



CBAHI

المركز السعودي لاعتماد المنشآت الصحية
Saudi Central Board for Accreditation
of Healthcare Institutions

NATIONAL STANDARDS FOR HOME HEALTHCARE SERVICE

Saudi Central Board for Accreditation of Healthcare Institutions

First Version

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ACCREDITATION/ CERTIFICATION STANDARDS

Home healthcare services (HHS)

- **Leadership:**
 - Governance
 - Scope of services
 - HR
 - Training and education
 - Competency
 - PFR:
 - Statement
 - Ethical framework and confidentiality
 - Billing
 - Quality improvement and risk management.
 - Contract oversight.
- **Provision of care:**
 - Access to care
 - Provision of care:
 - Assessment
 - Lab
 - Medication management
 - Infection control
 - Telemedicine
 - Consultations
 - Transportation and ambulance services.
 - Equipment management program.
- **Management of Information:**
 - Managing the information required by governmental and external agents.
 - Managing internal information requirements.
 - Security and confidentiality of information.
 - Records retention.
 - Patients' unique files documentation and completion

Leadership Chapter (LD)

Introduction

For any home healthcare services (HHS), quality and patient safety depend on effective leadership. The owner of The HHS may be a single private owner, a group of private owners or a governmental entity. In all cases the owner (private or governmental) constitutes the governing body or the governance for the HHS. The governance or governing body is ultimately responsible for the provision of safe and quality patients' care. The HHS's director who is selected by the governing body is accountable for ensuring the provision of safe and quality patients' care. The HHS may be directed by the single owner who then carries the role of governance and leadership at the same time. It is important for all home healthcare services to have a clearly stated mission. It is the responsibility of the leadership of The HHS to develop the mission and provide adequate resources to fulfil this mission. To ensure quality and safety of healthcare services, the members of the leadership group must work collaboratively, communicate effectively through clear lines of authority, and coordinate and integrate services provided.

This chapter addresses the roles and responsibilities of the Governance and Leadership group for the following processes:

- Organizational structure
- Structure and function of the governing body
- Roles and responsibilities of The HHS's leaders
 - Mission and vision, scope of services and strategic planning
 - Effective human resource management
 - Staffing plan
 - Job descriptions for all types of employees
 - Recruitment policy and procedure
 - Credentialing and privileging
 - Staff orientation and education
 - Staff performance evaluation
 - Staff health and safety program
 - Patients and family rights
 - Quality improvement and patient safety
 - Developing and maintaining program 's policies
 - Developing and supporting a quality improvement and patient safety program
 - Developing and supporting a risk management program
 - Contract oversight

LD.١. The governing body defines its structure and operational responsibilities in a written document.

LD.١,١. The governing body approves and periodically reviews, The HHS 's mission, vision and values and makes it public.

LD.١,٢. The governing body approves The HHS 's scope of services, The HHS 's plans, programs and key policies and procedures.

LD.١,٣. The governing body approves The HHS 's operating and capital budgets, as well as other resources required to manage The HHS efficiently.

LD.١,٤. The governing body defines any approval authority delegation.

LD.١,٥. The governing body appoints a qualified director responsible for managing the HHS.

LD.٢. The governing body approves and evaluates the HHS quality and patient safety program and risk management program.

LD.٢,١. The governing body annually approves the quality and patient safety program, including risk management.

LD.٢,٢. The governing body receives and evaluates the quality and patient safety reports, including the corrective actions and outcomes from the HHS, including risk management, at least quarterly.

LD.٢,٣. Recommended corrective actions by the governance are documented and received by The HHS director for implementation.

LD.٣. The HHS has a current organizational chart.

LD.٣,١. An approved and updated organizational chart identifies the relationship between The HHS 's governance, leadership, and other staff with titles.

LD.٣,٢ The organizational chart is communicated to all staff.

LD.٣,٣. The staff are aware of the organizational chart and its intent and can demonstrate their relationship to it.

