



MINISTRY OF HEALTH
DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

**NATIONAL GUIDELINES FOR
IMPROVEMENT OF
QUALITY AND
SAFETY OF
HEALTHCARE
INSTITUTIONS**
**(FOR LINE MINISTRY AND
PROVINCIAL HOSPITALS)**

1ST EDITION
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Quality Series No.1

National Guidelines for

**Improvement of Quality and Safety of Healthcare Institutions
(For Line Ministry and Provincial Hospitals)**

First Edition

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Preface

Sri Lanka provides free healthcare services to all the citizens irrespective of their status, income or geographic location, and has achieved remarkable health outcomes, particularly relative to neighbouring countries with a similar income range. Nevertheless, there are certain drawbacks in the hospital-based healthcare delivery system which have affected the quality and efficiency of its services as demonstrated by overcrowding in the higher level institutions, deficiencies of amenities and patient dissatisfaction.

The *National Guidelines for Improvement of Quality and Safety of Healthcare Institutions* provide a comprehensive set of quality and safety standards and affordable measures to improve the hospital services. All the hospitals in Sri Lanka are therefore expected to be fully oriented on these Guidelines and prepared to improve their service delivery structure and process. Needless to say, the strong commitment of heads of institutions, PDHSS and RDHSS is critical in achieving the goals aimed by these Guidelines.

I wish to thank all the stakeholders involved in the development of this document as well as Japan International Cooperation Agency (JICA) for its technical assistance. In particular, I am grateful to Dr Wimal Jayantha, DDG/Planning, who supervised the whole developmental process, Dr S. Sridharan, Director OD, who led and facilitated the drafting work, and Mr. Shogo Kanamori, JICA Expert on Medical Services Administration, who provided coordinative and technical assistance.



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1. Introduction

These Guidelines will provide guidance to hospital staff in strengthening the organisational and individual preparedness for improvement of the quality and safety of patient care services at hospital. It is assumed that these Guidelines will be used for the following purposes.

- As a handbook for hospitals in implementing quality improvement programmes and related activities
- As a guiding document for orientation programmes to hospital staff conducted by the National Quality Secretariat of the Ministry of Health and the Provincial Quality Secretariats

1.1. Target institutions

The target institutions include Teaching Hospitals, Provincial General Hospitals, District General Hospitals, Base Hospitals and Divisional Hospitals.

