

**Ethiopian Hospital Accreditation Standards ES 7191:2025**  
**for public comment**

Ethiopian standards Institute in collaboration with Ministry of Health, Ethiopian Accreditation service, development partners and other stakeholders is working to launch health care accreditation program in Ethiopia. This program is one of the key initiatives that help to improve the quality and safety of health care service and strengthen competence based quality assurance system. To start the program with Hospital accreditation, the development of hospital accreditation standard was started at the beginning of 2024 and currently the draft standard is open for public comment. In this standard Development process according to the international standardization procedure and as per the health care accreditation Program (EHP) road map starting from drafting IES,EAS, EHF,EPHI,EHI,EFDA,IHI,QHA and other stake holder are engaged .

As Health care accreditation is new in our country, before launching the program the draft document as per standardization principle should be released for public enquiry. Therefore regional health bureau, health facilities, health professionals, professional societies, implementing partners, accreditation bodies and other stakeholders are invited to comment the document using the comment (Balloting) form.

**ETHIOPIAN  
STANDARD**

**ES 7191:2025**

First Edition  
xx-xx-2025

---

**Hospital Accreditation Standards**

---

ICS: 11.020.01  
Published by Institute of Ethiopian Standards  
©IES



TABLE OF CONTENTS

TABLE OF CONTENTS .....	ii
Foreword.....	iii
1. Scope .....	1
2. Normative references .....	1
3. Terms and Definitions .....	1
Chapter I: - Accreditation prequalification- requirement .....	1
Chapter II: Organizational Standards.....	1
2.1 Hospital Governance, Leadership and Management.....	1
2.2 Quality Management System .....	4
2.3 Financial management .....	9
2.4 Facility Management.....	12
2.5 Waste management .....	14
2.6 Medical Equipment Management.....	15
2.7 Human Resource Management and Development.....	16
2.8 Information and Data Management .....	19
2.9 Teaching Hospital (only applicable to teaching hospitals).....	23
Chapter III: Services Standards.....	26
Chapter IV: Patient centered Standards .....	38
Patient and caregiver Rights and Education.....	38
Critical care service.....	52
Maternal and child health.....	52

Draft Accreditation Ethiopian standard for public comment

## Foreword

This Ethiopian Standard has been formulated under the guidance of the Technical Committee for Medical Science & Health care practices (TC 90) and published by the Institute of Ethiopian Standards (IES).

The accreditation Standard for health care facilities is developed as per good standardization practice by the technical committees within the Institute of Ethiopian Standards, comprising all stakeholders in the health sector and ratified by the national standardization council.

Each member organization with an interest in a particular subject, for which a technical committee has been established, is entitled to representation on said committee. During the development of these standards, both national and international standards were meticulously reviewed and utilized as points of reference.

Draft Accreditation Ethiopian standard for public comment

## Introduction

Ethiopia, as a developing country, recognizes the importance of improving the quality of healthcare services and ensuring patient safety across its health facilities. In line with this commitment, the Ethiopian government has established an accreditation institute, the Ethiopian Accreditation Service, and has emphasized the importance of accreditation of public and private organizations, including health facilities.

Ministry of Health has been implementing different initiatives to improve the quality and safety of healthcare service at all levels in collaboration with Stockholders, RHB, and partners for the last 30 years. Currently, the Health Sector Medium-Term Development and Investment Plan (HSDIP) is more in accreditation of public and private health facilities in the nation at all level.

Accreditation is important for healthcare organizations to ensure quality and safety and for approval of excellence that boosts the trust of patients, staff and investors. Accredited organizations are well-positioned to promote health tourism that attract internal and external investors, benefit from performance-based financing contracts with insurance companies, easily meet regulatory institutions' compliance criteria, and increase their brand value towards patients.

Accreditation of health facilities also plays a crucial role in promoting uniform standards, enhancing patient care, and driving continuous quality improvement efforts. It provides an opportunity for health facilities to assess their performance, identify areas for improvement, and meet nationally and internationally recognized quality standards. Driven by the need to elevate the healthcare and address the challenges in service delivery.

The development of this hospital accreditation standard is led by the Institute of Ethiopian Standards and developed following good standardization practice that ensures the representation of all interested parties through national technical committee following fundamental principles are maintained throughout the development process.

The criteria in the standards are classified as critical or core. The guiding definitions are:

- **Critical** criteria are mandatory requirements that have serious impact on the quality and safety of the service. There are critical criteria and hospitals are advised to assess to ensure these are fully met before applying for accreditation.
- **Core** are the criteria addressing systems, processes, policies and procedures which are important for patient care or providing quality services.

**Developmental** criteria are the requirements that a hospital should attempt to comply with, based on its capacity, to enhance quality care.

## Accreditation program - Hospital Accreditation Requirements

### 1. Scope

This Ethiopian accreditation standard delineates criteria pertaining to safety, quality, and competence for primary, general and comprehensive specialized hospitals.

This Ethiopian standard is applicable to both public and private hospitals to ensure their competence by accreditation bodies.

### 2. Normative references

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

**ES ISO 15189:** Medical laboratories — Requirements for quality and competence

**ES ISO 7101:-**Healthcare organization management — Management systems for quality in healthcare organizations — Requirements

### 3. Terms and Definitions

For the purpose of this standard, the following terms and definitions are applied.

#### 3.1

##### Accreditation

A third-party formal recognition and attestation process whereby an authoritative body evaluates and certifies that a healthcare organization meets specific standards of quality and safety in the delivery of care.

#### 3.2

##### Attestation

Issue of a statement, based on a decision following review, that fulfillment of specified requirements of the standards has been demonstrated.

#### 3.3

##### Stakeholder

A person, group, or organization that has an interest or concern in an organization. Stakeholders can affect or be affected by the organization's actions, objectives, and policies.

Internal stakeholders are individuals who are already committed to serving the organization such as board members, staff, and volunteers, including surveyors.

External stakeholders are individuals who are impacted by the work of the organization such as clients and community partners.

**3.4**

**Competency**

The knowledge, skills, abilities, behaviors, experience and expertise to be able to perform a particular task and activity.

**3.5**

**Confidentiality**

The right of individuals to keep information about themselves from being disclosed.

**3.6**

**Ethics/Ethical**

Acknowledged set of principles which guide professional and moral conduct.

**3.7**

**Incidents**

Events that are unusual, unexpected, may have an element of risk, or that may have a negative effect on clients, groups, staff or the organization.

**3.8**

**Policy**

A written operational statement that formalizes the approach to tasks that is consistent with the organizational objectives.

**3.9**

**Procedure**

A written set of instructions conveying the approved and recommended steps for a particular act or series of acts.

**3.10**

**Scope of service**

The range and type of services offered and any conditions or limits to service coverage.

## Chapter I: - Accreditation prequalification- requirement

The hospital should fulfill the following legal and technical requirements:-

- 1.1. The hospital is licensed and currently operating as a healthcare provider.
- 1.2. The hospital meets all requirements for timely submissions of data and information to the accreditation body.
- 1.3. The hospital provides accurate and complete information to the accreditation body throughout all phases of the accreditation.
- 1.4. The hospital should present a self-assessment report for the implementation of this standard.
- 1.5. The hospital should document and present corrective actions for audit findings.
- 1.6. The hospital permits on-site evaluations of standards and policy compliance or verification of quality and safety concerns, reports, or regulatory authority sanctions at the discretion of the accreditation body.

Draft Accreditation Ethiopian standard for public comment



## Chapter II: Organizational Standards

### 2.1. Hospital Governance, Leadership and Management

#### 2.1.1. Standard

The hospital should establish a clear governance structure that defines roles and responsibilities at all organizational levels.

##### Standard intent

Effective leadership is essential for fostering a culture of quality and safety within the organization. A well-defined governing body ensures that leadership actions and decisions prioritize quality and patient safety as organizational imperatives.

S.N.	Criteria	Level
2.1.1.1.	The structure of the hospital's governing body should be described in a written document or clear organizational charts identifying those responsible and accountable for governance.	Core
2.1.1.2.	The authority and operational responsibilities of the hospital's governing board/entity should be described in bylaws, policies, terms of reference or similar documents.	Core
2.1.1.3.	The governing board/entity should include diversified representatives who possess gender and community representation, and relevant expertise to guide strategic decision-making and oversight.	Core
2.1.1.4.	The governing body should ensure resources are available and managed to provide safe quality patient care.	Core
2.1.1.5.	The governing body appoints a qualified director to manage the hospital in accordance with applicable bylaws and evaluates the director's performance regularly.	Core
2.1.1.6.	The governing body/entity should ensure the establishment of a senior management team led by the hospital director, in accordance with applicable law, to provide effective leadership and oversight of organizational operations	Core
2.1.1.7.	The governing body participates in a structured orientation program followed by regular training sessions.	Core

#### 2.1.2. Standard

The hospital should implement an effective strategic plan that aligns with its mission, vision, and values.

##### Standard intent

The strategic intent is to align organizational resources and efforts towards advancing the hospital's mission, enhancing patient care quality, and achieving measurable goals that reflect the needs and expectations of the community served.

S.N.	Criteria	Level
2.1.2.1.	The hospital should establish clear, measurable goals related to quality improvement and patient care within the strategic plan as a sated timeline for progress tracking.	Core
2.1.2.2.	The hospital should have resource allocation decisions that aligned with strategic priorities, with documented justification for budgetary choices.	Core
2.1.2.3.	The hospital governing board should approve the annual hospital budget and conduct regular financial audits at least quarterly to ensure transparency, accountability, and adherence to financial management standards.	Core
2.1.2.4.	The hospital should be developed, reviewed, and strategic plans updated periodically, with stakeholder input documented during the planning process.	Core
2.1.2.5.	The governing body should develop a strategic plan with input from all staff	Core
2.1.2.6.	and stakeholders that identifies the organization's mission, vision, and values and includes timely aims and objectives	
2.1.2.7.	The governing board and senior management team should develop an annual operational plan and monitor performance regularly, at least quarterly, per established key performance indicators (KPIs).	Core

**2.1.3. Standard**

The hospital leadership implements a comprehensive supply chain management system.

**Standard intent**

Implementing a comprehensive supply chain management system underscores the hospital's dedication to uninterrupted care provision.

S.N.	Criteria	Level
2.1.3.1.	The hospital should ensure timely procurement, secure storage, and timely distribution of supplies to meet patient requirements.	Core
2.1.3.2.	The hospital should periodically monitor resources for the delivery of the service provided.	Core

**2.1.4. Standard**

The hospital demonstrates a strong commitment to quality and safety through systematic management and continuous improvement processes.

**Standard intent**

A dedicated commitment to quality management and patient safety by the hospital leadership team ensures a culture of excellence and continuous improvement. Their unwavering dedication fosters a safe environment where patient well-being is paramount, instilling confidence among staff and stakeholders.

S.N.	Criteria	Level
2.1.4.1.	The hospital should establish effective governance and leadership to promote quality and safety management.	Core
2.1.4.2.	The clinical director should oversee the implementation of research-based clinical guidelines and pathways of care.	Core
2.1.4.3.	The hospital leadership should implement a communication strategy.	Core
2.1.4.4.	There should be a policy for the development, format, control, review, and implementation of all policies.	Core
2.1.4.5.	Leadership should ensure the hospital has evidence-based policies and procedures available for all departments.	Core

**2.1.5. Standard**

The hospital maintains ethical standards in all operations and interactions within the organization and with external stakeholders.

**Standard intent**

Upholding integrity and ethical standards in decision-making underscores the hospital leadership team's commitment to transparency and trust. Their principled approach cultivates a culture of accountability and fosters ethical conduct throughout the organization.

S.N.	Criteria	Level
2.1.5.1.	The hospital should implement a code of ethics that clearly outlines expectations for employee behavior, decision-making, and accountability to patients and the community.	Core
2.1.5.2.	The hospital should provide regular ethics education and training for all employees and leadership to ensure understanding and adherence to ethical standards.	Core
2.1.5.3.	The hospital should establish an ethics committee to address complex ethical issues, promote ethical decision-making, and provide guidance to staff and leadership.	Core
2.1.5.4.	The hospital should have a system to ensure values; ethical behaviors and effective communication of code of ethics are implemented.	Core
2.1.5.5.	The hospital should provide a confidential system to support clinicians, patients and relatives with difficult and ethical issues in patient care.	Core

**2.1.6. Standard**

The hospital has a comprehensive risk management program that proactively identifies, assesses, and mitigates potential risks to patients, staff, and the organization.

### Standard Intent

A comprehensive risk management program underscores the hospital's commitment to safety and resilience. By proactively identifying, assessing, and mitigating potential risks, the organization safeguards patients, staff, and its operational integrity, fostering a secure healthcare environment.

S.N.	Criteria	Level
2.1.6.1.	The hospital should develop and implement risk mitigation strategies that are communicated effectively to all staff and regularly reviewed for effectiveness	Core
2.1.6.2.	The hospital should conduct regular risk assessments to identify potential hazards and vulnerabilities within clinical and operational processes	Core
2.1.6.3.	The hospital should maintain a system for reporting and analyzing adverse events, near misses, and other safety-related incidents to promote a culture of continuous learning and improvement	Core
2.1.6.4.	The hospital leadership should ensure a risk management that addresses all risks including clinical, environmental, and financial.	Core

### 2.1.7. Standard

The hospital has a mechanism for outsourcing clinical and non-clinical services to ensure quality and accountability.

#### Standard intent

Hospital management plays a crucial role in identifying, assessing, and overseeing clinical and non-clinical services outsourced to external providers. By ensuring rigorous evaluation and oversight, leadership safeguards quality and patient safety while optimizing resource utilization and service delivery.

S.N.	Criteria	Level
2.1.7.1.	The governing body should define what services are to be outsourced	Core
2.1.7.2.	The hospital should make contractual agreements based on clearly defined expectations, performance standards, and oversight mechanisms for outsourced services.	Core
2.1.7.3.	The hospital should regularly monitor and assess the performance of outsourced services, ensuring compliance with established standards and taking corrective action when necessary.	Core

## 22. Quality Management System

### 2.2.1. Standard

The hospital ensures effective governance and leadership for quality and safety through organization-wide implementation of the QMS.

**Standard Intent**

To ensure effective governance and leadership through a comprehensive QMS that integrates clear roles, defined processes, interdisciplinary collaboration, staff training, and adequate resources to promote quality and safety across all hospital functions.

