections.

Comments:

B – PS.8	M	P	N	NA

Standard:
Single use injection devices are discarded after one time use to prevent Healthcare-associated infections.

Comments:

B – PS.9	M	P	N	NA

Standard:
A process for taking verbal or telephone orders and for the reporting of critical test results, that requires a verification by write down and "read-back" of the complete order or test result by the person receiving the information is implemented (Refer to standards IM.20 and IM.21).

Comments:

B – PS.10	M	P	N	NA

Standard:
Systems are implemented to prevent catheter and tubing mis-connections.

Comments:

B– PS.11	M	P	N	NA

Standard:
Each patient's risk of falling, including the potential risk associated with the patient's medication regimen is assessed and periodically reassessed.

Comments:

B – PS.12	M	P	N	NA

Standard:
Action is taken to decrease or eliminate any identified risks of falling.

Comments:

B – PS.13	M	P	N	NA

Standard:
Each patient's risk of developing pressure ulcers is assessed and documented.

Comments:

B – PS.14	M	P	N	NA

Standard:
Action is taken to decrease or eliminate any identified risks of developing pressure ulcers.

Comments:

B – PS.15	M	P	N	NA

Standard:
Preventive maintenance and testing of critical alarm systems is implemented and documented.

Comments:

B – PS.16	M	P	N	NA

Standard:
Alarms are tested and activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

Comments:

B – PS.17	M	P	N	NA

Standard:
A standardized approach to hand over communications, including an opportunity to ask and respond to questions is implemented.

Comments:

B) MEDICATION MANAGEMENT SAFETY

A – PS.18	M		N	NA

Standard:
Policy & Procedures for medication management safety include at least the following:

PS.18.1 Abbreviations not to be used throughout the organization (Refer to standard PS.21).
PS.18.2 Documentation and communication of patient's current medications & discharge medication.
PS.18.3 Labeling of medications, medication containers and other solutions.
PS.18.4 Prevent errors from high risk medications.
PS.18.5 Prevent errors from look-alike, sound-alike medications.

Comments:

A – PS.19	M		N	NA

Standard:
The Policy to prevent errors from high risk medications defines:

PS.19.1 The list of high risk medications including concentrated electrolytes.
PS.19.2 Labeling and storage of high risk medications.
PS.19.3 Dispensing and preparation of the high risk medications.
PS.19.4 Frequency of reviewing and updating of the list.

Comments:

A – PS.20	M		N	NA

Standard:
The Policy to prevent errors from look-alike, sound-alike medications defines the following:

PS.20.1 The list of look-alike, sound-alike medications.
PS.20.2 Labeling and storage of look-alike, sound-alike medication.
PS.20.3 Dispensing and preparation of the look-alike, sound-alike medication.
PS.20.4 Frequency of reviewing and updating of the list.

Comments:

B – PS.21	M	P	N	NA

Standard:
Abbreviations not to be used throughout the organization are:
U/ IU
Q.D., QD, q.d., qd
Q.O.D., QOD, q.o.d., qod
MS, MSO4
MgSO4
Trailing zero
No leading zero
Dose x frequency x duration

Comments:

B – PS.22	M	P	N	NA

Standard:
Look-alike and sound-alike medications are identified, stored and dispensed to assure that risk is minimized.

Comments:

B – PS.23	M	P	N	NA

Standard:
Concentrated electrolytes; including, but not limited to, potassium chloride (2 meq/L or greater concentration), potassium phosphate, sodium chloride (>0.9% concentration), magnesium sulfate (50% or greater concentration) and concentrated medications are removed from all patient care areas, whenever possible.

Comments:

B – PS.24	M	P	N	NA

Standard:
Concentrated medications not removed are segregated from other medications with additional warnings to remind staff to dilute before use.

Comments:

B – PS.25	M	P	N	NA

Standard:
All medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in peri-operative and other procedural settings are labeled.

Comments:

B – PS.26	M	P	N	NA

Standard:
A process is implemented to obtain and document a complete list of the patient's current medications upon admission to the organization and with the involvement of the patient.