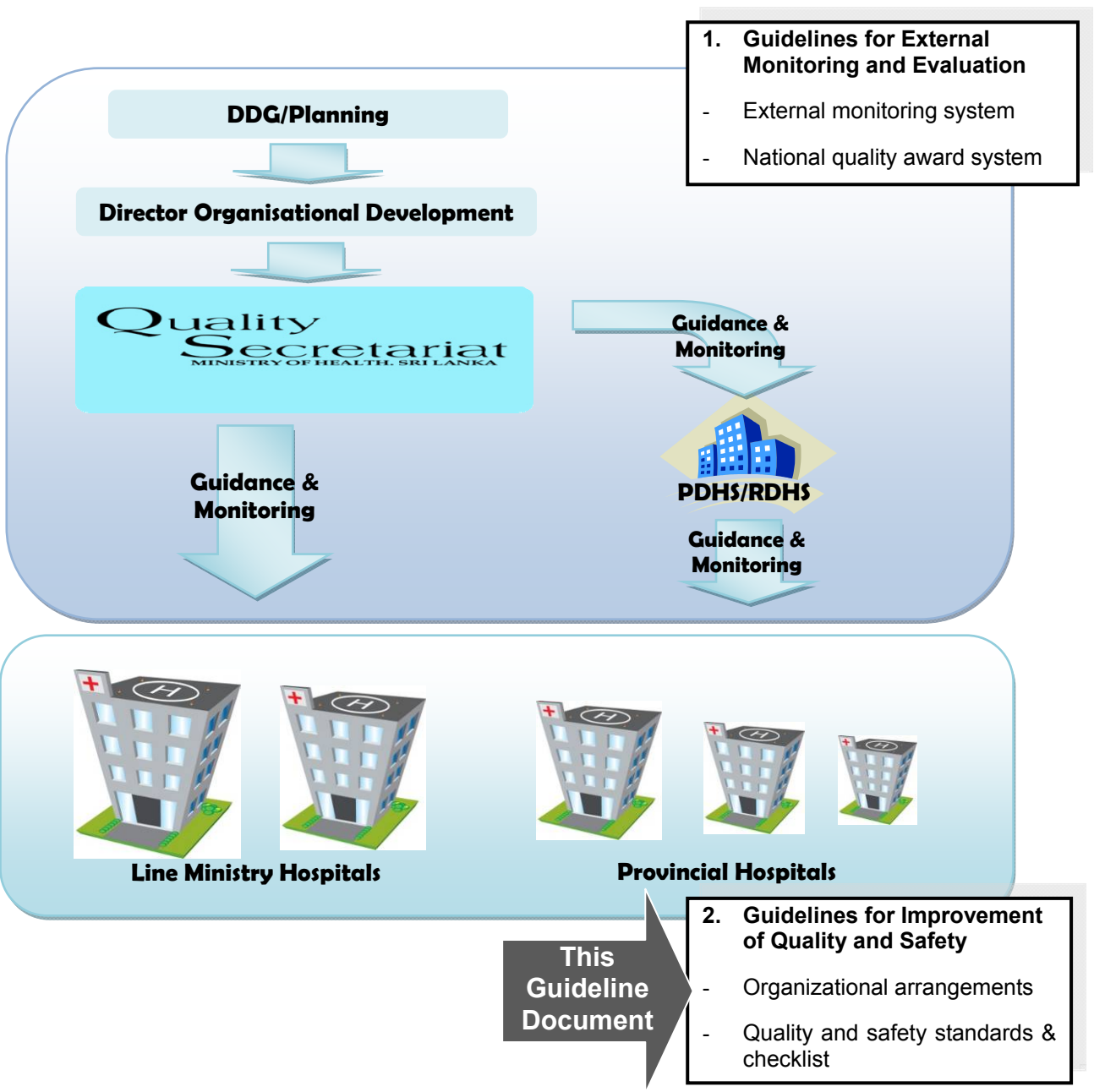
| New Categorization | Old Categorization |
|-----------------------------------|---------------------------|
| Teaching Hospital (TH) | Teaching Hospital (TH) |
| Provincial General Hospital (PGH) | General Hospital (GH) |
| District General Hospital (DGH) | |
| Base Hospital (Type A & Type B) | Base Hospital (BH) |
| Divisional Hospital | District Hospital (DH) |
| | Peripheral Unit (PU) |
| | Rural Hospital (RH) |
| Primary Medical Care Unit | Maternity Homes (MH) & CD |
| | Central Dispensary (CD) |

1.2. The Guidelines in the context of Quality Assurance Programme

Two separate guidelines will be used to implement the National Quality Assurance Programme. One serves to provide guidance to hospitals in quality and safety improvement, and the other to provide protocols for external monitoring and evaluation of hospital services.

- (1) Guideline for External Monitoring and Evaluation of Hospital Services
- (2) Guideline for Improvement of Quality and Safety of Hospital Services

The present Guideline mainly focuses on the improvement of the quality and safety at the hospital level.



2. Arrangements for Improvement of Quality and Safety in Hospitals

In order to initiate the quality and safety improvement programme, organizational arrangements within hospitals need to be modified. The critical step in this respect is to establish a Quality Management Unit within each hospital. The Quality Management Unit (QMU) serves as the secretariat for organizing training activities on quality and safety improvements as well as implementation, monitoring and evaluation of the programme in the hospital. In addition, at the ward/unit level, Work Improvement Teams (WITs) are to be formed to implement the programme. The Quality Management Team, consisting of the Hospital Director, QMU staff and the leaders of the WITs will serve as the decision making body. Suggestive organizational arrangements are provided in the table below.

| | Quality Management Team | Quality Management Unit (QMU) | Work Improvement Teams (WIT) |
|---------|---|-------------------------------|---|
| Unit | | QMU | Respective wards and other units |
| Members | - Hospital Director - QMU staff - Leaders of WITs | - 1-3 full-time staff | - All staff members of the relevant units |
| Leader | Hospital Director | MO or NO | A committed staff member |

2.1. Establishment of Quality Management Unit (QMU)

All hospitals need to have a dedicated QMU. According to the “General Circular No.01-29/2009” of the Ministry of Healthcare & Nutrition dated 22 September 2009, QMU is to coordinate the quality assurance and client safety program of hospitals. Its functions described in the Circular are summarized below. The original Circular document is attached as APPENDIX.