LD.٤. A qualified director effectively managed the HHS.

LD.٤,١. The HHS director, with other leaders, develops the mission, vision and values statements and communicates them to all staff.

LD.٤,٢. The HHS director ensures The HHS 's compliance with all relevant laws and regulations.

LD.٤,٣. The HHS director recommends to the governing body the required new policies for approval and ensures compliance with approved policies.

LD.٤,٤. The HHS director ensures the availability of adequate and proper resources for the planned services in accordance with the approved operating budget.

LD.٥. The leaders together with governance develop The HHS 's scope of services based on community needs.

LD.٥,١. The scope of services includes the range of coverage in relation to preventive, health promotion, curative, and rehabilitative medicine.

LD.٥,٢. The scope of services includes the age group that can be served and the working hours.

LD.٥,٣. The scope of services is available to the public.

LD.٦. The leaders work collaboratively to develop The HHS 's strategic plan.

LD.٦,١. The strategic plan is guided by the mission, vision and inputs from patients / service users, their families, staff and where possible the wider community.

LD.٦,٢. The strategic plan is based on a comprehensive evaluation of the internal and external environmental factors.

LD.٦,٣. The strategic plan addresses all clinical and non-clinical services and programs.

LD.٦,٤. The strategic plan spans a period of three to five years and is reviewed on a regular basis.

LD.٦,٥. The strategic plan includes the broad goals and objectives required to fulfill The HHS 's vision.

LD.٧. The leaders transform the approved strategic plan into an operational plan.

LD.٧,١. Leaders translate the goals and objectives into operational plans with defined projects, clearly delineated responsibilities, required resources and time frames.

LD.٧,٢. Governance approves the resources required for executing the operational plans.

LD.٧,٣. The HHS implements and monitors the operational plans utilizing structure and process indicators.

LD.٧,٤. Leaders communicate the plans to all staff.

LD.٨. The leaders work collaboratively to develop the operational budget.

LD.٨,١. The leaders plan and budget for the upgrade or replacement of equipment, transportation vehicles, information technology and other resources.

LD.٨,٢. The budget process allocates resources to all program activities to provide safe patient care.

LD.٩. The leaders develop a staffing plan for the HHS.

LD.٩,١. The staffing plan ensures that services meet the needs of safe patient care.

LD.٩,٢. The staffing plan defines the number, type, and credentials of required staff, and their roles.

LD.٩,٣. The HHS recruits and assigns appropriately qualified staff in accordance with the staffing plan.

LD.١٠. The leaders establish and implement a plan for staff recruitment.

LD.١٠,١. The policy and procedure highlight the receiving authority(s) of staff resumes, the shortlisting process, and the accepted method for interview.

LD.١٠,٢. Shortlisted applicants are informed of their acceptance or refusal within a set time frame.

LD.١١. The leaders design specific job descriptions and job responsibilities for all categories of staff.

LD.١١,١. The job description outlines the knowledge, skills, and attitude necessary to perform the job responsibilities.

LD.١١,٢. The job description clearly defines roles and responsibilities for the position.

LD.١١,٣. Job responsibilities and clinical work assignments are based on the evaluation of staff credentials.

LD.١١,٤. The job description is discussed with and signed by the Staff upon his/her hiring and is kept in personnel file.

LD.١٢. The leaders develop an effective process for credentialing and recredentialing of all healthcare providers.

LD.١٢,١. The credentialing process applies to all clinical staff members licensed to provide patient care.

LD.١٢,٢. The credentialing process includes gathering, verifying, and evaluating credentials including license, education, training, experience, and competence.

LD.١٢,٣. To the extent possible, the credentials are verified from the original source directly or through a third party with documented evidence.

LD.١٢,٤. The HHS ensures the registration of healthcare professionals with the Saudi Commission for Health Specialties and licensing by the Ministry of Health in accordance with laws and regulations.

LD.١٢,٥. The credentialing process guides the appointment of healthcare staff to their appropriate job assignment and is repeated every two (٢) years to ensure that staff are still capable of performing their job functions.