Comments:

B – PS.27	M	P	N	NA

Standard:
A complete list of the patient's medications to be taken after discharge is provided to the patient.

Comments:

B – PS.28	M	P	N	NA

Standard:
The discharge medication list is communicated to the next provider of service when the patient is referred or transferred outside the organization.

Comments:

C) OPERATIVE AND INVASIVE PROCEDURE SAFETY

A – PS.29	M		N	NA

Standard:
Policy & Procedures for operative and invasive procedures safety includes at least the following:

PS.29.1	Accurate documented patient identification preoperatively, and just before surgery (time out).
PS.29.2	Process for verification of all documents and equipments needed for surgery or invasive procedures preoperatively.
PS.29.3	Marking of site of surgery preoperative.
PS.29.4	Verification of accurate counting of sponges, needles and instruments pre and post procedure.

Comments:

B – PS.30	M	P	N	NA

Standard:
A process or checklist is developed and used to verify that all documents and equipment needed for surgery or invasive procedures are on hand, correct and functioning properly before the start of the surgical or invasive procedure.

Comments:

B – PS.31	M	P	N	NA

Standard:
There is a documented process of accurate patient identification preoperatively and just before starting a surgical or invasive procedure (time out), to ensure the correct patient, procedure, and body part.

Comments:

B – PS.32	M	P	N	NA

Standard:
The precise site where the surgery or invasive procedure will be performed is clearly marked by the physician with the involvement of the patient.

Comments:

B – PS.33	M	P	N	NA

Standard:
There is a documented process to verify an accurate accounting of sponges, needles and instruments pre and post procedure.

Comments:

General Comments

c) Appendix 3: List of Documents

GENERAL PATIENT SAFETY	
Documents	**Standard**
Education materials	
Patient and family fall prevention education material.	B – PS.12
Patient and family pressure ulcer prevention education material.	B – PS.14
Evidence documents	
Evidence documents of staff training.	B – PS.4
Forms	
Fall risk assessment form.	B – PS.11
Fall prevention care plan forms.	B – PS.12
Pressure ulcer risk assessment forms.	B – PS.13
Pressure ulcer prevention care plan forms.	B – PS.14
Schedules of alarm tests.	B – PS.16
Hand over forms.	B – PS.17
Guidelines	
Hand hygiene guideline.	B – PS.7
Alarm setting guidelines.	B – PS.15
Lists	
Hand hygiene supplies needs.	B – PS.7
Inventory of all devices with alarms.	B – PS.15
List of critical alarm settings.	B – PS.16
Policies and Procedures	
Patient safety policies and procedures.	A – PS.1, A – PS.2
Handling critical values/tests policy and procedures.	A – PS.3
Identification policy and procedures.	B – PS.6
Hand hygiene policy and procedures.	B – PS.7
Safe injection policy and procedures.	B – PS.8
Verbal, telephone orders, critical test results reporting policy and procedures.	B – PS.9
Fall prevention policy and procedures.	B – PS.11, B – PS.12
Pressure ulcer prevention policy and procedures.	B – PS.13, B – PS.14
Critical alarms policy and procedures.	B – PS.15 B – PS.16
Handover policy and procedures.	B – PS.17
Programs	
Organization's education / training program.	B – PS.4
Posters	
Patient safety standards posters. Patient safety solution posters.	B – PS.5

Registers	
Verbal, telephone orders, critical test results registers.	B – PS.9
MEDICATION MANAGEMENT SAFETY	
Document	**Standard**
Lists	
List of look-alike and sound-alike medication.	B – PS.22
Policies and Procedures	
Medication management safety policy and procedures.	A – PS.18
High risk medication policy and procedures.	A – PS.19
Look-alike, sound-alike medication policy and procedures.	A – PS.20
OPERATIVE AND INVASIVE PROCEDURE SAFETY	
Document	**Standard**
Checklists	
Document and equipment verification checklist.	B – PS.30
Time out / surgical safety checklist.	B – PS.31
Marking / surgical safety checklist.	B – PS.32
Equipment / surgical safety checklist.	B – PS.33
Policies and Procedures	
Operative and invasive procedures safety policy and procedures.	A – PS.29
Preoperative documents and equipment verification policy and procedures.	B – PS.30
Preoperative / pre-intervention patient identification policy and procedures.	B – PS.31
Surgery / invasive site marking policy and procedures.	B – PS.32
Retention prevention policy and procedures.	B – PS.33