(1) Strengthening institutional setup and staff participation in the quality programme

- Facilitating management leadership in the quality programme
- Establishing Work Improvement Teams (WIT)/Quality Circles
- Training Work Improvement Teams (WIT)
- Facilitating involvement of medical consultants in the quality improvement process

(2) Building staff capacity and awareness

- Conducting quality and safety improvement workshops for staff members
- Facilitating in-service training programmes
- Maintaining database of staff training
- Promoting a quality culture by introducing 5S concept leading towards Total Quality Management (TQM)
- Promoting environmental friendly hospitals

- (3) Streamlining management of equipment and supplies
- Developing annual procurement plans for different variety of purchases
 - Ensuring quality of supplies by encouraging maintenance contract agreements for support services
 - Organizing and updating supplier and maintenance information system
- (4) Management of the quality programme
- Assisting the preparation of strategic plans of the hospital with the focus on quality and safety improvement aspects (e.g. reduction of waiting times, instituting a smooth patient flow, infection control and proper waste disposal)
 - Facilitating adherence to standards, guidelines and protocols relevant to customer/patient care including clinical pathways
 - Maintaining computer based data on quality and safety (e.g. patient accidents and adverse events, near misses re-admissions, case fatality rates, complication arising from medical and surgical procedures, referrals, adverse events following immunization and transfers, etc.)
 - Conducting customer satisfaction surveys and employee satisfaction surveys
 - Encouraging “suggesting scheme” in the hospital
 - Preparing half yearly/quarterly bulletins and annual performance reports
 - Conducting performance reviews
 - Monitoring the progress of the quality programme referring to the Quality and Safety Standards in these Guidelines
 - Promoting studies, research and medical audits in the hospitals

3. Hospital Quality and Safety Standards

This chapter provides hospital quality and safety standards to which all the hospitals shall adhere. They are divided into three aspects and 18 areas as follows:

- I. Internal and External Customer Environment (5S)
 1. Seiri (Sorting)
 2. Seiton (Organisation)
 3. Seiso (Cleaning with Meaning and for Beautifying)
 4. Seiketsu (Standardisation)
 5. Shitsuke (Training & Self-Discipline)
- II. Services involving Patient Contacts
 6. Reception area
 7. Immediate service points and frontline services
 8. Responsiveness
 9. Inpatient care services
 10. Diagnostic services

11. Medical/pharmaceutical supplies and equipment management
 12. Mortuary service
- III. Overall Quality and Safety Improvement
13. Infection control
 14. Waste management
 15. Medical record
 16. Health education activities
 17. Leadership and management
 18. Productivity and quality improvement programme

These standards will be referred to whenever a hospital conducts quality and safety improvement activities as well as internal audit. They are also in line with the criteria for external audits and for selection of the National Quality Award recipients.

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements | Wards | OPD/Clinics | Laboratory | Entrance, reception & passageways | Office | Stores | Record Room | Outside | Others |
|-----------------|--|--|-------|-------------|------------|-----------------------------------|--------|--------|-------------|---------|--------|
| | 1.2.2 Notice boards being free of obsolete notices | <ul style="list-style-type: none"> - Removal instructions are in place. - The removal instruction is complied. - Notice boards are categorized according to the staff members/needs. - Responsible persons for each notice board are identified. - The alignment and an X-Y axis tool are maintained in the notice board. | X | X | X | X | X | X | X | X | |

2 Seiton (Organisation)

Ensuring all the items that have been sorted are arranged and placed in pre-assigned positions in order to facilitate efficiency at work.

| | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|--|
| 2.1 Hospital and service unit identification | 2.1.1 A hospital name board and a site map available | <ul style="list-style-type: none"> - A hospital name board is displayed outside in all three languages. - A site map is displayed at the entrance / reception area in all three languages. | | | X | | | | | X | |
| 2.2 Directional indications | 2.2.1 Directional boards available at every junction | - Directional boards are displayed at every junction outside and inside of the hospital to all facilities from the entrance in all three languages. | | | | X | | | | | |
| | 2.2.2 Corridors clearly marked with entrances and exit lines, curved door openings, and direction of travel | <ul style="list-style-type: none"> - Entrance and exit lines are placed for OPD/clinics. - Curved door openings are marked at entrance doors to rooms. - The direction of travel is indicated on the corridors. - The sliding doors are provided with directional arrows. | | | | X | | | | | |
| 2.3 Labelling and marking | 2.3.1 Rooms and toilets clearly identified with labels | - All rooms and toilets are identified with labels, name boards or numbers. | X | X | X | X | X | X | X | X | |

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements | Wards | OPD/Clinics | Laboratory | Entrance, reception & passageways | Office | Stores | Record Room | Outside | Others |
|-------------------------------|---|--|-------|-------------|------------|-----------------------------------|--------|--------|-------------|---------|--------|
| | 2.3.2 Stores and storage areas properly organised | <ul style="list-style-type: none"> - Items in stores and storage areas are kept in shelves, racks or bins and clearly marked. - Shelf grids are marked with reference numbers/names for easy retrieval of items. - All stationeries in the cupboard are kept in places identified with symbols and marks (visual control of stationeries). - Items are stored in an alphabetical order and in a logical manner (left to right / top to bottom). - A mechanism to replenish items is organized with colour codes: <ul style="list-style-type: none"> ➤ Maximum stock level: Green ➤ Reorder stock level: Orange ➤ Minimum stock level: Red | X | X | X | X | X | X | X | | |
| | 2.3.3 Switches and fans easily identified | <ul style="list-style-type: none"> - All switches and fan regulators are labelled accordingly. - A separate electrical point plan is in place for each room at entrance. | X | X | X | X | X | X | X | | |
| 2.4 Placing and parking rules | 2.4.1 Equipment and tools being kept in original places after use | <ul style="list-style-type: none"> - 'Isles' are identified for each equipment and tool to be kept after use with the straight line method and shadow drawings displayed. - A mechanism to identify persons removing items from 'isles' items is in place. <p>An example of 'Isles' is shown in "ANNEX 1: Isles for Stationeries".</p> | X | X | X | | X | X | X | X | |

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements | Wards | OPD/Clinics | Laboratory | Entrance, reception & passageways | Office | Stores | Record Room | Outside | Others |
|-----------------|---|--|-------|-------------|------------|-----------------------------------|--------|--------|-------------|---------|--------|
| | 2.4.2 Files and folders arranged using the mistake proofing concept | <ul style="list-style-type: none"> - Files and box folders are arranged using the mistake proofing concept to facilitate identification of particular files (within 30 seconds) and storing in original places. | X | X | X | X | X | | X | | |
| | 2.4.3 Parking areas for mobile equipment specified and marked | <ul style="list-style-type: none"> - Parking areas are specifically marked for: <ul style="list-style-type: none"> ➤ Pallets/trolleys ➤ Wheelchairs ➤ Stretchers ➤ Garbage bins ➤ Suckers and oxygen trolleys | X | X | | X | | | | | |
| | 2.4.4 Parking areas for vehicles specified and marked | <ul style="list-style-type: none"> - Designated parking places are available for ambulances. - Vehicle flows in the hospital areas are identified and marked. - Sign boards for vehicles of differently-abled persons are in place. - An illuminated sign board (e.g. with "P" sign) for the vehicle park is available at night. | | | | | | | | X | |