S.N.	Criteria	Level
2.2.1.	The hospital shall establish a clear governance and leadership structure for quality management, defining roles and responsibilities for quality oversight and fostering accountability.	Critical
2.2.1.	The QMS shall define all critical processes and their interactions, supported by documented procedures, workflows, and responsibilities to ensure consistency and quality outcomes.	Critical
2.2.1.	The hospital should develop a comprehensive QMS guideline outlining the scope, objectives, and policies for quality and safety management, integrating well-defined policies and procedures across all functions.	Core
2.2.1.	The hospital should establish mechanisms for interdisciplinary collaboration to ensure effective communication and coordination of quality and safety initiatives across departments.	Core
2.2.1.	The hospital should implement training and awareness programs to ensure all staff members understand and adhere to the QMS policies, procedures, and objectives.	Core
2.2.1.	The hospital should allocate adequate resources, including staffing, budget, and training, to support quality and safety programs effectively	Core

**2.2.2. Standard**

The hospital maintains a high quality of care through established clinical protocols.

**Standard Intent**

To ensure high-quality care through the consistent development, implementation, and regular review of evidence-based clinical protocols, supported by staff training and adherence monitoring.

S.N.	Criteria	Level
2.2.2.	The hospital should establish clinical protocols based on current best practices and regulatory standards.	Core
2.2.2.	Clinical protocols should be implemented uniformly across all relevant departments and services.	Core
2.2.2.	All healthcare staff should be trained on the clinical protocols to ensure correct understanding and application	Core
2.2.2.	Mechanisms should be in place to monitor adherence to clinical protocols and address deviations promptly.	Core
2.2.2.	Clinical protocols should be periodically reviewed and updated to reflect advancements in evidence and changes in care standards.	Core

**2.2.3. Standard**

The hospital engages in continuous performance improvement activities.

**Standard Intent**

To promote excellence in care delivery through fostering a culture of continuous performance improvement, enabling the hospital to identify opportunities, implement changes, and achieve measurable improvements in quality and efficiency.

S.N.	Criteria	Level
2.2.3.	The hospital should establish metrics and benchmarks to assess clinical, operational, and patient outcomes.	Core
2.2.3.	The hospital should conduct periodic audits and management reviews for clinical and non-clinical audits.	Core
2.2.3.	The hospital should initiate quality improvement projects through a systematic approach based on audit finding	Core
2.2.3.	The hospital should document and report on the effectiveness of implemented changes for continuous improvement.	Core
2.2.3.	The hospital should monitor the outcomes of improvement initiatives to ensure sustained progress and continuous refinement.	Core

**2.2.4. Standard**

The hospital implements effective incident management strategies to ensure patient safety.

**Standard Intent**

To ensure patient safety by implementing effective incident management strategies that include timely reporting, investigation, analysis, and corrective actions to prevent recurrence and promote a culture of safety.

S.N.	Criteria	Level
2.2.4.	The hospital should report and analyze incidents at least quarterly for risk assessment.	Core
2.2.4.	The hospital should provide staff training on incident awareness and reporting processes.	Core
2.2.4.	The hospital should develop and implement incident management plan including communication plan for necessary information dissemination and the plan and process should be reviewed.	Core
2.2.4.	The hospital should implement a timely response protocol for high-risk incidents identified.	Core
2.2.4.	The hospital should track corrective actions taken for identified incidents.	Core

**2.2.5. Standard**

The hospital actively performs customer satisfaction to enhance patient experience.

**Standard Intent**

To enhance patient experience and satisfaction through continuous efforts to understand patient needs, address concerns, and improve the quality of care and services provided.

S.N.	Criteria	Level
2.2.5.	The hospital should have a system to assess patient experience of care and implement initiatives aimed at addressing identified concerns from surveys.	Core
2.2.5.	The hospital should document patient complaints and maintain resolution rates with follow-up actions.	Core
2.2.5.	The hospital should engage patients in developing satisfaction improvement strategies actively	Core

**2.2.6. Standard**

The hospital implements clinical decision support systems (CDSS) to enhance patient care and safety.

**Standard Intent**

To enhance patient care and safety through the implementation of Clinical Decision Support Systems (CDSS) that provide timely, evidence-based guidance to clinicians, improving decision-making and reducing the risk of errors.

S.N.	Criteria	Level
2.2.6.	The hospital should integrate CDSS into electronic health records (EHR) to provide real-time alerts, reminders, and clinical guidelines to healthcare providers.	Dev. al
2.2.6.	The hospital should regularly update the clinical decision support tools to reflect the latest evidence-based practices and guidelines.	Dev. al
2.2.6.	The hospital should monitor the impact of CDSS on clinical outcomes and adjust the systems as necessary to optimize their effectiveness	Dev. al

**2.2.7. Standard**

The hospital implements continuous education and training programs for all staff to promote awareness of quality improvement initiatives and best practices.

**Standard Intent**

The intent of this standard is to promote ongoing professional development, enhancing knowledge and skills related to quality improvement among hospital personnel. Through continuous education and training, the hospital fosters lifelong learning and ensures staff are equipped with the latest techniques to improve patient care and support quality improvement initiatives, leading to better patient outcomes.

S.N.	Criteria	Level
2.2.7.	The hospital should develop a structured framework for continuous education and training that includes quality improvement topics pertinent to all staff roles.	core
2.2.7.	The hospital should provide access to educational resources, workshops, and training sessions that emphasize best practices in quality improvement.	core
2.2.7.	The hospital should evaluate the effectiveness of education and training programs through assessments and feedback mechanisms to ensure content is relevant and impactful	core

## 2.3. Patient Safety Standards

### 2.3.1. Standard

The hospital established safety protocols and practices that guide staff in ensuring patient safety within the healthcare system.

#### Standard Intent

This standard aims to establish a comprehensive framework for patient safety, reducing harm, and enhancing the care experience. Clear safety protocols and practices will cultivate a culture of safety, ensuring all healthcare providers are aware of procedures to prevent errors, protect patients, and promote a safer environment. Ongoing reinforcement of these protocols supports continuous safety and quality improvement.

S.N.	Criteria	Level
2.3.1.	The hospital should develop and document safety protocols relevant to specific clinical procedures and care settings.	Core
2.3.1.	The hospital should ensure that all staff receive training on safety protocols during orientation and through ongoing education.	Core
2.3.1.	The hospital should conduct regular audits to assess compliance with safety protocols and implement corrective actions as needed.	Core
2.3.1.	The hospital should communicate safety protocols effectively through signage and readily accessible resources throughout the facility	Core

### 2.3.2. Standard

The hospital have a robust incident reporting system that allows staff to document and report incidents, near misses, and adverse events promptly.

#### Standard Intent

The intent of this standard is to promote a transparent culture of safety where staff can freely report incidents and near misses without fear of punishment. An effective incident reporting system is vital for identifying trends, underlying issues, and areas for improvement, facilitating continuous quality improvement and contributing to a safer environment for patients and staff alike.



S.N.	Criteria	Level
2.3.2.	The hospital should implement a confidential incident reporting system that is accessible to all staff members.	Core
2.3.2.	The hospital should provide training for all staff on how to report incidents and the importance of reporting near misses and adverse events.	Core
2.3.2.	The hospital should regularly review incident reports and conduct root cause analyses to identify contributing factors to safety events.	Core
2.3.2.	The hospital should disseminate findings from incident reports to staff, highlighting lessons learned and corrective actions taken	Core

### 2.3.3. Standard

The hospital implements and maintains a robust system for accurate patient identification and verification at all points of care.

#### Standard Intent.

This standard ensures reliable patient identification at all stages of care to prevent wrong-patient errors. Using consistent identifiers, the hospital will accurately match patients to treatments, with a special focus on high-risk groups such as newborns.

S.N.	Criteria	Level
2.3.3.	The hospital shall use at least two patient identifiers when administering medications, blood, specimens, or providing treatments, excluding room number or physical location.	Critical
2.3.3.	Blood and specimen containers shall be labeled in the patient's presence to ensure accurate identification.	Critical
2.3.3.	Distinct identification methods, such as using the mother's name and newborn's gender, shall be applied for newborns, along with practices like two-body-site banding or barcoding.	Critical
2.3.3.	Visual alerts and signage shall be used to notify staff of newborns with similar names, preventing misidentification.	Critical
2.3.3.	Staff shall receive regular training on patient identification procedures to ensure consistent adherence to safety protocols.	Critical

## 2.4. Financial management

### 2.4.1. Standard

The hospital develops a comprehensive annual budget that incorporates all sources of revenue and expenses ensuring active participation from key stakeholders in the budgeting process.

**Standard Intent**

To ensure the development of a comprehensive and transparent annual budget for the hospital that includes all sources of revenue and expenses, with active participation from key stakeholders in the budgeting process. The development of a well-rounded, realistic, and strategic budget that enhances financial accountability, supports sustainable hospital operations and promotes collaborative decision-making across the organization

S.N.	Criteria	Level
2.4.1.	The hospital should engage key stakeholders from clinical and administrative departments throughout the budgeting process to ensure alignment and accuracy.	Core
2.4.1.	The hospital should conduct financial analyses to compare budgeted financial performance against actual results using different methods regularly	Core

**2.4.2. Standard**

The hospital implements a system for revenue cycle management.

**Standard Intent**

The hospital should implement a robust revenue cycle management system to ensure accurate charge capture, timely invoicing, and regular assessments of accounts receivable aging reports.

S.N.	Criteria	Level
2.4.2.	The hospital should maintain a patient billing system that guarantees the accuracy of charges and the prompt issuance of invoices.	Core
2.4.2.	The hospital should regularly assess accounts receivable aging reports and develop strategies aimed at reducing the days in receivables.	Core
2.4.2.	The hospital should provide ongoing training to staff on proper documentation and coding practices to optimize claims submissions	Core

**2.4.3. Standard**

The hospital establish a system for cost control measures and financial reporting practices

**Standard Intent**

The hospital should establish effective cost control measures and financial reporting practices by generating monthly financial statements and conducting thorough analyses of departmental financial performance.

S.N.	Criteria	Level
2.4.3.	The hospital should implement cost accounting systems that accurately categorize direct and indirect costs related to patient care.	Core
2.4.3.	The hospital should generate monthly financial statements and perform trend analyses for better financial oversight.	Core

2.4.3.1	The hospital should conduct regular reviews of departmental financial performance against established benchmarks to identify opportunities for cost savings.	Core
---------	--	------

#### 2.4.4. Standard

The hospital conduct annual compliance audits to ensure adherence to all regulations

##### Standard Intent

The hospital should conduct annual compliance audits to ensure adherence to all federal and state regulations, supported by a compliance committee overseeing financial practices and ethics.

S.N.	Criteria	Level
2.4.4.1	The hospital should establish a compliance committee tasked with overseeing financial practices and ensuring ethical standards are upheld.	Core
2.4.4.2	The hospital should provide ongoing training programs for staff focused on compliance with legal and regulatory financial requirements	Core

#### 2.4.5. Standard

The hospital maintains a clear governance structure that clearly defines roles and responsibilities

##### Standard Intent

The hospital should maintain a clear governance structure that defines roles and responsibilities in financial management, ensuring accurate and transparent financial reporting to all stakeholders.

S.N.	Criteria	Level
2.4.5.1	The hospital should report financial information accurately to stakeholders, providing them with a clear understanding of the organization's financial status.	Core
2.4.5.2	The hospital should regularly evaluate the performance of financial leadership and implement improvements as needed to enhance accountability	Core

#### 2.4.6. Standards

The hospital implements financial risk management strategies to safeguard financial assets

##### Standard Intent

The hospital should implement robust risk management strategies and internal controls to safeguard financial assets and reduce the risk of fraud, supported by regular risk assessments and monitoring.

S.N.	Criteria	Level
2.4.6.1	The hospital should create and maintain internal controls designed to protect financial assets and minimize vulnerabilities to fraud.	Core

2.4.6.2.	The hospital should conduct regular risk assessments to identify and mitigate potential financial risks effectively.	Core
2.4.6.3.	The hospital should utilize technology to enhance audits and financial performance monitoring for greater oversight.	Core

#### 2.4.7. Standard

The hospital demonstrates sound financial management practices and ensures its long-term financial viability.

##### Standard intent

Establishing and maintaining a comprehensive system of financial management practices promotes prudent utilization of resources, ensuring sustainability and accountability. By fostering responsible financial stewardship, the hospital maximizes its capacity to fulfill its mission and serve its community effectively.

S.N.	Criteria	Level
2.4.7.1.	The hospital shall implement a healthcare financing system.	Critical
2.4.7.2.	The hospital shall establish and maintain a comprehensive system of financial management practices that promote responsible use of financial resources	critical
2.4.7.3.	Strategies should be in place to diversify revenue streams and minimize reliance on any single source.	Core
2.4.7.4.	Internal and external control measures should be implemented to ensure adherence to financial regulations.	Core
2.4.7.5.	Regular financial analysis should be conducted to assess financial performance and inform strategic decision-making.	Core

## 2.5. Facility Management

#### 2.5.1. Standard

The hospital shall maintain a safe, functional, and supportive environment for all patients, staff, and visitors, ensuring compliance with all applicable safety and health regulations.

##### Standard intent

Ensuring infrastructural arrangements that facilitate patient access underscores the hospital's commitment to inclusive, timely, and convenient healthcare. By prioritizing accessible facilities, the hospital enhances patient satisfaction and community trust.

S.N.	Criteria	Level
2.5.1.1.	The hospital should ensure physical and functional accessibility of services, including for patients with special needs	Core
2.5.1.2.	The hospital should ensure a safe and secure physical facility.	Critical
2.5.1.3.	All risk and restricted areas should be identified, monitored, and kept secure.	Core

2.5.1.4.	The hospital should ensure all chemicals and other hazardous substances are safely and securely stored.	Core
----------	---	------

#### 2.5.2. Standard

The hospital establishes and implements a program to ensure that all utility systems are monitored, operate efficiently and are maintained.

##### Standard intent

Implementing a comprehensive program for utility systems ensures operational efficiency, safety, and reliability. Regular inspections, maintenance, and improvements optimize performance, supporting a safe and comfortable environment for patients and staff.

S.N.	Criteria	Level
2.5.2.1.	The hospital should maintain a complete up-to-date inventory of utility systems with documented locations and distribution maps.	Core
2.5.2.2.	Utility system controls should be clearly labeled to facilitate safe and efficient operation during normal and emergency situations.	Core
2.5.2.3.	The hospital should plan and implement regular inspection, testing, maintenance, and improvement of all utility systems and components.	Core

#### 2.5.3. Standard

The hospital ensures continuous water and electrical power supply.

##### Standard intent

Ensuring a continuous supply of water and electrical power is vital for uninterrupted patient care and safety. Reliable utilities enable consistent service delivery, reflecting the hospital's dedication to operational excellence and patient well-being.

S.N.	Criteria	Level
2.5.3.1.	The hospital should ensure continuous availability of water.	Critical
2.5.3.2.	The hospital should have a system for quality control program on water safety.	Core
2.5.3.3.	The hospital shall ensure uninterrupted electrical power supply with backup electric source in place.	Critical

#### 2.5.4. Standard

The hospital establishes and implements a fire safety program.