LD.١٢,٦. Information about staff credentials, privileges, competencies, orientation, training, education, and evaluation are kept securely in an updated personnel file.

LD.١٣. All medical staff members have current delineated clinical privileges.

LD.١٣,١. The HHS has a policy and procedure for granting privileges to medical staff.

LD.١٣,٢. Clinical privileges are determined based on The HHS 's documented competency and available services.

LD.١٣,٣. The medical staff's clinical privileges are recommended by the medical director and approved by the governing body, either directly or by appropriate delegation.

LD.١٣,٤. The clinical privileges are reviewed and updated every two (٢) years, and earlier if needed.

LD.١٤. All new Staff s attend a mandatory orientation program.

LD.١٤,١. The new Staff s' general orientation program includes information about The HHS 's mission, vision, values, and organizational structure; patient and family rights; safety and security; the basics of infection control; and an introduction to The HHS 's quality and patient safety and risk management programs.

LD.١٤,٢. Each new Staff attends the job-specific orientation program, including specific infection prevention and safety issues, which helps in executing the specific job responsibilities as outlined in the job description.

LD.١٤,٣. The new Staff orientation is documented in the Staff 's personnel file.

LD.١٥. The leaders develop and implement a policy that healthcare staff are competent in specific procedures.

LD.١٥,١. The policy contains a list of procedures requiring competency assessment for each category of staff.

LD.١٥,٢. All newly hired staff are initially tested for the required competencies.

LD.١٥,٣. All staff is tested annually for the required competencies.

LD.١٥,٤. All test results are available in staff personal files.

LD.١٦. The leaders develop a strategy to ensure staff is trained and test competent in the safe operation of equipment and medical devices.

LD.١٦,١. The policy addresses the required training and competency testing of staff operating specialized equipment.

LD.١٦,٢. Only trained and competent staff handle specialized equipment and medical devices.

LD.١٧. The leaders support continuing education and training for all categories of staff.

LD.١٧,١. The HHS has a scheduled educational and training program based on staff needs.

LD.١٧,٢. The leaders grant financial support and/or time off for staff to attend educational and training activities relevant to The HHS 's scope of services and in line with labor law.

LD.١٧,٣. Staff s' records show documented evidence of training and education.

LD.١٨. Staff are trained and kept up to date with cardiopulmonary resuscitation.

LD.١٨,١. All staff members who provide direct patient care are current certified basic life support providers.

LD.١٨,٢. The HHS identifies other staff members to be trained in advanced life support as appropriate to the scope of service.

LD.١٩. The leaders develop an effective process to evaluate staff performance at least annually.

LD.١٩,١. The performance evaluation is based on objective criteria targeting staff knowledge, skills, and attitude.

- LD.١٩,٢. The evaluation is done at the end of the initial probationary period and annually thereafter.
- LD.١٩,٣. Staff are involved in the evaluation of their performance by commenting on the required corrective action.
- LD.١٩,٤. Evaluations include personal goals to achieve for the next year that the staff will carry out.
- LD.١٩,٥. Both the Staff and the supervisor sign the performance evaluation, which is kept in the Staff personnel file.

LD.٢٠. The leaders implement a comprehensive program to protect the health and safety of staff.

- LD.٢٠,١. The HHS covers all Staff s and is consistent with laws and regulations.
- LD.٢٠,٢. The HHS is based on the protection of staff from occupational health and safety hazards.
- LD.٢٠,٣. The HHS is coordinated with The HHS 's quality, safety, risk management, and infection control programs, including health screening, immunization, and post exposure management.
- LD.٢٠,٤. Staff have confidential and secure medical records that reflect their health status.

LD.٢١. The leaders support and protect the patient and family's rights.