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements | Wards | OPD/Clinics | Laboratory | Entrance, reception & passageways | Office | Stores | Record Room | Outside | Others | |
|---|--|--|-------|-------------|------------|-----------------------------------|--------|--------|-------------|---------|--------|---------|
| 3 Seiso (Cleaning with Meaning and for Beautifying) <i>Cleaning up one's workplace completely to eliminate dust on floors, machines or equipment.</i> | | | | | | | | | | | | |
| 3.1 General appearance of cleanliness | 3.1.1 Hospital premises maintained with healthy and safe environment for internal and external customers | <ul style="list-style-type: none"> - The garden is properly maintained and landscaping is done by a gardener. - Drains are not leaking or overflowing. - Stagnation of water is avoided in all drains. - Unpleasant odour is not produced from the hospital waste site or other places. - The visible parts of the roof are free of unwanted items. | | | | | | | | X | | |
| | 3.1.2 Floors, walls, windows and curtain & other fittings being kept clean | <ul style="list-style-type: none"> - The cleanliness is maintained at: <ul style="list-style-type: none"> ➤ Floors ➤ Walls ➤ Windows ➤ Curtains ➤ Other fittings ➤ Gutters - A cleaning checklist is available and updated. | X | | X | X | X | X | X | | | |
| | 3.1.3 Toilets are clean and in working order | <ul style="list-style-type: none"> - Unpleasant odour is not experienced in toilets. - Toilet facilities are kept ready for use. - A cleaning checklist is available and updated. - Adequate ventilation is provided in all the toilets. | X | | X | X | X | X | | | | |
| | 3.1.4 Changing rooms for patients being kept clean and in working order | <ul style="list-style-type: none"> - A cleaning checklist is available and updated. | X | | | | | | | | | Theatre |

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements | Wards | OPD/Clinics | Laboratory | Entrance, reception & passageways | Office | Stores | Record Room | Outside | Others |
|---|--|---|-------|-------------|------------|-----------------------------------|--------|--------|-------------|---------|--------|
| 3.2 Cleaning of machines, equipment, tools and furniture | 3.2.1 The cleanliness of buildings, machines, equipment, tools and furniture maintained | <ul style="list-style-type: none"> - The high level of cleanliness is maintained with no visible dirt: <ul style="list-style-type: none"> ➤ Buildings ➤ Ambulances ➤ Other hospital vehicles ➤ Medical equipment ➤ Furniture (tables, desks, chairs, etc.) | X | X | X | | | | | X | |
| 3.3 Cleaning practice | 3.3.1 An organised cleaning system in place | <ul style="list-style-type: none"> - The following tools and documents are displayed/available: <ul style="list-style-type: none"> ➤ Cleaning responsibility chart ➤ Cleaning schedules ➤ Cleaning guidelines - The above tools and documents are updated monthly. | X | X | X | X | X | X | X | X | |
| | 3.3.2 Cleaning tools and detergents properly stored | <ul style="list-style-type: none"> - Proper storage facilities for cleaning tools and detergents are available. - Appropriate and necessary chemicals are used for management of body fluid spills. - Cleaning tools for outside areas/toilets and inside areas are separated. | X | X | X | X | X | X | X | X | |
| 4 Seiketsu (Standardization) <i>Generating mechanisms to maintain the three Ss (Seiri, Seiton and Seiso) by developing procedures, schedules and tools for continuous assessment and regular audit.</i> | | | | | | | | | | | |
| 4.1 Standardized visuals | 4.1.1 Sign boards and directional boards standardised | <ul style="list-style-type: none"> - All sign boards and directional boards are standardised with proper alignment and consistent fonts, and by colour codes. | X | X | X | | X | X | X | | |