##### Standard intent

Establishing and implementing a robust fire safety program safeguards patients, staff, and assets. By prioritizing fire prevention and response preparedness, the hospital creates a secure environment, demonstrating its commitment to safety and risk management.

S.N.	Criteria	Level
2.5.4.1.	The hospital shall implement and maintain emergency preparedness plans that comply with fire safety regulations	Critical
2.5.4.2.	The hospital should have an emergency evacuation plan for all areas of the	Critical

	hospital which is tested twice yearly.	
2.5.4.3.	All fire safety equipment and systems should undergo regular inspection, testing, and maintenance.	Core
2.5.4.4.	The hospital should ensure all staff are trained and drills are conducted biannually.	Critical

## 2.6. Waste management

### 2.6.1. Standard

The hospital creates and implements a comprehensive waste management program to ensure the safe disposal of hazardous and non-hazardous materials.

#### Standard Intent

The hospital implements a thorough waste management program aimed at guaranteeing the safe, efficient, and environmentally friendly disposal of both hazardous and non-hazardous materials. This program will adhere to all relevant local, state, and federal regulations, focusing on the identification, classification, handling, storage, and disposal of all waste types produced by hospital activities.

S.N.	Criteria	Level
2.6.1.1.	The hospital should develop clear policies and procedures for the segregation, handling, and disposal of waste to comply with environmental regulations.	Core
2.6.1.2.	The hospital should create an ongoing educational program that includes regular training sessions on updated waste management policies, regulations, and best practices.	Core
2.6.1.3.	The hospital should conduct regular monitoring, audits and feedback of waste management practices, infrastructure and supplies.	Core
2.6.1.4.	The hospital should ensure proper labeling, storage, and transportation of waste materials to minimize risks to staff, patients, and the environment.	Core
2.6.1.5.	Disposal of sharps and needles should follows safe and appropriate disposal procedures.	Core
2.6.1.6.	The hospital should provide appropriate personal protective equipment (PPE) to staff involved in the transportation of hazardous waste	Core

### 2.6.2. Standard

The hospital establishes effective sewerage systems that comply with health regulations and prevent hazards to the community and environment.

#### Standard intent

Maintaining an effective sewerage system is essential for hygiene and environmental health. Regular inspections and maintenance ensure system reliability, protecting patients and staff from health hazards and contributing to a safe healthcare setting.

S.N.	Criteria	Level
2.6.2.1.	The hospital should ensure that sewerage systems are designed, installed, and maintained in comply with standards and regulations.	Core
2.6.2.2.	The hospital should conduct routine inspections and maintenance of sewerage systems to prevent blockages and leaks that may pose health risks.	Core
2.6.2.3.	The hospital should implement emergency response protocols in the event of sewerage system failures to minimize public health risks.	Core
2.6.2.4.	The hospital should have a functional and effective wastewater treatment system in place,	Core

### 2.6.3. Standard

The hospital has toilet facilities and washrooms for patients, visitors and staff.

#### Standard intent

Providing toilet facilities and washrooms for patients and staff is fundamental for hygiene, comfort, and dignity. Well-maintained facilities enhance the hospital experience, promoting health, satisfaction, and overall well-being for everyone in the hospital.

S.N	Criteria	Level
2.6.3.1.	The hospital should ensure that every patient, including those with special needs will have access to a washroom and toilet.	Core
2.6.3.2.	The hospital shall provide a hand hygiene facility in place, with access to wash hand basins.	Critical

## 2.7. Medical Equipment Management

### 2.7.1. Standard

The hospital implement a comprehensive medical equipment management program.

#### Standard Intent

The hospital should implement a comprehensive medical equipment management program that oversees the entire lifecycle of medical equipment, from acquisition through disposal, to ensure safety and effectiveness.

S.N.	Criteria	Level
2.7.1.1.	The hospital should establish written policies and procedures that guide the procurement, commissioning, use, maintenance, and disposal of medical equipment.	Core
2.7.1.2.	The hospital shall create a medical equipment inventory system to track the status, location, and maintenance history of all equipment across the facility.	Critical
2.7.1.3.	The hospital should ensure that all staff involved in medical equipment management receive proper training regarding policies, procedures, and safety practices relevant to equipment handling.	Core

**2.7.2. Standard**

The hospital establishes effective protocols for the safe use and maintenance of medical equipment to minimize risks to patients and staff.

**Standard Intent**

Implementing a biomedical administration and maintenance system ensures the optimal functioning of medical equipment. Regular maintenance and oversight of biomedical devices enhance patient safety and care quality

S.N.	Criteria	Level
2.7.2.1.	The hospital should develop preventive maintenance schedules for all medical equipment, ensuring timely inspections and servicing according to manufacturer recommendations.	Core
2.7.2.2.	The hospital should implement a reporting system for staff to identify and report equipment malfunctions or safety concerns promptly.	Core
2.7.2.3.	There should be a system for monitoring of medical equipment related to adverse events, and compliance hazard notices on recalls.	Core
2.7.2.4.	The hospital should conduct regular training sessions to enhance staff competencies in using and maintaining specific medical equipment safely.	Core
2.7.2.5.	Curative maintenance service for all medical equipment should be available.	Core

**2.7.3. Standard**

The hospital has safe medical gas system.

**Standard intent**

Ensuring a safe medical gas system is crucial for patient safety and effective clinical care. Proper management of medical gases supports reliable and safe treatment environments, enhancing overall patient outcomes.

S.N.	Criteria	Level
2.7.3.1.	The hospital shall maintain sufficient medical gas supplies and related ancillary equipment to meet patient needs.	Critical
2.7.3.2.	All medical gases shall be stored and administered via safe secure systems.	Critical
2.7.3.3.	Emergency supplies of medical gas shall be readily available and safely stored for rapid access.	Critical
2.7.3.4.	The hospital should implement regular testing, maintenance, and cleaning of the medical gas system.	Core

**2.8. Human Resource Management and Development**

**2.8.1. Standard**

The hospital establishes a comprehensive human resource management and development program.



**Standard Intent**

The hospital establishes a comprehensive human resource management and development program that encompasses all aspects of employee management from recruitment through retirement including staff competency, satisfaction, and retention ensuring compliance with relevant regulations and best practices. Investing in workforce development enhances the quality of care and organizational performance.

S.N.	Criteria	Level
2.8.1.1.	The hospital should develop and maintain written policies and procedures outlining the recruitment, hiring, training, evaluation, and separation processes for all employees including transparent documentation of the recruitment process to ensure accountability in hiring practices	Core
2.8.1.2.	The qualifications of the hospital staff members shall correspond with the scope of practice.	Critical
2.8.1.3.	The hospital should has human resource management and development plan aligned with its strategic plan.	Core
2.8.1.4.	The hospital should create a centralized electronic human resources information system (HRIS) to store and manage employee records securely and efficiently.	Core
2.8.1.5.	The hospital should ensure that all human resources staff are trained in employment law, equity, diversity, and inclusion practices, when applicable.	Core
2.8.1.6.	The hospital should develop a compliance framework that includes regular audits of HR processes and practices to ensure adherence to applicable laws and regulations	Core

**2.8.2. Standard**

The hospital has performance management system to assess employee performance and organizational efficiency and effectiveness in alignment with accountability and motivation

**Standard Intent**

The hospital should implement a robust integrated performance management system to assess organizational efficiency and effectiveness as well as employee’s performance-based accountability and motivation.

S.N.	Criteria	Level
2.8.2.1.	The hospital should establish clear performance metrics and key performance indicators (KPIs) aligned with organizational goals and objectives for all job roles.	Core
2.8.2.2.	The hospital should conduct regular performance evaluations, utilizing standardized assessment tools and feedback from multiple sources (360-degree feedback) to obtain a comprehensive view of individual performance.	Core
2.8.2.3.	The hospital should ensure that performance measurement results including all	Core

	accountability actions taken are documented and communicated to employees to support transparency and development	
2.8.2.4.	The hospital should clearly define roles, responsibilities, and expectations for all positions, ensuring employees understand the performance standards they are accountable for.	Core
2.8.2.5.	The hospital should establish formal processes for addressing underperformance, including professional development plans, coaching sessions, and regular performance reviews	Core
2.8.2.6.	The hospital should have a system or program that highlights outstanding performance and contributions, including monetary and non-monetary rewards.	Core
2.8.2.7.	The hospital should regularly solicit employee feedback to assess the effectiveness of motivation programs and adjust them based on employee preferences and needs.	Core

**2.8.3. Standard**

The hospital implements continuing professional development.

**Standard Intent**

A robust human resource management and development system supports staff competency, satisfaction, and retention.

S.N.	Criteria	Level
2.8.3.1.	The hospital provides induction training for the newly hired staff on safety training, organizational policies, rules and regulations in all departments.	Core
2.8.3.2.	The hospital shall provide regular ongoing training for staff at least, on person centered care, risk reporting, IPC, use of medical devices.	Critical
2.8.3.3.	The hospital should implement a system to ensure all medical staff is competent and have the required privileging rights to treat patients.	Core
2.8.3.4.	All staff that has direct contact with patients should be trained in basic life support.	Core
2.8.3.5.	The hospital should provide ongoing training and professional development opportunities that align with employees' career aspirations and organizational goals.	Core
2.8.3.6.	The hospital should set clear performance expectations and career paths, empowering employees to take ownership of their professional development	Core

**2.8.4. Standard**

The Hospital has a system to establish and sustain staff health, safety, and, well-being.

**Standard intent**

Establishing a system for staff health, safety, and well-being promotes a supportive work environment. Prioritizing staff welfare enhances morale, productivity, and overall quality of care.

S.N.	Criteria	Level
2.8.4.1.	The hospital should have a system to ensure staff have access to an occupational health and safety program	Core
2.8.4.2.	The hospital should ensure that the rights and legal requirements of staff are complied with national regulations.	Core
2.8.4.3.	The hospital should have a system for staff vaccination for vaccine-preventable diseases.	Core
2.8.4.4.	The hospital should provide a program to manage staff grievances	Core
2.8.4.5.	The hospital should implement mechanisms to prevent, identify, and manage staff burnout.	Core
2.8.4.6.	The hospital should provide a program to prevent and manage workplace violence.	Core

## 2.9. Information and Data Management

### 2.9.1. Standard

The hospital ensure that health information systems are interoperable with other systems to facilitate seamless data exchange and coordination of care.

#### Standard Intent

The hospital ensure health information systems are interoperable with other systems and user-friendly for the benefit of the patients and clinical management stakeholders used for decision making activities in real timely manner

S.N.	Criteria	Level
2.9.1.1.	The hospital should have a system for data exchange to enhance interoperability with external systems, including primary health care providers, private health facilities, and other healthcare organizations.	Core
2.9.1.2.	The hospital should participate in health information exchanges to promote the sharing of relevant patient data while ensuring compliance with privacy regulations.	Core
2.9.1.3.	The hospital should regularly evaluate the interoperability of its systems and make necessary adjustments to improve data-sharing capabilities across organizations	Core

### 2.9.2. Standard

The hospital implements processes to ensure the accuracy, reliability, and completeness of health information.

#### Standard Intent

The hospital should implement processes to ensure the accuracy, reliability, and completeness of health information throughout its lifecycle.

S.N.	Criteria	Level
2.9.2.1.	The hospital should establish data entry protocols and validation procedures to minimize errors and maintain high-quality data.	Core
2.9.2.2.	The hospital should conduct routine data quality assessments to identify and rectify inaccuracies or inconsistencies in health records.	Core
2.9.2.3.	The hospital should implement audit trails for all electronic health information transactions to ensure accountability and traceability of changes made to patient data.	Core

### 2.9.3. Standard

The hospital establishes and maintains a comprehensive data governance framework to ensure the effective management of health information.

#### Standard intent

An effective information management system supports accurate, timely, and accessible data handling. Streamlined information processes enhance operational efficiency and patient care quality.

S.N.	Criteria	Level
2.9.3.1.	The hospital should have an information management plan aligned with its strategic plan.	Core
2.9.3.2.	The hospital should define roles and responsibilities for data governance, including the designation of a data governance committee to oversee data management practices.	Core
2.9.3.3.	The hospital should develop and implement data policies and procedures that outline standards for data collection, use, sharing, and retention to ensure compliance with regulatory requirements.	core
2.9.3.4.	The hospital should conduct regular audits of data governance practices to evaluate effectiveness and identify opportunities for improvement	core

### 2.9.4. Standard

The hospital should implement vigorous security measures to protect sensitive health information and ensure compliance with applicable regulations.

#### Standard intent

Implementing appropriate security measures safeguards data privacy, confidentiality, integrity, and availability. Protecting patient information builds trust and ensures compliance with legal and ethical standards.

S.N.	Criteria	Level
2.9.4.1.	A written process that complies with applicable laws and regulations should be in place to protect the confidentiality, security, and integrity of data and information.	Core
2.9.4.2.	The hospital should implement access controls and encryption mechanisms to	Core

	protect patient data.	
2.9.4.3.	Data and information should be safeguarded against loss, destruction, tampering, and damage.	Core
2.9.4.4.	The hospital shall implement a data backup system and disaster recovery to ensure data availability in case of system disruptions.	Critical
2.9.4.5.	The hospital should provide ongoing training to staff on data security and privacy practices to enhance awareness and commitment to safeguarding patient information	Core

### 2.9.5. Standard

The hospital establishes a secure and reliable data storage infrastructure to ensure the availability, integrity, and confidentiality of health information.

#### Standard intent

A comprehensive system for data and information storage and retention ensures regulatory compliance and information integrity. Proper data management supports operational continuity and informed decision-making.

S.N.	Criteria	Level
2.9.5.1.	The hospital should implement redundant storage solutions, such as backups and failover systems, to protect against data loss and ensure business continuity.	Core
2.9.5.2.	The hospital should utilize scalable storage technologies that can accommodate growing data needs while maintaining cost-effectiveness and efficiency	Core
2.9.5.3.	Storage space, either physical or electronic, for data or information including medical records should be of sufficient size and secured.	Core
2.9.5.4.	A designated person should store, maintain, and retrieve data/information while ensuring authorized access to records at all times.	Core
2.9.5.5.	Policies and guidelines for health records storage, retention time, and destruction should be in place.	Core

### 2.9.6. Standard

The hospital implements policies for data archival and retention that comply with legal requirements.

#### Standard Intent

The hospital should implement policies for data archival and retention that comply with legal requirements and best practices for health information management.

S.N.	Criteria	Level
2.9.6.1.	The hospital should define and document retention schedules for different types of health information, including clinical records, billing information, and	Core

	administrative documentation.	
2.9.6.2.	The hospital should establish secure archival processes for data that is no longer actively used but must be retained for legal and regulatory purposes.	Core
2.9.6.3.	The hospital should regularly review and update data retention policies to ensure alignment with evolving laws and industry standards.	Core

**2.9.7. Standard**

The hospital implements effective data management processes to support reporting and decision-making at all levels of the organization.