- LD.٢١,١. The leaders develop and maintain a patient rights and responsibilities statement and develop processes that support their implementation.
- LD.٢١,٢. The leaders ensure that patient rights and responsibilities are available to patients and families and ensure patients are informed about their rights and responsibilities in a manner they can understand.
- LD.٢١,٣. The leaders ensure that patients' dignity, privacy, and confidentiality are respected.
- LD.٢١,٤. The leaders ensure that staff are provided training and education on patient and family rights and responsibilities.

LD.٢٢. The leaders ensure that patients/families have the right to be involved in their own care and treatment.

- LD.٢٢,١. Patients/families have the right to be informed of their illness, the proposed treatment, and its prognosis.
- LD.٢٢,٢. Patients/families have the right to be involved in the decision making of their care plans.
- LD.٢٢,٣. Patients/families have the right to professional assessment and management of pain.
- LD.٢٢,٤. Patients/families have the right to refuse or discontinue treatment or ask for a second opinion.
- LD.٢٢,٥. Patients/families have the right to request a detailed medical report and sick leave notification.

LD.٢٣. The leaders develop and implement a policy and procedure to describe the patients' right to voice their complaints, concerns, and suggestions.

- LD.٢٣,١. Patients' complaints are resolved in a time frame described in the policy.

LD.٢٣,٢. The HHS assigns a staff member responsible for managing complaints.

LD.٢٣,٣. Patient satisfaction surveys are conducted at least quarterly.

LD.٢٣,٤. Data collected from surveys and complaints are analyzed and trended, and the information collected is used for improvement and integrated into the quality and safety program.

LD.٢٤. The leaders ensure that patients/families have the right to accurate billing for provided services.

LD.٢٤,١. The leaders ensure the availability of the price list for services provided to patients and their sponsors.

LD.٢٤,٢. The patients and families have the right to receive an initial estimated cost of required services.

LD.٢٤,٣. The patients and families have the right to obtain an invoice for services rendered.

LD.٢٥. The leaders develop ethical standards to guide patients' care and Staff s' code of conduct.

LD.٢٥,١. Marketing for staff and services, if performed, is carried out ethically as per laws and regulations.

LD.٢٥,٢. The leaders develop a set of values and a professional code of conduct for all Staff.

LD.٢٥,٣. The leaders ensure that patients and their families are fully informed and protected when they are involved in clinical research projects.

LD.٢٥,٤. The leaders develop a process to receive and resolve ethical dilemmas, patient and non-patient related in a reasonable timeframe as determined by the HHS.

LD.٢٦. The HHS has an implemented policy for controlling the development and maintenance of key documents.

LD.٢٦,١. The HHS has a unique identification for each key document, with title, number, date of issue, and date of revision.

LD.٢٦,٢. Key documents are developed, approved, revised, and terminated by an authorized individual.

LD.٢٦,٣. Key documents are dated and current.

LD.٢٦,٤. Key documents are revised according to a defined revision due date.

LD.٢٦,٥. Key documents are communicated to relevant staff and are always accessible.

LD.٢٦,٦. A process is in place to ensure that key documents are always implemented.

LD.٢٦,٧. A process is in place to ensure that only the last updated versions of key documents are available for use in the HHS.

LD.٢٧. The HHS develops a comprehensive quality improvement and patient safety program.

LD.٢٧,١. The leaders develop The HHS collaboratively.

LD.٢٧,٢. The HHS utilizes key performance indicators, and patient and staff surveys to measure performance and improve clinical and managerial areas.

LD.٢٧,٣. The information generated is readily accessible on a timely basis to those responsible for and/or involved in the delivery of the services and is utilized for making improvements and supporting the leaders' decision making.

LD.٢٧,٤. The HHS utilizes an evidence-based quality improvement method such as "FOCUS – PDCA."

LD.٢٧,٥. The HHS implements at least one improvement project per year.

LD.٢٨. The leaders prioritize and select a set of indicators that focus on the processes and outcomes of the services provided.

LD.٢٨,١. The selection process is based on The HHS 's important processes and priorities.