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements | Wards | OPD/Clinics | Laboratory | Entrance, reception & passageways | Office | Stores | Record Room | Outside | Others |
|-----------------|---|---|-------|-------------|------------|-----------------------------------|--------|--------|-------------|---------|--------|
| | 4.1.2 Drug cupboards standardised in all units | <ul style="list-style-type: none"> - Drugs are sorted in a logical manner. <ul style="list-style-type: none"> ➤ vital, essential and normal ➤ accountable, non-accountable, and special & extra - Drugs are arranged in alphabetical order and left-to-right in all units. | X | X | | | | | | | |
| | 4.1.3 Arrangements of surgical supplies standardised in all units | <ul style="list-style-type: none"> - The sterilisation status is indicated for surgical supplies. - Surgical supplies are arranged logically (e.g. gloves according to sizes and in the left-to-right order) | X | X | X | | | | | | |
| | 4.1.4 Identification labels placed on all machines and equipment | <ul style="list-style-type: none"> - All machines and equipment have identification labels with the following information: <ul style="list-style-type: none"> ➤ Name of the items ➤ Identification and batch numbers ➤ Date of acquisition ➤ Contact details of maintenance company ➤ Responsible person for maintenance ➤ Cost of equipment | X | X | X | | X | X | X | | |
| | 4.1.5 Caution signs displayed at appropriate places | <ul style="list-style-type: none"> - "Danger" signs are displayed at: <ul style="list-style-type: none"> ➤ Electric switchboards and transformers ➤ Radiology/X-ray ➤ Liquid oxygen tanks - "Biohazard" signs are displayed at: <ul style="list-style-type: none"> ➤ Laboratories handling contagious items - "Slopes" signs are displayed at: <ul style="list-style-type: none"> ➤ Wherever there is a slope. - "Slippery" signs with zebra code are placed at: <ul style="list-style-type: none"> ➤ Wet floor after cleaning. | X | X | X | X | | X | | | |

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements | Wards | OPD/Clinics | Laboratory | Entrance, reception & passageways | Office | Stores | Record Room | Outside | Others |
|-----------------|--|---|-------|-------------|------------|-----------------------------------|--------|--------|-------------|---------|---------|
| | 4.1.6 Open and shut directional labels available on valves and doors | <ul style="list-style-type: none"> - The directional labels are put on: <ul style="list-style-type: none"> ➤ Oxygen tanks ➤ Door handles of cupboards ➤ Theatre taps ➤ All other door handles | X | X | X | X | X | X | X | | |
| | 4.1.7 Waste bins separated, labelled and colour-coded | <ul style="list-style-type: none"> - All the waste bins are separated, labelled and colour-coded. <p>The colour-codes are elaborated in “ANNEX 2: Standardised Colour Codes”</p> | X | X | X | X | | | | | |
| | 4.1.8 Pipes and oxygen/gas tanks identified by standardised visuals | <ul style="list-style-type: none"> - Types of pipes can be identified by different colours: <ul style="list-style-type: none"> ➤ Oxygen ➤ Compressed air ➤ Vacuum - Types of tanks can be identified by colours: <ul style="list-style-type: none"> ➤ Oxygen (O₂; White) ➤ Carbon Dioxide (CO₂; Gray) ➤ Nitrous Oxide (N₂O; Blue) ➤ LP Gas - The status of tanks (empty or full) can be identified by colours or tags: <ul style="list-style-type: none"> ➤ Empty: Red ➤ Full: Blue | | | | | | | | | Theatre |

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements | Wards | OPD/Clinics | Laboratory | Entrance, reception & passageways | Office | Stores | Record Room | Outside | Others |
|---|--|---|-------|-------------|------------|-----------------------------------|--------|--------|-------------|---------|---------|
| 4.2 Maintenance of vehicles, machines and equipment | 4.2.1 Vehicles, machines and equipment properly maintained | <ul style="list-style-type: none"> - Maintenance schedules and records are available and updated for the following items: <ul style="list-style-type: none"> ➤ Vehicles ➤ Machines ➤ Hospital equipment - Operational instructions are made available for machines and equipment. | X | X | X | | X | | | X | |
| 4.3 Safety and security measures | 4.3.1 Safety measures are in place for electrical cables and devices | <ul style="list-style-type: none"> - Electrical wires are sealed or bundled to prevent accidental contacts with human beings. - All switches are properly fixed without any electrically-conductive parts exposed. - All electric devices and boilers are placed in a safety manner. - Danger signs (Zebra code or Tiger stripes) are applied | X | X | X | | X | | | X | |
| | 4.3.2 Security measures in place for a fire event | <ul style="list-style-type: none"> - Functional fire extinguishers or sand buckets are available. - The guidelines or a protocol for the fire event is available. | X | X | X | | X | | | X | Kitchen |