**Standard intent**

Analyzing clinical and operational data enables evidence-based decision-making and quality improvement initiatives. Data-driven insights enhance patient outcomes and operational efficiency.

S.N.	Criteria	Level
2.9.7.1.	The hospital should establish procedures for the timely and accurate reporting of clinical, operational, and financial data to relevant stakeholders.	Core
2.9.7.2.	The hospital should use data analytics tools to derive insights from health information, supporting strategic planning, performance improvement, and patient care optimization.	Core
2.9.7.3.	The hospital should ensure that data reporting complies with regulatory requirements and best practices for transparency and accountability	Core
2.9.7.4.	Up-to-date data should be collected, aggregated, analyzed and used to make decisions.	Core
2.9.7.5.	The hospital should conduct medical record audits regularly	Core
2.9.7.6.	Timely reports and dashboards on prioritized KPIs should be generated, analyzed, and inform quality improvement initiatives and performance improvement plans.	Dev. al

**2.9.8. Standard**

The hospital implements the EMR system in a manner that minimizes disruption to clinical operations and optimizes user adoption.

**Standard intent**

Establishing standardized clinical records for each patient ensures consistency and completeness of medical information. Comprehensive records facilitate effective communication and continuity of care.

S.N.	Criteria	Level
2.9.8.1.	The hospital should establish EMR system implementation facilitating smooth transitions and gather feedback for improvements.	Core
2.9.8.2.	The hospital should ensure that the EMR system integrates seamlessly with other existing systems, such as laboratory, pharmacy, and billing systems, to prevent data silos.	Core

2.9.8.3.	The hospital should monitor and evaluate the effectiveness of the EMR implementation by gathering user feedback and assessing key performance indicators related to system utilization.	Core
2.9.8.4.	The hospital should engage in regular training and ongoing education programs for staff to ensure they remain proficient in using the EMR system and adhering to best practices for data management.	Core
2.9.8.5.	The hospital shall ensure each patient has a unique, current, complete, and accurate medical record.	<b>Critical</b>
2.9.8.6.	The medical record should contain information necessary to identify the patient based on the patient identification policy.	Core
2.9.8.7.	The hospital should determine the content and format of entries for health records and kept in a standardized format.	Core
2.9.8.8.	A system should be available that enables fast and efficient retrieval and smooth distribution of health records.	Core

### 2.9.9. Standard

The hospital should have a system for reporting and analyzing quality data to inform decision-making and drive quality improvement initiatives.

#### Standard Intent:

The intent of this standard is to ensure that quality data are systematically collected, analyzed, and disseminated to promote transparency and informed decision-making within the organization. By leveraging data analysis, the hospital can identify trends, track performance against goals, and implement targeted interventions to improve care delivery. Continuous reporting and analysis of quality data empower staff at all levels to engage in quality improvement efforts and reinforce accountability within the organization.

S.N.	Criteria	Level
2.9.9.1.	The hospital should establish a centralized system for the collection and management of quality data across various departments.	Core
2.9.9.2.	The hospital should implement regular reporting mechanisms to share quality data with staff, leadership, and stakeholders, including dashboards and performance reports.	Core
2.9.9.3.	The hospital should regularly analyze quality data to pinpoint issues, assess progress toward set goals, and guide essential modifications to care practices.	Core
2.9.9.4.	The hospital should provide training for staff on how to interpret and utilize quality data in their daily practice and improvement initiatives	Core

## 2.10. Teaching Hospital (only applicable to teaching hospitals)

### 2.10.1. Standard

The leadership and governing body of the hospital authorize and monitor the hospital's participation in medical and health science education.

#### Standard Intent

By actively supporting educational initiatives, the hospital fosters a culture of continuous learning and professional development. This commitment to education enhances the skills and knowledge of healthcare professionals, promotes innovative practices, and ensures high-quality patient care. The hospital's involvement in education reflects its dedication to advancing medical science and improving community health outcomes.

S.N.	Criteria	Level
2.10.1.1.	The governing body of the hospital should authorize the provision of medical and health science education.	Core
2.10.1.2.	The design and structure of educational programs should be in alignment with the hospital's mission, vision, and values.	Core
2.10.1.3.	The hospital leadership should ensure that resources, including technical, financial, and human, are available to support medical education.	Core
2.10.1.4.	The hospital leadership should authorize a monitoring process, including collecting data on medical and health science programs to ensure the quality of patient care within the hospital.	Core

### 2.10.2. Standard

The leadership and governing body of the hospital ensure integration between education and hospital service to provide safe care.

#### Standard Intent

By aligning educational programs with clinical practice, the hospital promotes a seamless learning environment that enhances patient safety and care quality. This commitment to integration supports the continuous professional development of healthcare staff, fosters innovation, and ensures that the latest medical knowledge and techniques are applied in patient care.

S.N.	Criteria	Level
2.10.2.1.	The governing board/body of the hospital should monitor the alignment of the education curriculum with patient care protocols.	Core
2.10.2.2.	Auditing system should be in place to assess integration of medical and health science education into patient care processes.	Core
2.10.2.3.	Patient experiences with integrated education and care should be monitored.	Core

### 2.10.3. Standard

Clinical teaching staff is identified, and their roles and responsibilities with the academic institution are defined.



### Standard Intent

Clear delineation of duties ensures effective collaboration and a cohesive educational environment. This structured approach supports the professional development of teaching staff and enhances the quality of clinical education. By defining roles and responsibilities, the hospital fosters an organized and supportive setting for both educators and learners, ultimately benefiting patient care and healthcare outcomes.

S.N.	Criteria	Level
2.10.3.1.	The hospital should have a system to ensure clinical teaching staff have the qualifications, credentials, and privileges to teach within their specific profession.	Core
2.10.3.2.	Periodic reviews should be conducted by hospital leadership to assess the effectiveness of the roles and responsibilities outlined for clinical teaching staff.	Core

### 2.10.4. Standard

The hospital ensures that health trainees receive orientation and are supervised to ensure the provision of safe care.

#### Standard Intent

The hospital ensures that health trainees receive orientation and are supervised to ensure the provision of safe care. Comprehensive orientation programs familiarize trainees with hospital protocols, policies, and safety procedures. Ongoing supervision by experienced professionals supports trainees' learning and skill development while maintaining high standards of patient safety. This commitment to structured training and oversight enhances the quality of care provided and fosters a secure and effective clinical learning environment.

S.N.	Criteria	Level
2.10.4.1.	There should have enough clinical staff to supervise students as per the policy of the hospital.	Core
2.10.4.2.	Assessment of trainee orientation programs should ensure that they cover essential topics such as hospital regulations, procedures, and patient safety protocols.	Core
2.1.7.4.	There should be a system for regular, continuous monitoring and evaluation of trainee performance and competency in delivering patient care.	Core

## Chapter III: Services Standards

### 3.1. Medication Management standards

#### 3.1.1. Standard

The hospital have comprehensive medication management policies that govern the prescribing, administration, and monitoring of medications across all patient care areas.

##### Standard Intent

The intent of this standard is to ensure the safe, effective, and rational use of medications within the hospital. Comprehensive medication management policies provide a framework for healthcare providers to make informed decisions regarding drug therapy while minimizing the risks of medication errors, interactions, and adverse events. By implementing evidence-based practices, the hospital can improve medication safety and enhance patient outcomes through proper medication management.

S.N.	Criteria	Level
3.1.1.1.	The hospital should have documented medication management policies that are regularly reviewed and updated to reflect current best practices and legal requirements.	Core
3.1.1.2.	The hospital should ensure that all clinical staff involved in prescribing, dispensing, or administering medications receive training on these policies.	Core
3.1.1.3.	The hospital should utilize a systematic approach to medication reconciliation at admission, transfer, and discharge to ensure continuity of care.	Core
3.1.1.4.	The hospital should monitor and evaluate adherence to medication management policies through regular audits and quality improvement initiatives	Core

#### 3.1.2. Standard

The hospital have established drug dispensing procedures that ensure the accurate, safe, and timely dispensing of medications to patients.

##### Standard Intent

The intent of this standard is to promote medication safety and efficiency in the dispensing process, thereby reducing the potential for errors and improving overall patient care. By adhering to standardized dispensing procedures, the pharmacy can ensure that patients receive the correct medications in a timely manner, while also providing necessary information for the safe use of those medications. Implementing rigorous dispensing protocols contributes to a culture of safety within the healthcare setting.

S.N.	Criteria	Level
3.1.2.1.	The hospital should establish written procedures for the dispensing of medications.	Core
3.1.2.2.	The hospital should ensure that only authorized pharmacy personnel are involved in the dispensing of medications.	Core
3.1.2.3.	The hospital should implement a system for tracking dispensed medications to ensure accountability and facilitate inventory management.	Core
3.1.2.4.	The hospital should provide patient counseling and education at the time of dispensing to ensure understanding of medication use, side effects, and adherence	Core

### 3.1.3. Standard

The hospital have a clear procedure for reporting and monitoring adverse drug reactions (ADRs) to ensure safety and improve medication practices.

#### Standard Intent

The intent of this standard is to identify and mitigate the risks associated with medication use by establishing a robust ADR reporting system. Effective reporting and monitoring of ADRs allow the hospital to respond to potential safety issues quickly, implement corrective actions, and enhance overall patient safety. By fostering a culture of reporting and learning, the hospital can continuously improve its medication management processes and reduce the incidence of ADRs.

S.N.	Criteria	Level
3.1.3.1.	The hospital should maintain a standardized process for reporting adverse drug reactions, including forms and documentation that are easily accessible to all healthcare providers.	Core
3.1.3.2.	The hospital should educate all clinical staff on how to identify, document, and report ADRs promptly.	Core
3.1.3.3.	The hospital should have a designated team responsible for collecting, analyzing, and reviewing ADR reports to identify trends and implement safety measures.	Core
3.1.3.4.	The hospital should regularly review and communicate findings related to ADR reporting to all staff to promote ongoing education and awareness	Core

### 3.1.4. Standard

The hospital establishes protocols to promote the rational use of medications, with a particular emphasis on antibiotics and psychotropic drugs.

**Standard Intent**

This standard is to ensure that medications, especially antibiotics and psychotropic drugs, are prescribed and utilized appropriately, effectively, and safely to optimize therapeutic outcomes while minimizing the risks of resistance and adverse effects. By establishing protocols for the rational use of these medications, the hospital aims to promote evidence-based prescribing practices, enhance patient safety, and improve overall health outcomes. This includes educating healthcare providers and patients on the appropriate use of these medications to prevent misuse and complications.

S.N.	Criteria	Level
3.1.4.1.	The hospital should develop and implement guidelines for the appropriate prescribing of antibiotics, including criteria for initiation, duration of therapy, and monitoring.	Core
3.1.4.2.	The hospital should establish protocols for prescribing psychotropic drugs, focusing on indications, dosage adjustments, potential side effects, and monitoring requirements.	Core
3.1.4.3.	The hospital should provide ongoing education and training for healthcare professionals regarding the principles of antimicrobial stewardship and the safe use of psychotropic medications.	Core
3.1.4.4.	The hospital should monitor antibiotic and psychotropic medication usage patterns through regular audits to assess adherence to established protocols and adjust practices as necessary to promote rational use.	Core

**3.2. Infection Prevention and Control**

**3.2.1. Standard**

The hospital has a functional infection prevention and control (IPC) program.

**Standard intent**

Comprehensive IPC measures promote a safe and hygienic environment, supporting overall health and safety within the hospital. This proactive approach to infection control underscores the hospital's dedication to quality care and patient protection.

S.N.	Criteria	Level
3.2.1.1.	The hospital should have designated individuals and teams to coordinate infection prevention and control program activities.	Core
3.2.1.2.	The hospital should have an IPC policy and strategy, guidelines, and SOPs to reduce the risk of healthcare associated infection to patients and healthcare workers.	Core
3.2.1.3.	The hospital should provide ongoing in-service training in infection prevention and control practices to its entire staff to reinforce prevention strategies.	Core
3.2.1.4.	The hospital should regularly monitor and audit IPC compliance and provide feedback.	Core

### 3.2.2. Standard

Healthcare facilities implement comprehensive infection prevention and control practices.

#### Standard intent

Hospitals maintain rigorous infection prevention and control practices to protect patients and staff, By adhering to IPC practices, hospitals can minimize infection risks, promote a safe environment, and improve overall health outcomes.

S.N.	Criteria	Level
3.2.2.1.	The hospital shall identify high-risk clinical activities, and implement bundle-based interventions to reduce the risk of infection	Critical
3.2.2.2.	The hospital shall ensure proper use of personal protective equipment (PPE) in a situation that requires their use	Critical
3.2.2.3.	The hospital shall implement environmental cleaning and disinfection practices to maintain a safe and hygienic environment.	Critical
3.2.2.4.	The hospital shall ensure safe and effective sterilization and disinfection of medical equipment and devices.	Critical
3.2.2.5.	The hospital shall implement safe injection practices to prevent infections	Critical

### 3.2.3. Standard

The hospital implements hand hygiene standards to prevent healthcare-associated infections among patients and staff.

#### Standard Intent

The intent of this standard is to promote effective hand hygiene practices as a fundamental infection control measure to safeguard patient health. Proper hand hygiene significantly reduces the risk of transmitting infections in healthcare settings. By setting clear hand hygiene standards and regularly monitoring compliance, the hospital can ensure adherence to best practices, thereby enhancing overall safety and quality of care. Fostering a culture that prioritizes hand hygiene will contribute to improved patient outcomes and a decreased incidence of healthcare-associated infections.

S.N.	Criteria	Level
3.2.3.1.	The hospital should develop and implement clear hand hygiene protocols that comply with national and international infection control guidelines.	Core
3.2.3.2.	The hospital should provide hand hygiene training for all staff upon hire and through ongoing education programs.	Core
3.2.3.3.	The hospital should ensure hand hygiene facilities and supplies are available at the point of care in all clinical areas.	Core
3.2.3.4.	The hospital should monitor of hand hygiene compliance and provide feedback to staff to promote continuous improvement	Core

**3.2.4. Standard:**

The hospital implements isolation procedures for patients with infectious diseases to minimize the risk of transmission.

**Standard Intent:**

The intent of this standard is to ensure that patients with infectious diseases are promptly identified, isolated, and managed to prevent the spread of infections within the healthcare facility. Effective isolation procedures are critical for protecting both patients and healthcare workers. By establishing and adhering to strict isolation protocols, the hospital can safeguard patient safety and uphold public health standards.