LD.٢٨,٢. Each indicator has an operational definition, data collection method, frequency for collection, analysis by qualified staff, mathematical expression such as a ratio, with a defined numerator and denominator or a percentage and a desirable target.

LD.٢٨,٣. The performance monitoring results are discussed with staff, utilized in their evaluation, and reported quarterly to the governance together with action plans taken for improvement.

LD.٢٨,٤. The indicators are compared internally by historical trends and externally by benchmarking to other similar programs when available.

LD.٢٩. The leaders develop and implement a comprehensive risk management program.

LD.٢٩,١. The HHS addresses clinical, managerial, and financial risk.

LD.٢٩,٢. The reporting of incidents and variances, patients' morbidities, and clinical and financial claims constitute The HHS's essential reactive arm.

LD.٢٩,٣. The HHS develops and implements at least one proactive risk management approach per year.

LD.٢٩,٤. The HHS develops and periodically updates a risk register for all potential clinical, managerial, and financial processes in the HHS.

LD.٢٩,٥. The HHS utilizes an evidence-based process for grading risks based on severity, frequency, and/or likelihood of occurrence.

LD.٢٩,٦. Information from the risk management program, including incidents, analysis, and improvement projects, is communicated to staff and the governing body at least quarterly.

LD.٣٠. The leaders develop and implement an incident reporting policy.

LD.٣٠,١. The policy outlines the types of incidents to be reported internally and to relevant regulatory authorities and the time frame and mechanism for reporting.

LD.٣٠,٢. The HHS utilizes a risk scoring matrix to categorize the severity of incidences.

LD.٣٠,٣. Incidences, including near misses, involving patients are documented in the medical record and patient and family are informed by the physician of any investigation results.

LD.٣٠,٤. The HHS compiles a report on incidences according to type and severity, and an action plan to prevent its recurrence is distributed to staff and governance at least quarterly.

LD.٣١. The leaders oversee any contracts for clinical or operational services.

LD.٣١,١. Contracted entities are selected based on evidence-based criteria developed by the relevant department.

LD.٣١,٢. The HHS director ensures relevant leaders' recommendations and approval on contracts.

LD.٣١,٣. The leaders ensure that the contracted entity and services provided meet applicable laws and regulations.

LD.٣١,٤. The leaders ensure that the services provided are integrated into the overall quality and patient safety program.

LD.٣١,٥. The leaders regularly monitor and document the compliance of contracted services with the appropriate standards and take documented corrective actions for improvement when standards are not met.

LD.٣٢. The leaders implement policies and procedures to guide the efficient procurement of equipment either purchased or donated, medications and essential medical consumables in accordance with national laws and regulations.

LD.٣٢,١. Leaders ensure that contractors and suppliers of medical devices and supplies have a Medical Device Establishment License (MDEL).

LD.٣٢,٢. Leaders ensure that all newly purchased medical devices have a Medical Device Marketing Authorization (MDMA) certificate.

LD.٣٢,٣. Leaders approve newly introduced consumables based on a formal testing and feedback process from end users.

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Provision of Care (PC) Chapter

Introduction

Home healthcare services provide preventive, curative, and rehabilitative services. The HHS should accept patients for services based on its capability to provide the services that meet the identified patient's needs.

Providing optimum care requires careful planning, coordination, and communication. The HHS provide an appropriate and thorough assessment for each patient, and patient care planned and implemented to ensure the best possible outcome. To support continuity of care, patient assessment and care documented in a complete medical record. The healthcare team must receive test results in the appropriate time. Patients and families' participation in the care plan is crucial for its success, therefore, their proper education is of utmost importance. Informed consent to some of the procedures is one of the patients and families' rights. As the care process may need to occur between multiple providers, a collaborative process should be in place to promote continuity and coordination of care when the patient is referred, transferred, or discharged. Staff training and The HHS's readiness for cardio-pulmonary resuscitation is an integral part of the management of unexpected complications that may rise.