I. Internal and External Customer Environment (5S)

| Area of Concern | Standards | Measurable Elements |
|---|--|---|
| 5 Shitsuke (Training & Self-Discipline) <i>Working on 5S as daily routines and ensuring that it becomes an integral part of the workplace fabric.</i> | | |
| 5.1 Internal audit | 5.1.1 Internal audits on the hospital quality improvement conducted with the checklist | <ul style="list-style-type: none"> - An internal audit sheet on the hospital quality improvement is available. - A team has been appointed to conduct the internal audit. - The internal audit is conducted at least once in three months. |
| 5.2 Training and raising awareness | 5.2.1 The hospital staff trained on 5S | <ul style="list-style-type: none"> - All the hospital staff are trained on 5S. - A programme to train new staff on 5S is available. |
| | 5.2.2 A resource centre on hospital quality improvement available | <ul style="list-style-type: none"> - A resource centre on 5S, Kaizen and CQI related materials is available for the hospital staff. |
| | 5.2.3 A 5S Corner available in the hospital | <ul style="list-style-type: none"> - A 5S Corner is organised where the staff have frequent access. - The 5S Corner is updated monthly. |
| | 5.2.4 5S promoting competitions among employees organised | <ul style="list-style-type: none"> - Assessment criteria for 5S competitions are prepared and practiced. - An event to appreciate best employers is carried out annually. |
| | 5.2.5 A system to give awards to well-performed work units available | <ul style="list-style-type: none"> - Assessment criteria to measure the performance is prepared to select best units and best teams. - An event to appreciate best performing units and teams is carried out annually. |