S.N.	Criteria	Level
3.2.4.1.	The hospital should define and document isolation protocols for different types of infectious diseases based on current epidemiological guidelines.	Core
3.2.4.2.	The hospital should ensure that all clinical staff are trained on the proper implementation of isolation procedures.	Core
3.2.4.3.	The hospital should maintain isolation rooms that meet the requirements for airflow, privacy, and safety.	Core
3.2.4.4.	The hospital should monitor compliance with isolation procedures and conduct regular reviews to assess their effectiveness in reducing transmission rates	Core

**3.2.5. Standard**

The hospital implements a surveillance program for monitoring healthcare-associated infections (HAIs) and other patient safety indicators

**Standard Intent**

The intent of this standard is to enhance patient safety and infection control through active surveillance of HAIs and other critical factors that impact the quality of care. By systematically collecting and analyzing data on infections and safety events, the hospital can identify trends, implement timely interventions, and evaluate the effectiveness of infection prevention efforts. Effective surveillance protocols are key to maintaining a safe healthcare environment and improving overall patient outcomes.

S.N.	Criteria	Level
3.2.5.1.	The hospital should implement formal surveillance protocols that define the process for identifying, reporting, and analyzing HAIs and other patient safety events.	Core
3.2.5.2.	The hospital should designate staff responsible for conducting healthcare associated infection surveillance	Core
3.2.5.3.	The hospital should conduct ongoing surveillance of healthcare associated infections to track risks and trends of infections	Core
3.2.5.4.	The hospital should regularly communicate surveillance findings to staff,	Core

	leadership, and relevant stakeholders to promote awareness and drive quality improvement initiatives	
--	--	--

### 3.3. Laboratory Services

#### 3.3.1. Standard

The hospital has a system in place for proper laboratory specimen collection and handling.

##### Standard Intent

This standard intends to ensure the accurate and reliable collection and handling of specimens, thereby maintaining their integrity and facilitating valid test results. The proper collection and handling of laboratory specimens are vital for achieving accurate testing outcomes, which directly affect patient diagnosis and treatment.

S.N.	Criteria	Level
3.3.1.1.	The hospital should ensure that specimen collection is performed according to established protocols.	Core
3.3.1.2.	The hospital shall have a system for specimen labeling using at least two identifiers that include essential information such as patient identification and the date of collection.	Critical
3.3.1.3.	The hospital should ensure that specimens are transported in suitable conditions that preserve their integrity.	Core
3.3.1.4.	The hospital should have acceptance and rejection criteria for sample management.	Core
3.3.1.5.	The laboratory should have well-ventilated and access-controlled adequate space for efficient functioning	Core
3.3.1.6.	The hospital should have a mechanism for tracking specimens throughout their processing	Core
3.3.1.7.	The hospital should have a mechanism for managing verbal requests	Core

#### 3.3.2. Standard

The hospital has strict safety protocols in place for handling biohazardous materials and chemicals to maintain a safe laboratory environment.

##### Standard Intent

This standard aims to create a safe environment for laboratory personnel, patients, and visitors by minimizing infection and hazard risks. High safety and infection control standards protect everyone using laboratory services. By implementing safety protocols, providing PPE, and establishing clear incident reporting, the hospital promotes a culture of health and safety.

S.N.	Criteria	Level
3.3.2.1.	The hospital should ensure that laboratory staff follow established safety protocols for handling biohazardous materials and infectious specimens.	Core
3.3.2.2.	The hospital should provide sufficient personal protective equipment (PPE) that is	Core

	used according to safety guidelines.	
3.3.2.3.	The hospital should have a mechanism for the decontamination and disposal of hazardous materials and waste, with regular reviews for effectiveness.	Core
3.3.2.4.	The hospital should establish incident reporting mechanisms for accidents, exposure events, and safety concerns	Core
3.3.2.5.	The hospital laboratory should have a mechanism in place for the safe handling of laboratory chemicals.	Core
3.3.2.6.	Sample collection facilities should have separate reception and collection areas, along with appropriate first-aid supplies	Core
3.3.2.7.	The laboratory should have a system for a biosecurity management system	Core
3.3.2.8.	The laboratory should ensure spill kits are available to manage biological and chemical spillage.	Core
3.3.2.9.	Risks related to laboratory and laboratory-related processes must be defined and managed.	Core

### 3.3.3. Standard

A laboratory stock management system is in place that guarantees the uninterrupted availability of reagents and supplies.

#### Standard intent

A robust laboratory stock management system ensures essential supplies are continually available for optimal patient care. Effective management minimizes downtime, supports workflow, and enhances the reliability of diagnostic testing. This approach helps the laboratory consistently meet patient needs, fostering trust in healthcare services

S.N.	Criteria	Level
3.3.3.1.	The hospital laboratory shall avail and verify essential reagents and supplies.	Critical
3.3.3.2.	The laboratory should check each lot of control and reagent prior to use	Core
3.3.3.3.	The laboratory monitors and records the status of current stock in the laboratory, and items expiring shortly should be marked and reported.	Core
3.3.3.4.	The hospital laboratory supplies and reagents should be stored under appropriate conditions.	Core
3.3.3.5.	Records should be maintained for each reagent and consumable that contributes to the performance of examinations.	Core

### 3.3.4. Standard

The hospital have protocols for the regular maintenance and calibration of laboratory equipment, including ancillary equipment.

#### Standard Intent

This standard aims to ensure reliable and accurate laboratory testing through proper equipment maintenance and calibration. Regular maintenance and calibration are essential for consistent



performance and accurate results. By following a structured maintenance schedule and ongoing staff training, the hospital can minimize downtime and keep equipment functioning optimally.

S.N.	Criteria	Level
3.3.4.1.	The hospital should ensure that all laboratory equipment undergoes regular inspection, and preventive maintenance, and is calibrated according to manufacturer guidelines.	Core
3.3.4.2.	The hospital should have established intervals for the calibration of laboratory equipment, with detailed records maintained.	Core
3.3.4.3.	The hospital should implement systems for promptly addressing equipment malfunctions.	Core
3.3.4.4.	The hospital should provide training for staff on the correct and safe operation of laboratory equipment	Core

### 3.3.5. Standard

Integrated laboratory processes are in place to ensure high-quality test results.

#### Standard intent

Integrated laboratory processes ensure high-quality test results through consistent, reliable diagnostic services. Streamlined procedures with well-documented and record management enhance accuracy and efficiency, supporting optimal patient care. This commitment to best practices fosters continuous improvement, drives innovation, and upholds high standards of diagnostic accuracy.

S.N.	Criteria	Level
3.3.5.1.	All laboratory results shall be documented and reviewed.	Critical
3.3.5.2.	The laboratory should have a mechanism for the management of documents and records	Core
3.3.5.3.	The hospital laboratory should have an effective information management system present at the laboratory.	Core
3.3.5.4.	Information for collecting, identifying, handling, safely transporting, storing, and disposing of specimens should be developed and implemented.	Core
3.3.5.5.	The laboratory should be responsible for the oversight of the point-of-care testing program.	Core
3.3.5.6.	The hospital laboratory should have a mechanism to ensure traceability of the processes related to laboratory tests.	Core

### 3.3.6. Standard

The hospital has a system in place for comprehensive quality assurance in laboratory service.

#### Standard intent

This standard aims to ensure high-quality laboratory testing through systematic monitoring and improvement of processes. Quality laboratory services are crucial for reliable test results, which

directly affect patient safety and care. Regular quality control checks and proficiency testing create a framework for continuous improvement, fostering trust in laboratory operations.

S.N.	Criteria	Level
3.3.6.1.	The laboratory shall have a system for internal quality control (IQC) for all laboratory tests appropriate to its size & scope.	Critical
3.3.6.2.	The hospital should maintain detailed documentation of quality assurance activities, including audits	Core
3.3.6.3.	The laboratory shall have a system to participate in an external quality scheme (EQA) for all laboratory tests.	Critical
3.3.6.4.	The laboratory should respond, and take immediate action, preventive action, and related corrective actions (CA) when nonconformity occurs, accordingly.	Core
3.3.6.5.	The laboratory should have a system to select and use validated or verified test methods for all the tests.	Core
3.3.6.6.	The laboratory should have a process of monitoring quality indicators and periodically reviewing them to ensure continued appropriateness.	Core
3.3.6.7.	The laboratory should implement continuous quality improvement initiatives by utilizing data analysis and performance metrics to drive advancements	Core
3.3.6.8.	The hospital laboratory should have established and used a suitable biological Reference Interval for the method used considering the medical decision points	Core

### 3.3.7. Standard

The hospital implements a process to ensure timely and accurate reporting of laboratory test results.

#### Standard Intent:

This standard aims to ensure timely, accurate reporting of lab test results for effective patient care and clinical decisions. Prompt reporting is crucial for immediate treatment decisions, and improving patient outcomes. By implementing clear reporting protocols, the hospital guarantees that healthcare providers receive reliable information for informed clinical actions.

S.N.	Criteria	Level
3.3.7.1.	The hospital should ensure that test results are generated and reported within an established turnaround time.	Core
3.3.7.2.	The hospital shall have a mechanism for communicating critical test results immediately to the responsible healthcare provider.	Critical
3.3.7.3.	The hospital should ensure that result reports are clear and legible.	Core
3.3.7.4.	The hospital should have mechanisms in place for verifying and correcting reporting errors	Core

### 3.3.8. Standard

The hospital implements a robust system to ensure the competency and ongoing training of laboratory staff.

#### Standard Intent

This standard ensures laboratory personnel are qualified for testing and related activities. Meeting training and competency requirements is essential for high-quality services and patient safety. A continuous education program and regular competency assessments foster professional growth and enhance laboratory operations' quality.

S.N.	Criteria	Level
3.3.8.1.	The hospital should ensure that all laboratory staff possess the required qualifications, licenses, and credentials.	Core
3.3.8.2.	The hospital shall conduct regular comprehensive competency assessments for lab personnel.	Critical
3.3.8.3.	The hospital should implement initial and ongoing training programs and maintain documentation.	Core
3.3.8.4.	The hospital should encourage staff input in the development and refinement of training programs.	Core

## 3.4. Imaging Service

### 3.4.1. Standard

The hospital prioritizes patient care and effective communication throughout the imaging service process

#### Standard Intent

The hospital is committed to ensuring that patient care remains the top priority, with a focus on delivering high-quality, timely imaging services through fostering effective communication between healthcare providers and patients at every stage of the imaging process to ensure clarity, understanding, and optimal outcomes

S.N.	Criteria	Level
3.4.1.1.	The hospital should implement protocols to ensure that patients receive clear and comprehensive information about imaging procedures, including preparation, expectations, and follow-up care.	Core
3.4.1.2.	The hospital should maintain a patient-centered environment that addresses comfort and support needs during imaging procedures, ensuring privacy and dignity are respected.	Core
3.4.1.3.	The hospital should establish systems for collecting patient feedback regarding their experiences with imaging services to identify areas for improvement.	Core

**3.4.2. Standard**

The hospital maintains an effective technology management program to ensure that imaging equipment is reliable, safe, and current.

**Standard Intent**

A comprehensive technology management program should be in placed to ensure imaging equipment is regularly inspected, maintained, and updated, guaranteeing reliability, and safety for patients, and alignment with current technology and best practices.

S.N.	Criteria	Level
3.4.2.1.	The hospital should establish protocols for the regular maintenance and servicing of imaging equipment, ensuring compliance with manufacturer recommendations and industry standards.	Core
3.4.2.2.	The hospital should develop a plan for the timely replacement and upgrading of imaging technologies to meet evolving clinical needs and improve patient outcomes.	Core
3.4.2.3.	The hospital should implement inventory management processes for imaging supplies and equipment, ensuring adequate availability without excessive stockpiling	Core

**3.4.3. Standard**

The radiology department establishes an MRI environment and a radiation safety policy and procedure.

**Standard intent**

Establishing an MRI environment and radiation safety policy in the radiology department ensures patient and staff safety, promoting effective and safe imaging practices. This commitment to safety and quality in radiology enhances diagnostic accuracy, supports patient trust, and ensures the wellbeing of both patients and healthcare providers.

S.N.	Criteria	Level
3.4.3.1.	Imaging protocols should be in place for all imaging studies and/or interventional radiology procedures to optimize dose and to ascertain image quality.	Core
3.4.3.2.	The radiology department shall establish a radiation safety program for patients and staff.	Critical
3.4.3.3.	The radiology department should identify, monitor and address the risks of over exposure to radiation for staff and patients.	Core

**3.4.4. Standard**

The hospital should implement measures to minimize radiation exposure to patients and staff while maintaining the quality of imaging services.

**Standard Intent**

The hospital should be committed to implementing protocols that minimize radiation exposure to both patients and staff, while ensuring the continued quality and accuracy of imaging services

S.N.	Criteria	Level
3.4.4.1.	The hospital should adhere to the As Low As Reasonably Achievable (ALARA) principle by establishing protocols that minimize radiation dose without compromising diagnostic quality.	Core
3.4.4.2.	The hospital should provide training to imaging personnel regarding radiation safety measures and proper operational practices to protect patients and themselves.	Core
3.4.4.3.	The hospital should conduct regular audits of radiation exposure levels and monitor patient dose records to ensure compliance with established safety standards.	Core

### 3.4.5. Standard

The hospital should implement a comprehensive quality assurance (QA) program for imaging services to ensure the safety and accuracy of imaging procedures.

#### Standard Intent

A thorough quality assurance (QA) program for imaging services should be implemented to best guarantee the safety, precision, and uniformity of all imaging procedures.

S.N.	Criteria	Level
3.4.5.1.	The hospital should establish and maintain quality assurance protocols that include regular equipment calibration, maintenance schedules, and performance evaluations for all imaging modalities.	Core
3.4.5.2.	The hospital should conduct routine quality control tests, such as calibration of imaging equipment and assessment of image quality, to identify and rectify issues promptly.	Core
3.4.5.3.	The hospital should maintain detailed records of quality assurance and quality control activities, including test results, maintenance logs, and corrective actions taken.	Core
3.4.5.4.	The hospital should foster collaboration between imaging services and other departments to enhance patient-centered care and streamline workflows.	Core
3.4.5.5.	The hospital should maintain open channels of communication with referring physicians to ensure the timely sharing of imaging results and relevant clinical information.	Core
3.4.5.6.	The hospital should engage in continuous quality improvement initiatives for imaging services, utilizing data analysis and performance metrics to drive advancements	Core

**3.4.6. Standard**

Integrated imaging processes are in place to ensure high-quality results.

**Standard intent**

Regular maintenance and rigorous quality checks uphold the reliability of medical equipment and technology, supporting optimal patient care. This systematic approach fosters a culture of excellence, ensuring that healthcare services remain safe, effective, and aligned with best practices.