Important processes and activities addressed in this chapter include the following:

- Access to care, referrals, and the provision of emergency medical services
- Patients' identification
- Scope and content of patient assessment
- Treatment planning
 - Practice guidelines
 - Procedures
- Patients and family's education and participation in the treatment plan.
- Medication management
- Effective cardio-pulmonary resuscitation process

PC.١. Patients have access to services based on their health needs and available services and are registered with The HHS for providing such services.

PC.١,١. A standardized process is in place for accepting and registering patients for services based on their full name and ID number or passport number for visitors.

PC.١,٢. Registration creates a unique medical record number for every patient.

PC.١,٣. Appointment system is in place to book patients in advance and staff are aware of the services provided.

PC.١,٤. Patients are registered under the care of the MRP referred to as the attending physician.

PC.١,٥. Patients / families are provided with the contact information of their healthcare providers.

PC.٢. The HHS has a process to ensure the correct identification of patients.

PC.٢,١. Patients are identified by at least two identifiers, full name as in identification document and unique medical record number.

PC.٢,٢. Patients are identified before starting any treatment or procedure, before blood withdrawal, and before administration of medications.

PC.٢,٣. Patients / families are actively involved in the process of patient identification.

PC.٣. Patients are clinically assessed through an established assessment policy and procedure.

PC.٣,١. The policies and procedures guide for home healthcare are developed collaboratively by the HHS.

PC.٣,٢. The initial assessment is done by a physician to identify the patient's home healthcare needs.

PC.٣,٣. The subsequent assessments are done by the provider of the home healthcare services to ensure effectiveness of the care planning.

PC.٣,٤. Healthcare providers implement the personal protective measures targeting the most important infection risk process.

PC.٤. A care plan is developed by the attending physician to meet the patient's needs considering patient and family's cultural and spiritual matters.

PC.٤,١. The attending physician develops and documents the care plan based on the patient's home healthcare needs.

PC.٤,٢. The care plan is designed to achieve desired outcomes specified as measurable goals.

PC.٤,٣. The care plan is altered only by the attending physician based on the outcome measures assessed by the visiting staff.

PC.٤,٤. The care plan is comprehensive covering all health aspects prevention, treatment, rehabilitation, and care at the end of life.

PC.٥. Staff members assist patients and, when appropriate, their families in fully participating in making informed decisions about their care, treatment, and procedures.

PC.٥,١. Staff members provide patients/families with honest and accurate information in a manner they can understand, about their illness, options for treatment, proposed treatment, potential benefits, potential complications, and the likelihood of success of treatment, respecting their choices.

PC.٥,٢. Patients / families are supported in discussing the plan of care with the physician and having all their questions answered.

PC.٥,٣. Patients / families are provided with the identity and the professional status of the treating physician and the contact details.

PC.٦. Patients and, when applicable, their families are educated about their healthcare needs.

PC.٦,١. Patients' and families' education is based on their healthcare needs, including the nature of their disease, necessary treatments, infection control practices, safe use of medications, diet and nutrition, medical equipment use, safe environment, and personal hygiene.

PC.٦,٢. Patients and families receive education to help them participate in the care process and understand any financial implications of their care choices.

PC.٦,٣. The healthcare giver educates their patients and families in an easily understandable language, and the provided education is evaluated for its effectiveness.

PC.٧. Laboratory services are available or outsourced to meet the needs of the patient population served.

PC.٧,١. The HHS develops a policy and procedure on the ordering and processing of laboratory tests.

PC.٧,٢. The HHS develops a test results' turnaround document.

PC.٧,٣. A trained healthcare provider performs quality control for all point of care tests as per manufacturer's recommendation.

PC.٧,٤. The attending physician acknowledges reviewing the routine test results within ٢٤ hours from issuing the report.

PC.٨. The HHS develops a process for reporting critical test results.

PC.٨,١. The process defines the staff who receive the result.

PC.٨,٢. The process involves writing down the result by the receiver and reading back the findings to the result provider.