d) Appendix 4: Medical Record Review Items

GENERAL PATIENT SAFETY	
Item	**Standard**
Two identifiers on all papers.	B – PS.6
Documentation of verbal or telephone order and critical value.	B – PS.9
Fall risk assessment form.	B – PS.11
Tailored fall prevention care plan.	B – PS.12
Pressure ulcer risk assessment form.	B – PS.13
Tailored pressure ulcer prevention care plan.	B – PS.14
Documentation of handover framework.	B – PS.17
MEDICATION MANAGEMENT SAFETY	
Item	**Standard**
Dug prescription abbreviations.	B – PS.21
Documentation of current medications upon admission.	B – PS.26
Documentation of medication upon discharge.	B – PS.27
Documentation of medication upon transfer or referral.	B – PS.28
OPERATIVE AND INVASIVE PROCEDURE SAFETY	
Item	**Standard**
Document and equipment verification checklist.	B – PS.30
Time out / surgical safety checklist.	B – PS.31
Marking / surgical safety checklist.	B – PS.32
Instruments count / surgical safety checklist.	B – PS.33

e) Appendix 5: List of Observations

GENERAL PATIENT SAFETY		
Visit Site	**Observation point**	**Standard**
Clinical care areas	Posted patient safety standards.	B – PS.5
	Patients identification wrist bands.	B – PS.6
	Hand hygiene equipment. Hand hygiene supplies. Clinicians and auxiliary staff compliance.	B – PS.7
	Single use injection devices. Staff compliance.	B – PS.8
	General measures for fall prevention.	B – PS.12
ICU / Recovery	Catheter and tubing misconnections compliance measures.	B – PS.10
ICU / clinical care areas	Pressure relieving devices in use.	B – PS.14
	Devices with critical alarms	B – PS.16
MEDICATION MANAGEMENT SAFETY		
Visit Site	**Observation point**	**Standard**
Pharmacy and medication cars.	LASA medication storage.	B – PS.22
Clinical care areas.	Removal of concentrated medication.	B – PS.23
	Segregation of concentrated medications.	B – PS.24
Peri-operative and other procedural settings	Observe the medication containers' labels.	B – PS.25
OPERATIVE AND INVASIVE PROCEDURE SAFETY		
Visit Site	**Observation point**	**Standard**
Surgical or intervention theatres.	Pre-procedure verification (if possible).	B – PS.30, B – PS.31, B – PS.32
	Site markers.	B – PS.32
	Pre and postoperative double verification process.	B – PS.33

f) Appendix 6: List of Interviews

GENERAL PATIENT SAFETY	
Interviewee	**Standard**
Auxiliary staff	B – PS.7
Clinicians	B – PS.4, B – PS.6, B – PS.7, B – PS.8, B – PS.9, B – PS.10, B – PS.11, B – PS.12, B – PS.13, B – PS.14, B – PS.17
Family	B – PS.12, B – PS.14
Maintenance staff	B – PS.15
Patients	B – PS.8, B – PS.12, B – PS.14
Staff around devices with critical alarms	B – PS.15 B – PS.16
MEDICATION MANAGEMENT SAFETY	
Interviewee	**Standard**
Clinicians	B – PS.27, B – PS.28
Nurses	B – PS.23, B – PS.24
Patients	B – PS.26, B – PS.27
Pharmacists and nurses	B – PS.22
OPERATIVE AND INVASIVE PROCEDURE SAFETY	
Interviewee	**Standard**
Invasive procedures staff	B – PS.30, B – PS.31, B – PS.32, B – PS.33

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