S.N.	Criteria	Level
3.4.6.1.	The hospital should conduct a periodic internal and external peer review of imaging results using appropriate sampling.	Core
3.4.6.2.	The radiology department should establish clear turnaround times for reporting radiology studies.	Core
3.4.6.3.	The radiology department should have acceptable image viewing conditions and IT infrastructure.	Core

Draft Accreditation Ethiopian standard for public comment

## Chapter IV: Patient centered Standards

### 4.1 Patient and caregiver Rights and Education

#### 4.1.1 Standard

Healthcare facilities ensure patients dignity, respect, cultural sensitivity, privacy and confidentiality.

##### Standard intent

Ensuring patient dignity, respect, cultural sensitivity, privacy, and confidentiality fosters a compassionate and supportive healthcare environment. Upholding these principles promotes patient trust and engagement, enhancing the overall care experience.

S.N.	Criteria	Level
4.1.1.1	Healthcare providers should have mechanisms to address patients with dignity, cultural sensitivity, safety and security at all times.	Core
4.1.1.2	The special needs of vulnerable patients should be identified and respected at all times.	Core
4.1.1.3	Healthcare providers should maintain privacy during examinations, consultations, and treatments.	Core
4.1.1.4	There should be a system in place for patients to request and receive explanations regarding the confidentiality of their information and how it will be used.	Core
4.1.1.5	Healthcare providers should respect when patients decline care.	Core

#### 4.1.2 Standard

Hospitals obtain informed consent from patients before initiating treatment or procedures and actively involve patients in shared decision-making processes regarding their care.

##### Standard intent

Obtaining informed consent and involving patients in shared decision-making respects their autonomy and promotes collaborative care. Engaging patients in their treatment plans enhances understanding, compliance, and satisfaction.

S.N.	Criteria	Level
4.1.2.1	The hospital shall have a policy and procedure for obtaining written informed consent prior to surgery and listed procedures.	Critical
4.1.2.2	Patients should be given the information they need regarding their diagnosis, treatment options, risks, benefits, and alternatives, enabling them to make informed decisions.	Core
4.1.2.3	All patients should receive information on the costs of care before any treatment is carried out.	Core

#### 4.1.3 Standard

The hospital provides a health education program to support patients in preventing ill health and promote a healthy life style.

**Standard intent**

A health education program based on the hospital’s mission and services enhances patient knowledge and engagement, supporting better health outcomes. Collaborative education efforts by healthcare practitioners promote informed decision-making and self-management.

S.N.	Criteria	Level
4.1.3.1	Healthcare providers should provide opportunities for patient education to promote understanding of their health condition, self-care, and preventive measures.	Core
4.1.3.2	Education methods should take into account the patient’s and family’s ability to process information and allow sufficient interaction among the patient, family, and staff for learning to occur.	Core

**4.2 Access, Assessment, and Continuity of Care**

**4.2.1 Standard**

The Hospital defines and displays the healthcare services that it provides.

**Standard intent**

Clearly defining and displaying healthcare services informs patients and stakeholders, promoting transparency and accessibility. Easy access to service information enhances patient understanding and satisfaction, facilitating better healthcare navigation.

S.N.	Criteria	Level
4.2.1.1	Defined healthcare services including opening hours should be clearly displayed.	Core
4.2.1.2	Healthcare services provided should be as per the scope of practice.	Core

**4.2.2 Standard**

The hospital develops and implements standardized procedures for patient identification throughout all stages of care.

**Standard intent**

Developing and implementing standardized patient identification procedures ensures accurate and safe patient care throughout all stages. Consistent identification practices reduce errors and enhance patient safety, fostering trust in the healthcare system.

S.N.	Criteria	Level
4.2.2.1	The hospital shall have a uniform process for patient identification using at least two unique patient identifiers and use name bands for admitted patients.	Critical
4.2.2.2	There shall be special identification for high-risk circumstances, such as allergy, and reduced mental or physical capacity in newborn.	Critical
4.2.2.3	Patients shall be identified before performing any procedures and/or providing treatments.	Critical

**4.2.3 Standard**

Healthcare facilities conduct comprehensive patient assessments.



**Standard intent**

Conducting comprehensive patient assessments ensures accurate diagnoses and individualized care plans, enhancing patient outcomes. Thorough evaluations gather relevant clinical information, supporting tailored treatment strategies.

S.N.	Criteria	Level
4.2.3.1	The hospital shall have a mechanism to triage all patients prior to admission to hospital service.	Critical
4.2.3.2	All in-patients should be assessed within 12 hours of admission or sooner if indicated by their medical condition.	Core
4.2.3.3	The hospital should screen patients to identify those at high risk, for example, falls and deep venous thrombosis.	Core
4.2.3.4	All outpatients, including emergencies, should be assessed at every visit.	Core
4.2.3.5	Patient assessments should involve collaboration between multidisciplinary healthcare team members utilizing evidence-based techniques.	Core
4.2.3.6	In partnership with the patient goals and objectives of care should be identified and documented.	Core
4.2.3.7	Regular re-assessment of admitted patients and documenting the objectives of their care plan should take place.	core

**4.2.4 Standard**

The hospital provides resuscitation services throughout the hospital.

**Standard intent**

Availability of resuscitation services throughout the hospital ensures prompt emergency response and effective management of critical situations. Trained staff and accessible equipment enhance patient survival and recovery rates.

S.N.	Criteria	Level
4.2.4.1	The hospital shall have a policy on determining and responding to the deteriorating patient.	Critical
4.2.4.2	The hospital shall ensure the availability of equipment and supplies necessary to respond to resuscitation emergencies.	Critical
4.2.4.3	All staff that have direct contact with patients should be trained in basic life support.	Core

**4.2.5 Standard**

Routine care processes are performed in a coordinated manner.

**Standard intent**

Coordinated routine care processes enhance efficiency and patient outcomes, ensuring seamless healthcare delivery. Effective coordination reduces redundancies and errors, promoting smooth transitions and continuity of care.

S.N.	Criteria	Level
4.2.5.1	Patients shall receive coordinated and integrated care throughout their healthcare journey, including transitions between healthcare settings.	Critical
4.2.5.2	The hospital should have a process to facilitate continuing care with social, religious, and other agencies or resources in the community when appropriate.	Core
4.2.5.3	There should be a system for emotional and psychological support to patients and families, including counseling and bereavement services.	Core
4.2.5.4	The hospital should implement evidence-based protocols for effective pain and symptom management to ensure the patient's comfort.	Core
4.2.5.5	The hospital should have discharge and patient follow-up procedures that ensure timely and appropriate post-discharge care	Core
4.2.5.6	Patient referral or transfer should be based on the patient's health status and the need for continuing care or services and Patients should have the right to be informed about changes in their care plan.	Core

**4.2.6 Standard**

The hospital has a system for effective communication with patients, and between healthcare professionals.

**Standard intent**

Effective communication systems with patients and between healthcare professionals ensure clear information exchange and coordination of care. Transparent and timely communication enhances patient understanding and trust while supporting teamwork and collaboration among staff.

S.N.	Criteria	Level
4.2.6.1	At the start and end of each shift, relevant medical information about every patient shall be documented and exchanged at handovers.	Critical
4.2.6.2	The hospital should maintain a list of approved abbreviations and symbols.	Core
4.2.6.3	The hospital should restrict the use of verbal orders and ensure a read-back process is practiced	Core

**4.2.7 Standard**

The hospital's transportation services support safe, timely patient transfer.

**Standard intent**

Safe and efficient transportation services ensure quality and safety in patient movement, supporting overall care delivery. Reliable transport systems enhance patient access to necessary services and timely care.

S.N.	Criteria	Level
4.2.7.1	Hospital transportation services shall be available to facilitate patient movement within the facility, including transfers between units, diagnostic tests, and procedures.	Critical
4.2.7.2	Transport vehicles owned by the hospital shall meet relevant laws, regulations and standards related to their safety, operation, condition, and maintenance.	Critical
4.2.7.3	An advanced life support ambulance should be available for the transfer of critical cases.	Core
4.2.7.4	The transportation provided or arranged should be appropriate to the needs and conditions of the patient.	Core
4.2.7.5	Staff responsible for monitoring the patient or providing other patient care during transport should have the qualifications required for the type of patient being transferred.	Core

### 4.3 Patient support service

#### 4.3.1 Standard

The hospital establishes social work and counseling standards to address the psychosocial needs of patients and their families.

#### Standard Intent

The intent of this standard is to ensure that patients receive comprehensive psychosocial support that complements their medical treatment and promotes overall well-being. Social workers and counselors play a crucial role in helping patients navigate emotional, financial, and social challenges that may arise during illness or hospitalization. By offering expert guidance and support, the hospital can enhance the patient experience and facilitate recovery by addressing factors that impact health outcomes.

S.N.	Criteria	Level
4.3.1.1	The hospital should have qualified social workers and counselors available to provide support services to patients and their families throughout the care continuum	Core
4.3.1.2	The hospital should implement standardized assessment tools to identify patients' psychosocial needs upon admission and throughout their stay	Core
4.3.1.3	The hospital should ensure that referrals to social work and counseling services are made promptly and documented in the patient's medical record.	Core
4.3.1.4	The hospital should provide training to clinical staff on recognizing the psychosocial needs of patients and the appropriate use of social work services	Core

#### 4.3.2 Standard

**4.3.3** The hospital have a structured discharge planning process that includes identifying and connecting patients with community resources and support services upon discharge.

**Standard Intent**

The intent of this standard is to ensure that patients are appropriately prepared for discharge and have access to the necessary resources to support their recovery at home or in the community. Effective discharge planning helps prevent readmissions, improves patient satisfaction, and enhances overall health outcomes by ensuring continuity of care. By actively involving patients and caregivers in the discharge process, the hospital can facilitate a smooth transition and promote successful self-management of their health.

S.N.	Criteria	Level
4.3.3.1	The hospital should implement standardized discharge planning protocols that begin at admission and involve a comprehensive assessment of patient needs.	Core
4.3.3.2	The hospital should ensure that patients receive education about their discharge instructions, including medication management, follow-up appointments, and self-care techniques.	Core
4.3.3.3	The hospital should assign a designated staff member to coordinate discharge planning and follow up with patients after discharge to address any emerging needs.	Core
4.3.3.4	The hospital should establish partnerships with community organizations and resources to facilitate referrals and provide patients with information on available support services post-discharge.	Core

**4.4 Emergency service standards**

**4.4.1 Standard:**

The hospital should implement triaging and scope-based disposal systems at all emergency units, including adult, pediatric, and obstetric emergency departments.

**Standard Intent**

To ensure that all patients receive appropriate and timely care based on their specific medical needs and conditions. Implementing a scope-based clinical practice allows for efficient triaging, proper allocation of resources, and effective management of patients in emergency situations. By defining clear protocols for initial evaluations and interdepartmental consultations, the hospital can enhance patient care quality within emergency and critical settings.

S.N.	Criteria	Level
4.4.1.1	The hospital should develop institution-specific scope-based clinical practice protocols that define the scope for the initial evaluation of patients.	Core
4.4.1.2	The hospital should ensure clients are directed to the specific scope level that matches their clinical presentation.	Core
4.4.1.3	The hospital should ensure that clients are evaluated according to the defined scope for the case.	Core

4.4.1.4	The hospital should establish an emergency evaluation corner or room for all scopes	Core
---------	---	------

#### 4.4.2 Standard

The hospital have and conduct a multidisciplinary team (MDT) for all kept patients receiving emergency care.

##### Standard Intent

To promote active engagement from senior medical staff, thereby improving the overall quality of care provided in the emergency department. Regularly scheduled MDT rounds facilitate communication among healthcare providers, ensure that all clinical cases are reviewed collectively, and promote collaborative decision-making. By addressing all aspects of patient care during these rounds, the hospital can improve patient outcomes and satisfaction.

S.N.	Criteria	Level
4.4.2.1	The hospital schedule morning and evening MDT rounds to address all kept cases, including those in corridors.	Core
4.4.2.2	The hospital should conduct daily clinical audits for all newly admitted cases, focusing on scope adherence, documentation, justification of diagnostic workups, and rational use of medications.	Core
4.4.2.3	The hospital should perform daily emergency corridor audits, including client interviews and chart audits.	core

#### 4.4.3 Standard

The hospital clearly defines and implements administrative and clinical leadership roles within emergency and critical care services.

##### Standard Intent

The aim of this standard is to foster a culture of clinical leadership that emphasizes accountability, effective communication, and teamwork within the emergency department. By distinguishing leadership roles and responsibilities, the hospital can enhance operational efficiency, promote a supportive environment for staff, and ultimately improve patient care delivery.

S.N.	Criteria	Level
4.4.3.1	The hospital should ensure that administrative and clinical leadership roles are clearly defined and implemented.	Core
4.4.3.2	The hospital should ensure that all MDT rounds are participatory, addressing the roles of all team members, including nursing care, inpatient pharmacy practice, hotel services, and patient/provider interactions.	Core

**4.4.4 Standard**

The hospital prepares and implements standardized intra/interdepartmental consultation and patient transport protocols.

**Standard Intent**

Streamline patient flow and improve the efficiency of emergency care delivery by establishing clear processes for consultations and transport. Standardizing protocols ensures that all staff members are aware of and can adhere to established procedures, thereby reducing delays and enhancing the quality of care.

S.N.	Criteria	Level
4.4.4.1	The hospital should develop intra/interdepartmental consultation protocols that clearly define patient flow processes, including the time between consultation requests and evaluations for both urgent and non-urgent cases.	Core
4.4.4.2	The hospital should ensure the protocols specify the physician's scope responsible for consultations.	Core
4.4.4.3	The hospital should prepare and implement patient transport protocols for all admitted and emergency-kept cases, specifying which types of patients need to be accompanied by porters, nurses, or physician teams	Core

**4.4.5 Standard**

The hospital has comprehensive emergency response plans in place that outline procedures for various types of emergencies, including medical emergencies, natural disasters, and public health threats.

**Standard Intent**

This standard intends to ensure that the hospital is prepared to respond effectively to emergencies, thereby minimizing risks to patients, staff, and visitors. A well-defined emergency response plan guides coordinated actions, resource allocation, and communication strategies during a crisis. By establishing and regularly reviewing these plans, the hospital can enhance its resilience and capability to manage emergencies efficiently, protecting the health and safety of all individuals within its facility.

S.N.	Criteria	Level
4.4.5.1	The hospital should have documented emergency response plans that are easily accessible to all staff members.	Core
4.4.5.2	The hospital should ensure that emergency response plans are regularly updated to reflect current best practices and regulatory requirements.	Core
4.4.5.3	The hospital should have a designated emergency preparedness team responsible for coordinating response efforts and communication during emergencies.	core
4.4.5.4	The hospital should conduct regular reviews of response plans to evaluate their effectiveness and make necessary adjustments	core

**4.4.6 Standard**

The hospital has established disaster recovery procedures that outline the steps for continuity of operations and recovery of services following a disaster.