PC.٨,٣. The read-back process and the physician's intervention are documented in the patient's medical record.

PC.٩. Medication management follows local rules and regulations.

- PC.٩,١. The HHS develops a process for medication reconciliation by the attending physician.
- PC.٩,٢. The HHS develops a process for the safe prescribing by the attending physician.
- PC.٩,٣. Healthcare staff dispense and administer medications under aseptic conditions.
- PC.٩,٤. Medication allergies and adverse drug reactions are documented in the patient's medical record and adverse drug reactions are reported to local authorities.
- PC.٩,٥. Home Visit bags are well prepared according to the list of its contents with expiry date.

PC.١٠. The HHS develops policies and procedures targeting the most important infection risk processes.

- PC.١٠,١. Hand hygiene
- PC.١٠,٢. Insertion and removal of catheters and lines
- PC.١٠,٣. Wound dressing
- PC.١٠,٤. Practicing universal precautions.
- PC.١٠,٥. Handling and disposal of sharps
- PC.١٠,٦. Medical waste management.

PC.١١. The HHS supports their clients in the safe disposal of medical waste.

- PC.١١,١. The HHS provides their clients with sharp boxes and yellow bags.
- PC.١١,٢. The HHS educates their clients on the use of sharp boxes and yellow bags.
- PC.١١,٣. The HHS collects the sharp boxes and yellow bags from their clients for final disposal.

PC.١٢. The healthcare providers are vigilant in detecting early warning signs warranting the patients' referral to a hospital.

- PC.١٢,١. The HHS develop assessment policy and procedure to detect any warning signs.
- PC.١٢,٢. The healthcare providers with family arrange with the Red crescent for transfer of the patients in case of emergency.
- PC.١٢,٣. The attending physician endorses the patient to the respond team.

PC.١٣. The HHS vehicle is available to transport the healthcare providers.

- PC.١٣,١. The vehicle tested daily for proper operation, periodically maintained with valid insurance.
- PC.١٣,٢. The vehicle is suitable and safe for the healthcare providers.
- PC.١٣,٣. The vehicle is well maintained at safe parking after working hours.
- PC.١٣,٤. The vehicle recipient checks the vehicle daily.

PC.١٣,٥. The required equipment is checked for proper functionality daily and after each visit. Findings are documented.

PC.١٤. The leaders develop a plan for the inspection, testing and maintenance of medical equipment.

PC.١٤,١. An updated inventory list is available for all medical equipment.

PC.١٤,٢. Medical equipment is installed following the manufacturer's recommendations and safety requirements.

PC.١٤,٣. The periodic preventive maintenance (PPM) program is implemented for all medical equipment, according to the supplied and available manufacturer's service manual, and records are maintained.

PC.١٤,٤. The medical equipment is tagged with a label denoting the date of the next PPM.

PC.١٤,٥. All defective medical equipment is labeled and banned from use until repaired.

PC.١٤,٦. Medical equipment is discontinued according to a clear policy including lifespan, beyond economic repair, and vendor or governmental recalls. Equipment is disposed of as per governmental rules and regulations.

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References

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<https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html>
٢. ECRI Institute. ECRI Institute PSO Deep Dive. Patient identification: Executive summary. Aug ٢٠١٦.
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Management of Information (MOI)

Introduction:

Information management is a corner stone for patient care and the decision support process by The HHS leaders. The HHS leaders are required to design and implement an information management plan that defines the following:

- Managing the information required by governmental and external agents.
- Managing internal information requirements.
- Security and confidentiality of information.
- Records retention.
- Patients' unique files documentation and completion.

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MOI.١. The HHS defines in a policy the information that needs to be shared among the staff (internal) and with other governmental and non-governmental entities (external) and its format.