**Standard Intent**

This standard intends to prepare the hospital for the restoration of services and operations after a disaster event, ensuring minimal disruption to patient care and hospital functions. Adequate disaster recovery procedures are crucial for quickly returning to normal operations, safeguarding critical healthcare services, and safeguarding patient safety. By defining clear recovery processes, the hospital can enhance its ability to respond to emergencies and maintain continuity of care during challenging circumstances.

S.N.	Criteria	Level
4.4.6.1	The hospital should have documented disaster recovery procedures that detail the processes for restoring services and continuity of care.	Core
4.4.6.2	The hospital should designate specific roles and responsibilities for staff involved in disaster recovery efforts.	Core
4.4.6.3	The hospital should conduct risk assessments to identify potential vulnerabilities and develop mitigation strategies	core
4.4.6.4	The hospital should establish communication protocols to notify staff, patients, and stakeholders about recovery efforts and timelines	core

**4.4.7 Standard:**

The hospital has a comprehensive training and drill program in place to prepare staff for emergency response and disaster recovery operations.

**Standard Intent**

This standard intends to ensure that all hospital personnel are adequately trained and familiar with emergency response procedures, thereby enhancing their ability to act effectively during crises. Regular training sessions and drills help build confidence, improve coordination among staff, and reinforce knowledge of emergency protocols. By investing in training and simulation exercises, the hospital can strengthen its emergency preparedness and create a culture of safety and readiness among all employees.

S.N.	Criteria	Level
4.4.7.1	The hospital should provide regular training sessions for all staff on emergency response protocols and disaster recovery procedures.	Core
4.4.7.2	The hospital should conduct periodic simulation drills to practice emergency response scenarios, ensuring participation from relevant departments.	Core
4.4.7.3	The hospital should evaluate the effectiveness of training and drills through feedback and performance assessments, making improvements as needed.	Core

4.4.7.4	The hospital should maintain records of all training activities and drill outcomes to demonstrate compliance and facilitate ongoing education efforts	Core
---------	---	------

## 4.5 Inpatient service standards

### 4.5.1 Standard:

The hospital institutionalizes a clinical leadership culture by clearly defining and implementing administrative and clinical leadership roles across inpatient services.

#### Standard Intent:

The intent of this standard is to foster a collaborative environment where all team members are engaged in the delivery of quality care. By establishing clear roles and promoting participatory multi-disciplinary team (MDT) rounds, the hospital can enhance communication, ensure accountability, and improve the overall patient experience. Senior leadership involvement in performance evaluation further strengthens this culture, driving improvements in patient care and satisfaction.

S.N.	Criteria	Level
4.5.1.1	The hospital should ensure administrative and clinical leadership roles are clearly defined and implemented.	Core
4.5.1.2	The hospital should conduct participatory MDT rounds that address the roles of nursing care, inpatient pharmacy practice, hotel services (including food quality), and inter professional collaboration (MCC).	Core
4.5.1.3	The hospital should require senior physicians to lead weekly MDT forums, co- led by nursing heads, to evaluate performance.	Core

### 4.5.2 Standard

The hospital implements twice daily MDT rounds to enhance senior engagement and improve quality of care for all admitted patients.

#### Standard Intent:

The intent of this standard is to ensure patients receive comprehensive evaluations and care through regular, structured interactions between senior clinical staff and their teams. By conducting MDT rounds twice daily, the hospital can address patient needs promptly, assess care effectiveness, and facilitate timely decision-making regarding patient management. This structured approach enhances oversight and fosters a collaborative care environment.

S.N.	Criteria	Level
4.5.2.1	The hospital should conduct morning and evening MDT rounds led by senior physicians addressing all admitted patients.	Core
4.5.2.2	The hospital should perform daily clinical audits for all newly admitted cases duty senior physicians and linking findings with improvement and accountability mechanisms.	Core



#### 4.5.3 Standard

The hospital improves nursing care quality through daily nursing management rounds led by the nursing director or matron.

##### Standard Intent:

The intent of this standard is to enhance nursing care quality through structured oversight and accountability. By conducting regular management rounds, the hospital can identify areas for improvement, compliance with emergency preparedness protocols, and overall nursing performance. This proactive approach facilitates timely interventions to maintain high standards of nursing care and patient safety.

S.N.	Criteria	Level
4.5.3.1	The hospital should establish a daily nursing management round schedule, led by the nursing director/matron and nursing heads.	Core
4.5.3.2	The nursing management rounds should assess emergency preparedness, dressing code adherence, staff attendance, cleanliness, waste segregation, and instrument processing standards in each unit.	Core
4.5.3.3	The hospital should facilitate nursing handovers between shifts, maintaining a nursing handover register.	Core
4.5.3.4	The hospital should establish a full-time nursing/midwifery clinical audit team to conduct regular nursing care audits and link identified gaps with improvement mechanisms.	Core

#### 4.5.4 Standard

The hospital adopt and implements a pain management protocol that emphasizes the rational use of pain medications based on patient-reported pain scores.

##### Standard Intent:

The intent of this standard is to ensure that all patients receive effective pain management tailored to their individual needs. By standardizing pain management protocols, the hospital can enhance the quality of care, promote patient comfort, and ensure that pain control practices are consistently applied across the institution. Regular auditing of pain control practices will facilitate continuous improvement in managing patient pain.

S.N.	Criteria	Level
4.5.4.1	The hospital should adopt a protocol for pain management that clearly states the rationale for using specific pain medications based on pain scores.	Core
4.5.4.2	The hospital should conduct regular pain scoring and control practice for all admitted patients, following established protocols.	Core
4.5.4.3	The hospital should audit pain control practices through chart audits and patient interviews, linking gaps to improvement mechanisms.	Core
4.5.4.4	The hospital should conduct audits on the rational use of narcotic drugs and prescriptions, monitoring for signs of abuse or misuse.	Core

**4.5.5 Standard**

The hospital ensures that clinical pharmacy services are available for all admitted patients, integrating clinical pharmacists into the multi-disciplinary team (MDT).

**Standard Intent:** This standard intends to promote the safe, effective, and economical use of medications for all inpatients by incorporating clinical pharmacy expertise into the patient care process. This integration allows for enhanced medication management, including individualized drug therapy, monitoring for adverse effects, and optimization of therapeutic outcomes, thereby improving patient safety and care quality.

S.N.	Criteria	Level
4.5.5.1	The hospital should ensure that clinical pharmacy services are provided for all admitted patients with clinical pharmacists actively involved in clinical decision-making.	Core
4.5.5.2	The clinical pharmacist should participate as a member of the MDT contributing to discussions regarding medication management and optimizing treatment plans.	Core
4.5.5.3	The hospital should conduct audits of clinical pharmacy services focused on the rational use of drugs including monitoring for appropriate use of second and third-line antibiotics poly-pharmacy and abuse of high-cost or narcotic medications.	Core
4.5.5.4	All audit findings should be linked with improvement initiatives and accountability mechanisms with weekly summary reports submitted to the quality directorate.	Core

**4.5.6 Standard**

The hospital ensures that appropriate human resources are available and functioning at all time..

**Standard Intent:**

The intent of this standard is to ensure adequate staffing levels across all units to provide timely and effective patient care. By establishing clear guidelines for staff availability during critical hours, the hospital can enhance operational efficiency, assure patient safety, and improve the overall quality of care and service delivery.

S.N.	Criteria	Level
4.5.6.1	The hospital should ensure all relevant staff are present and available at their designated workstations and wards during all working hours.	Core
4.5.6.2	The hospital should have a policy that allows relevant staff are available and remain on duty based on its volume of work during all working hour .	Core
4.5.6.3	The hospital should ensure at all time there is adequate and sufficient illumination in all areas and working hours.	Core

## 4.6 Outpatient service

### 4.6.1 Standard

The hospital implements a scope-based triage disposal system, alongside an integrated registration and payment system for outpatient services.

**Standard Intent:**

This standard intends to improve patient flow and access to care by establishing clear processes for triage, registration, and payment. A well-defined triage system allows for the appropriate prioritization of patients based on their clinical needs, while an integrated one-stop-shop registration and payment system streamlines the patient experience, reducing wait times and enhancing overall service delivery.

S.N.	Criteria	Level
4.6.1.1	The hospital should define the scope of practice for at least the top 20 clinical conditions in each discipline and assign qualified triage professionals (at least GP and above).	Core
4.6.1.2	The hospital should ensure that referred clients are disposed to a scope level at least one step higher than the referring healthcare provider.	Core
4.6.1.3	The hospital should establish a digital or phone-based initial application process for registration, followed by telephone triaging and appointment scheduling.	Core
4.6.1.4	The hospital should set up a one-stop-shop system that integrates all payment modalities in designated payment corners/windows.	Core

### 4.6.2 Standard

The hospital implements a structured appointment system to facilitate effective scheduling and patient management.

**Standard Intent:** This standard intends to streamline the appointment process to minimize wait times and ensure timely evaluations, particularly for patients with chronic conditions. An efficient appointment system helps optimize clinic flow and improves patient satisfaction regarding their care experience.

S.N.	Criteria	Level
4.6.2.1	The hospital should utilize a digital-based appointment system that allows patients to be distributed along the hours of the day.	Core
4.6.2.2	The hospital should establish refill mechanisms for medications as part of the appointment system.	Core
4.6.2.3	The hospital should implement virtual clinic options for follow-up consultations.	Dev'tal

### 4.6.3 Standard

The hospital ensures that all specialty and referral clinics are run by a specialist or senior physician who provides supervision and consultation.

**Standard Intent:** The intent of this standard is to ensure that patients receive high-quality care through direct supervision by experienced clinicians. Enhanced senior engagement fosters a

collaborative environment for junior staff and ensures that clinical decisions are made with the utmost expertise, leading to improved patient outcomes.

S.N.	Criteria	Level
4.6.3.1	The hospital should ensure that all specialty and referral clinics are staffed exclusively by specialists or above.	Core
4.6.3.2	The hospital should assign full-time senior physicians to regular clinics to supervise junior staff and facilitate consultations.	Core

#### 4.6.4 Standard

The hospital establishes a health literacy unit dedicated to educating clients, with special consideration given to chronic conditions.

##### Standard Intent:

This standard intends to empower patients with knowledge about their chronic conditions, treatment options, and self-management strategies. Effective client education improves adherence to treatment protocols, enhances patient satisfaction, and fosters positive health outcomes.

S.N.	Criteria	Level
4.6.4.1	The hospital should establish a health literacy unit integrated with the reappointment registration system for chronic care follow-ups.	Core
4.6.4.2	The unit should be led by a health literacy professional or a general practitioner (GP).	Core
4.6.4.3	The hospital should standardize selected chronic health education materials to ensure consistency and accuracy in patient education.	Core
4.6.4.4	A dedicated phone line should be established through which clients can receive phone-based consultations as needed.	Core
4.6.4.5	The unit should facilitate connections between chronic follow-up clinic patients and the Health Literacy Unit for additional support.	Core
4.6.4.6	The hospital should conduct focus group discussions with selected chronic follow-up patients to gather feedback and improve educational materials.	Core
4.6.4.7	The hospital should provide standardized and accessible short videos for health education, brochures, and leaflets to support patient learning.	Core

#### 4.6.5 Standard

The hospital conducts regular audits to ensure the right physician or scope, right time, and right way in outpatient services.

##### Standard Intent:

The intent of this standard is to maintain high-quality care in outpatient settings through regular clinical audits. By integrating audits into the academic platform, the hospital can identify areas for improvement, enhance accountability, and ensure adherence to established clinical guidelines. This ongoing evaluation fosters a culture of excellence and continuous quality improvement among healthcare providers.

S.N.	Criteria	Level
4.6.5.1	The hospital should perform monthly quality audits (Right physician or scope, Right time, Right way) using a structured sampling procedure.	Core
4.6.5.2	Audit findings should be communicated effectively ensuring that they are linked with improvement initiatives or administrative accountability mechanisms.	Core

#### 4.7 Critical care service

##### 4.7.1 Standard

Critical care patients receive standardized care in a designated unit.

##### Standard intent

Standardized care for critical care patients in designated units ensures high-quality and specialized treatment for those in critical condition. Dedicated resources and protocols enhance patient outcomes and safety.

S.N.	Criteria	Level
4.7.1.1	Critical care services shall be available in hospitals where surgical operations, and high-risk obstetric or cardiac procedures are performed that require intensive observation or mechanical ventilation support.	Critical
4.7.1.2	Specialized treatment should be designed and in place	Core

#### 4.8 Maternal and child health

##### 4.8.1 Standard

The hospital provides comprehensive maternal and child health services.

##### Standard intent

ANC services and family planning counseling ensure comprehensive reproductive healthcare. Following guidelines and ensuring supply availability support effective service delivery and patient outcomes. Commitment to best practices enhances patient satisfaction and outcomes, reflecting the hospital's dedication to healthy beginnings for families.

S.N.	Criteria	Level
4.8.1.1	Management of labor, delivery, and the postpartum period and timely management of maternal and neonatal emergencies should be based on national guidelines.	Critical
4.8.1.2	The hospital should provide comprehensive safe abortion care for candidates as per the national laws and regulations.	Core
4.8.1.3	The hospital should provide ANC to monitor the health of the mother and fetus and there should be a care pathway available to manage women who have received no antenatal care.	Core
4.8.1.4	The labor ward and NICU should be connected or in close proximity.	Core

## 4.9 Surgical and anesthesia services

### 4.9.1 Standard

The surgical and anesthesia services have a well-defined organizational structure.

#### Standard Intent

Surgical and anesthesia services have a well-defined organizational structure to ensure a cohesive, accountable, and well-coordinated approach to surgical and anesthesia services that prioritizes patient safety and quality outcomes. This ensures that these services are effectively managed, coordinated, and executed within a healthcare setting.

S.N.	Criteria	Level
4.9.1.1	Surgical services should be governed by defined administrative policies and procedures that promote safe, timely, and effective surgical care.	Core
4.9.1.2	An assigned Operating Room (OR) director/manager should be appointed to oversee the OR functions and staff.	Core
4.9.1.3	A clear organogram outlining the organizational structure should be approved by the Senior Management Team (SMT) and made available to staff.	Core
4.9.1.4	The roles and responsibilities of all staff members within the surgical services should be clearly delineated and documented.	Core

### 4.9.2 Standard

The surgical and anesthesia services should develop an annual operational plan that includes specific targets and continuously monitor its performance through use of various reviewing platforms.

#### Standard Intent

Create a proactive approach to surgical and anesthesia services by clearly setting goals, tracking progress, and continually improving performance to enhance patient care. Develop an annual operational plan with specific targets and monitor performance using various review platforms. Establish a systematic, data-driven method to maintain quality and efficiency in surgical and anesthesia services essential.

S.N.	Criteria	Level
4.9.2.1	An annual operational plan for the OR should be developed, incorporating targets for key surgical performance indicators (KPIs).	Core
4.9.2.2	The surgical services should establish a dashboard of key performance indicators, addressing efficiency and safety.	Core
4.9.2.3	Performance should be regularly reviewed by tracking key process and outcome performance indicators, allowing for daily and weekly performance analyses, with corrective actions taken based on identified gaps	Core

#### 4.9.3 Standard

The surgical services implements a standardized scheduling system, preoperative and intraoperative work flow to optimize the operating room's efficiency.

##### Standard Intent

The surgical services implements a standardized scheduling system, preoperative and intraoperative workflow to optimize the operating room's efficiency" is to ensure the smooth, timely, and coordinated operation of the surgical services, maximizing efficiency, minimizing delays, and enhancing patient care.

S.N.	Criteria	Level
4.9.3.1	A digital backlog management system should be introduced to streamline the scheduling of surgeries.	Core
4.9.3.2	A facility-based surgical backlog analysis should be conducted by type of surgery to identify specific backlog issues and design mechanisms to clear them.	Core
4.9.3.3	The surgical workflow should be standardized to minimize delays and enhance efficiency.	Core
4.9.3.4	A preadmission evaluation clinic should be established, and a preoperative multidisciplinary team comprising surgical and anesthesia professionals should conduct evaluations prior to all elective surgical admissions. This process ensures that all necessary preparations are made and confirms the patients' fitness for surgery	Core
4.9.3.5	Team briefing and debriefing sessions should be introduced and integrated into the daily surgical workflow to improve communication among team members.	Core
4.9.3.6	An institutional protocol regarding the timing of incisions in the early morning should be established, communicated to all surgical personnel, and adherence should be enforced	Core
4.9.3.7	The surgical services should implement strategies to minimize the time taken between surgical procedures by establishing a dedicated patient preparation room in order to avoid the utilization of operating tables for patient readiness.	Core
4.9.3.8	The surgical services should implement strategies to minimize surgical cancellations, through identifying the top causes of surgical cancellations, and designing a targeted improvement plan address them.	Core

#### 4.9.4 Standard

Informed consent must be obtained from all patients prior to surgical procedures.

##### Standard Intent



Before any surgical procedure, it's essential to obtain informed consent from all patients or guardians'. This ensures that they fully understand the procedure's nature, risks, benefits, and alternatives to enhance patient autonomy, safeguard patient rights, and uphold high standards of medical ethics and legal compliance.

S.N.	Criteria	Level
4.9.4.1	The informed consent process should be documented for all surgical patients, with assurance that the consent form is signed and dated prior to the procedure.	Core
4.9.4.2	Annual audits of informed consent documentation should demonstrate a compliance rate of 100% for appropriate consent for surgeries conducted.	Core
4.9.4.3	Optimal patient education regarding their condition, the specific procedure they will undergo, as well as the associated benefits and risks should be implemented, and patient understanding will be assessed through the use of a questionnaire, to achieve a comprehension rate of at least 90%.	Core

#### 4.9.5 Standard

Anesthesia services should be safely administered and adequately monitored throughout the surgical procedure.

##### Standard Intent

Anesthesia services must be administered safely and closely monitored during surgery to guarantee patient safety, well-being, and comfort. This highlights the vital need for effective anesthesia management and ongoing monitoring throughout surgical procedures, aiming to prevent complications, achieve the best outcomes, and uphold high standards of care.

S.N.	Criteria	Level
4.9.5.1	All anesthesia providers should perform pre-anesthesia evaluations on patients and document findings in the medical record before surgery.	Core
4.9.5.2	Anesthesia monitoring standards should adhere to established guidelines, with an audit demonstrating a minimum of 95% compliance during surgical procedures	Core
4.9.5.3	Post-anesthesia care evaluations should occur within 30 minutes of transfer to the recovery area, with documentation maintained for 100% of cases treated	Core

#### 4.9.6 Standard

Patients should receive appropriate postoperative care and follow-up to ensure a safe recovery.

##### Standard Intent

Appropriate postoperative care and follow-up ensure a safe recovery and that patients receive the necessary support, monitoring, and medical attention after surgery to facilitate a smooth recovery and minimize complications. It focuses on enhancing patient outcomes, promoting recovery, and ensuring continuity of care throughout the postoperative phase.



S.N.	Criteria	Level
4.9.6.1	A standardized postoperative care protocol should be implemented to address pain management, mobility, and wound care, accompanied by regular compliance audits and the implementation of corrective measures for any identified gaps.	Core
4.9.6.2	All patients should receive discharge instructions upon leaving the facility, with follow-up appointments scheduled prior to discharge.	Core
4.9.6.3	Patient satisfaction with postoperative care should be measured through surveys, with a target satisfaction rate of 80% or higher.	Core

**4.9.7 Standard**

The surgical and anesthesia services should implement infection prevention and control measures to reduce the risk of surgical site infections.

**Standard Intent**

The surgical and anesthesia services should implement infection prevention and control measures to reduce the risk of surgical site infections. This is to ensure patient safety by minimizing the likelihood of infections during and after surgery. Surgical site infections (SSIs) can significantly impact patient outcomes, leading to prolonged hospital stays, increased healthcare costs, and in some cases, serious complications or death.

S.N.	Criteria	Level
4.9.7.1	Surgical infection prevention protocols should be implemented and documented, with a regular compliance audit and the implementation of corrective measures for any identified gaps.	Core
4.9.7.2	A surveillance system for monitoring surgical site infections should be established, with data reported quarterly to the quality improvement committee for review.	Core
4.9.7.3	Preoperative antibiotic prophylaxis should be administered according to established guidelines, with a regular compliance audit and the implementation of corrective measures for any identified gaps.	Core
4.9.7.4	The surgical services should establish tracking and surveillance protocols for surgical site infections (SSI).	Core

**4.10 Mental health services**

**4.10.1 Standard**

The hospital provides comprehensive access to mental health services while prioritizing patient safety in the delivery of care, ensuring that individuals with mental health challenges receive appropriate, respectful, and effective treatment in a secure environment.

**Standard intent**

Prioritizing patient safety in mental health care involves implementing strategies to prevent harm, mitigate risks, and maintain a safe treatment environment. Focusing on patient well-being and recovery supports effective therapeutic outcomes and fosters trust. This commitment to safety and quality in mental health care demonstrates the hospital's dedication to providing compassionate, secure, and patient-centered mental health services.

S.N.	Criteria	Level
4.10.1.1	The hospital should ensure that individuals seeking mental health services can access emergency, ambulatory and inpatient care at all days of the week.	Core
4.10.1.2	The mental health service should maintain comprehensive documentation of all assessments, treatment plans, and patient interactions, ensuring compliance with established protocols.	Core
4.10.1.3	The hospital should restrict the use of restraint and seclusion in accordance with legislation and the rights of the patient.	Core
4.10.1.4	The hospital should have systems to support collaboration with patients and caregivers to identify and respond when a patient is at risk of self-harm and suicide.	Core
4.10.1.5	The hospital should have a mechanism for managing violence, de-escalation techniques, alternatives to restraint, and responding to signs of self-harm and/or suicide.	Core
4.10.1.6	The hospital should conduct regular safety checks to identify and address any environmental hazards or risks that may contribute to self-harm or suicide.	Core
4.10.1.7	The hospital should establish a quality improvement program specific to mental health services, monitoring patient safety and care outcomes through regular audits and assessments.	Core

**4.11 Post-mortem care**

**4.11.1 Standard**

The hospital ensures postmortem care is conducted respectfully and with dignity, following a policy that includes documentation, staff training, ethical considerations, communication, and infection control.

**Standard intent**

The Postmortem Care Standard establishes a framework for respectful postmortem care that supports families and promotes empathy and excellence. It defines procedures for healthcare professionals, emphasizing ethical considerations, effective communication with grieving families, and adherence to infection control protocols.

S.N.	Criteria	Level
4.11.1.1	The hospital should maintain a comprehensive postmortem care policy that clearly outlines procedures and responsibilities for staff involved in postmortem care	Core
4.11.1.2	All staff involved in postmortem care should receive training on relevant procedures, legal requirements, and handling of the deceased, with competency	Core

	assessments conducted at least annually to confirm their understanding of protocols.	
4.11.1.3	All postmortem care activities, should be documented in the hospital's medical records system, and regular audits should be conducted to ensure compliance with established standards	Core
4.11.1.4	The organization should implement procedures to ensure that all remains are treated with dignity and respect during and after the postmortem care process,	Core
4.11.1.5	Post-mortem procedures, including documentation, identification, and storage of deceased individuals, should be conducted accurately.	Core
4.11.1.6	The hospital should comply with all legal requirements and have a defined process for obtaining necessary written consents from the next of kin or legal representatives prior to postmortem examinations or organ donations.	Core
4.11.1.7	A communication protocol should be established to inform family members about postmortem care processes, including viewing options, and their feedback should be solicited and documented to ensure their needs and concerns are addressed effectively.	Core
4.11.1.8	The hospital should have established infection control protocols specifically for postmortem care to minimize risks to staff and maintain safety standards, with personal protective equipment (PPE) readily available for use during procedures.	Core

## 4.12 Food Service and Kitchen Management

### 4.12.1 Standard

The hospital shall have a systematic process in place for conducting comprehensive dietary assessments of all patients.

#### Standard intent

The intent of this standard is to ensure that all patients receive an individualized dietary assessment that meets their unique nutritional needs. Comprehensive dietary assessments are essential for identifying the specific requirements and preferences of patients, allowing for tailored meal planning and nutrition education.

S.N.	Criteria	Level
4.12.1.1	The hospital shall ensure that registered dietitians or qualified nutrition professionals perform dietary assessments upon patient admission and regularly thereafter.	Core
4.12.1.2	The hospital shall document dietary assessments in the patient's medical record, ensuring they are easily accessible for the care team.	Core

**4.12.2 Standard:**

The hospital shall have established protocols for meal preparation that ensure safety, hygiene, and nutritional adequacy.

**Standard intent**

The intent of this standard is to ensure that all meals provided to patients are prepared safely and meet established nutritional guidelines. Meal preparation protocols are vital for preventing foodborne illnesses and ensuring the meals' nutritional value aligns with patients' dietary needs.

S.N.	Criteria	Level
4.12.2.1	The hospital shall have policies and procedures to guide dietary services.	
4.12.2.2	The hospital shall ensure that all food is prepared in compliance with food safety regulations and guidelines, including proper cooking temperatures and storage conditions.	Core
4.12.2.3	The hospital shall conduct regular training for kitchen staff on food safety practices, sanitation, and proper handling of food products.	Core
4.12.2.4	The hospital shall maintain equipment and facilities to prevent contamination and to ensure cleanliness during meal preparation.	Core
4.12.2.5	The hospital shall have a system in place for monitoring meal quality and adherence to nutritional guidelines.	Core

**4.12.3 Standard:**

The hospital shall have a process for regularly assessing patient satisfaction with food and nutrition services.

**Standard intent**

The intent of this standard is to ensure that patient feedback regarding food and nutrition services is systematically collected and utilized to enhance meal quality and patient satisfaction. Understanding patients' perceptions of the dining experience is crucial for identifying areas for improvement and ensuring that the food service meets their expectations and needs.

S.N.	Criteria	Level
4.12.3.1	The hospital shall implement patient satisfaction surveys that specifically assess the quality, variety, and presentation of meals served.	Core
4.12.3.2	The hospital shall ensure that feedback from patients regarding food services is collected, analyzed, and acted upon for continuous improvement.	Core
4.12.3.3	The hospital shall regularly review and adjust menus based on patient preferences and satisfaction feedback.	Core

#### 4.13 Laundry service

##### 4.13.1 Standard

The Hospital maintains hygienic laundry services to ensure the provision of clean and safe linens for patient care.

##### Standard intent

Maintaining hygienic laundry services to provide clean and safe linens by adhering to infection control protocols, regular inspections, and staff training, facilities aim to prevent the spread of infections and ensure a sanitary environment for patients and staff.

S.N.	Criteria	Level
4.13.1.1	The laundry service should implement hygiene and infection control principles	Core
4.13.1.2	The laundry service implements standard operating procedures for its laundry services including handling, washing, and storage of linens.	Core
4.13.1.3	The laundry staff is orientated and aware of general hygiene, infection control, and safety precautions.	Core
4.13.1.4	The laundry should have sufficient space for its operation, that is demarcated and arranged to the service process progresses effectively	Core
4.13.1.5	The hospital should conduct regular inspections and monitoring of the laundry service operations.	Core
4.13.1.6	The laundry should maintain accurate records of inventory for linens, cleaning supplies, and equipment.	Core

## Organization and Objectives

The Institute of Ethiopian Standards (IES) is the national standards body of Ethiopia. IES is re-named by the proclamation number 1263/2021, from Ethiopian Standards Agency (ESA) to Institute of Ethiopian standards, with the mandate given by the regulation Number, 193/2010 and proclamation number, 1263/2021.

### IES's objectives are:

- ❖ Develop Ethiopian standards and establish a system that enable to check whether goods and service are in compliance with the required standards,
- ❖ Facilitate the country's technology transfer through the use of standards,
- ❖ Develop national standards for local products and services so as to make them competitive in the international market.
- ❖ Conduct standards related research and provide training and technical support.

### Ethiopian Standards

The Ethiopian Standards are developed by national technical committees which are composed of different stakeholders consisting of educational and research institutes, governmental organizations, certification, inspection, and testing organizations, regulatory bodies, consumer association etc. The requirements and/or recommendations contained in Ethiopian Standards are consensus based that reflects the interest of the TC representatives and also of comments received from the public and other sources. Ethiopian Standards are approved by the National Standardization Council and are kept under continuous review after publication and updated regularly to take account of latest scientific and technological changes.

Orders for all Ethiopian Standards, International Standard and ASTM standards, including electronic versions, should be addressed to the Documentation and Publication Team at the Head office and Branch (Liaisons) offices). A catalogue of Ethiopian Standards is also available freely and can be accessed from our website.

IES has the copyright of all its publications. No part of these publications may be reproduced in any form without the prior permission in writing of IES. International Involvement IES, representing Ethiopia, is a member of the International Organization for Standardization (ISO), International Electro-technical Commission (IEC) and Codex Alimentarius Commission (CODEX). It also maintains close working relations with the American Society for Testing and Materials (ASTM). It is a founding member of the African Regional Organization for standardization (ARSO).

For More Information?

*Contact us at the following address.*

*The Head Office of IES is at Addis Ababa.*

☎011-6460685, 011-6460565

☎011-6460880

✉2310AddisAbaba, Ethiopia

E-mail:info@ethiostandards.org

Website:www.ethiostandards.org



Standard Mark