- MOI.١,١. The policy highlights how patient demographic, medical information is shared among medical and administrative staff (paper format, electronic or a combination).
- MOI.١,٢. The policy identifies how information is spread from leaders to staff and vice versa.
- MOI.١,٣. The policy includes the Ministry of health required information and the frequency of reporting.
- MOI.١,٤. The policy highlights the patients' personal and medical information required to refer a patient to a higher center.
- MOI.١,٥. The policy identifies the staff security levels for accessing the information.
- MOI.١,٦. The policy identifies how the various information is secured and safely stored.
- MOI.١,٧. The policy highlights for how long The HHS needs to store the various information (records retention) consistent with the MOH rules and regulations.

MOI.٢. The HHS uses a standardized diagnoses codes, procedure codes, symbols and minimizes abbreviations.

- MOI.٢,١. The HHS uses diagnoses code and procedure codes consistent with the MOH requirements (ICD ١٠ AM, CPT).
- MOI.٢,٢. The HHS has a limited list of abbreviations and symbols that is distributed in all patient care areas for reference.

MOI.٣. All patients seen in The HHS have unique medical record files.

- MOI.٣,١. The contents of the medical record are arranged according to a standardized process.
- MOI.٣,٢. Medical record files contain the required patient demographics including National identification, contact information, emergency contacts and insurance.
- MOI.٣,٣. Medical/ record files contain updated sufficient medical information to safely manage the patient (history and physical examination, plan of care, investigations, consultations, observations, consents, procedure / surgery reports and medications) and promote continuity of care.
- MOI.٣,٤. Medical records contain information related to adverse events and unanticipated incidents.

MOI.٣,٥. Patient allergies, prior adverse reactions, anticoagulation medications and chronic infections are confidentially documented and consistently displayed in a specified area of the patient's record.

MOI.٤. The HHS has a policy on rules and regulations for writing in medical record files.

MOI.٤,١. The policy identifies the category of staff allowed to write in the medical record.

MOI.٤,٢. All entries are legible, dated, timed, and signed by the author.

MOI.٤,٣. There is uniform entry of data in medical records, whereby orders are written separately from assessments, care plans and progress notes.

MOI.٤,٤. Entries written in error are not deleted or erased. Instead, a line is passed through the error text and dated, timed, and signed by the author.

MOI.٤,٥. Only standardized and approved abbreviations and symbols are used in medical records.

MOI.٥. The HHS has a process for completing and storing the patient medical record files.

MOI.٥,١. The HHS has a dedicated and secured storage mean for medical record files.

MOI.٥,٢. Regular checks are made on returned files to ensure its completion (demographics, medical information, and authentication).

MOI.٥,٣. Non-completed files are clearly separated from completed ones in the storage area and are completed in a time frame defined by the service.

MOI.٥,٤. The HHS keeps a record for the percentage of incomplete records over time and uses the information to improve the staff compliance with record completion.

MOI.٦. The HHS develops a policy and procedure for the use of information technology.

MOI.٦,١. The policy and procedure highlight how the generated information is stored and regularly backed up.

MOI.٦,٢. The policy and procedure describe the manual procedures required to execute the various activities in the event of system failure, maintenance, or repair.

MOI.٦,٣. Staff can demonstrate the manual procedure for the downtime regulation.

MOI.٧. The leaders ensure the integrity and security of telemedicine, teleradiology and interpretation of other diagnostic remote contracted services.

MOI.٧,١. Telemedicine, teleradiology and interpretation of other diagnostic remote contracted services are registered with national health rules and regulations.

- MOI.٧,٢. The leaders ensure the credentialing and privileging of the physicians involved before starting the service.
- MOI.٧,٣. The leaders ensure the security and confidentiality of patient information that may be exposed because of the telecommunication process.

MOI.٨. The HHS implements an effective clinical documentation improvement (CDI) program.

- MOI.٨,١. The HHS develops a policy and procedure for the clinical documentation improvement program.
- MOI.٨,٢. The HHS has at a minimum a physician and a nurse who are properly trained on clinical documentation improvement.

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References

١. HIM Body of Knowledge – AHIMA. <http://bok.ahima.org/>
٢. ISQua (www.isqua.org).

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