| II. Services involving Patient Contacts | | |
|--|---|--|
| Areas of Concern | Standards | Measurable Elements |
| 6 Reception area | | |
| 6.1 Reception area | 6.1.1 An organised reception available | <ul style="list-style-type: none"> - A reception desk is available. - A trained person is in place all the time during the operational hours. - Accurate information about the hospital services is dispensed. |
| 6.2 Waiting area | 6.2.1 Spacious and ventilated waiting area available | <ul style="list-style-type: none"> - Ventilated environment is evident in the waiting area.. - The layout of the waiting area is well organized. |
| | 6.2.2 Adequate seating facilities available with proper seating orders | <ul style="list-style-type: none"> - A sufficient number of seating facilities (minimum of 1/4 of the daily attendance) is available at the waiting area.. - Seating facilities are arranged in order. |
| 7 Immediate service points and frontline services | | |
| 7.1 Out Patient Department & Clinics | 7.1.1 Examination beds appropriately arranged | <ul style="list-style-type: none"> - Examination beds are screened for privacy. - Examination beds have clean mattress and linen. |
| | 7.1.2 The sterility maintained in dressing rooms, injection rooms, etc. | <ul style="list-style-type: none"> - A hand washing sink is available with clean towels and soap, and used. - Surgical gloves are available, arranged according to their sizes, and used to undertake wound dressing. - Sterilised instruments, packets and dressings are kept in a cupboard with a written indication of sterility. |
| | 7.1.3 Refrigerated drugs and vaccines maintained at an optimum temperature | <ul style="list-style-type: none"> - A refrigerator with a functioning Analog thermometer is available and kept at optimum temperature. - Drugs and vaccines are stored in their optimum temperatures. - The temperature(s) of the refrigerator is measured daily two times a day (8.00am & 4.00 pm) and recorded in a book/sheet by a responsible officer. |
| | 7.1.4 Drugs properly arranged and their availability streamlined | <ul style="list-style-type: none"> - Drugs are labelled and arranged in a sorted and organized manner. - A drug availability register is made available to OPD/clinic doctors and updated weekly. |
| | 7.1.5 A survey to measure waiting time of patients at OPD conducted regularly | <ul style="list-style-type: none"> - A survey form to measure waiting time of patients is available. - A waiting time survey is conducted and analyzed monthly. - A report on appropriate actions taken to reduce the waiting time is available. |
| | 7.1.6 A proper referral system available | <ul style="list-style-type: none"> - A list of specialized hospitals and contact details is available on the wall. - Transfer in-and-out record is available and updated. - The transfer in-and-out statistics are compiled and reviewed annually. |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|-------------------------------|---|---|
| 7.2 Emergency care unit | 7.2.1 An emergency care unit functioning 24 hours with essential equipment and drugs | <ul style="list-style-type: none"> - The essential equipment is kept in accessible place and in working order: <ul style="list-style-type: none"> ➤ ECG and defibrillator ➤ Nebulising machine ➤ Sucker machine ➤ Ambubag ➤ Laryngoscope ➤ ET Tubes and Tracheotomy tubes (arranged logically according to their sizes) - Emergency care guidelines are prepared and displayed (at least for Anaphylactic Shock and Cardiac Arrest). - A checklist for drugs and supplies is available. - The checklist is maintained daily and there is no expired drug in stock. |
| | 7.2.2 A disaster preparedness protocol and equipment available | <ul style="list-style-type: none"> - A disaster management plan is updated annually. - A disaster management cupboard is available with appropriate items and updated monthly. - Files with numbered BHTs, forms and tags are kept for disaster situation. |
| | 7.2.3 A triage system available | <ul style="list-style-type: none"> - Existing staff in emergency care unit are trained on triage. - Triage protocols are available and practiced. - Resuscitation facilities are available at triage sites in the hospital. - Sites for P₁, P₂, P₃ & P₄ are identified in the hospital. |
| | 7.2.4 A proper referral system available | <ul style="list-style-type: none"> - Transfer in-and-out record is available and updated. - The transfer in-and-out statistics are compiled and reviewed annually. |
| 8 Responsiveness | | |
| 8.1 Overall responsiveness | 8.1.1 An appointment system available for clinics | <ul style="list-style-type: none"> - A mechanism to give appointments to clinic patients is available. - The appointment system is properly practiced at clinics. |
| | 8.1.2 Clean drinking water provided at all times to patients | <ul style="list-style-type: none"> - Clean drinking water is available for patients with a water filter/container. |
| | 8.1.3 An information desk available for relatives of inpatients. | <ul style="list-style-type: none"> - An information desk is available with a trained hospital staff. - Information is dispensed in an appropriate way. |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements | Entrance, reception & passageways |
|--|--|---|--|
| | 8.1.4 A suggestion box and a procedure to take remedial actions available | <ul style="list-style-type: none"> - A suggestion box is available with a pen and a designed form/writing pad. - Suggestions are being reviewed at monthly forums/meetings involving relevant decision makers. - A record book of actions taken responding to the suggestions is available and updated. | Entrance, reception & passageways |
| 8.2 Responsiveness to in-patients | 8.2.1 Separate dining areas available for inpatients | <ul style="list-style-type: none"> - Separate dining areas are available for in-patients. | Wards |
| | 8.2.2 Bed linen changed properly | <ul style="list-style-type: none"> - Bed linen is changed on the following occasions: <ul style="list-style-type: none"> ➤ At every discharge of patients. ➤ When there is a blood spot or body secretion on the linen. ➤ When a reasonable request is made by the patients. | Wards |
| | 8.2.3 A changing room available for inpatients | <ul style="list-style-type: none"> - A properly covered changing room is available for the inpatients. | Wards |
| | 8.2.4 Food provided in a proper manner | <ul style="list-style-type: none"> - Food to the patients are transported and kept in the ward in closed containers. - Food is distributed to the patients in a clean environment which is not accessible to flies. | Wards |
| | 8.2.5 Patient trolleys provided with mattresses | <ul style="list-style-type: none"> - All the patient trolleys are provided with mattresses. | Ward Entrance, reception & passageways |
| 8.3 Responsiveness to specialised groups | 8.3.1 Secure access provided for the differently-abled and senior citizens | <ul style="list-style-type: none"> - Separate toilets are available for the differently-abled. - Special access at stairways is available for the differently-abled. - Priority counters for differently-abled and senior citizens are available. | Clinic, Entrance, reception & passageways |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|----------------------------------|---|--|
| 9 Inpatient care services | | |
| 9.1 General Ward | 9.1.1 An updated summary of the statistics displayed in the ward | <ul style="list-style-type: none"> - The statistical summaries of the last year, the last month and yesterday are displayed in the ward and updated on: <ul style="list-style-type: none"> ➤ Number of beds ➤ Number of admissions ➤ Number of discharges ➤ Bed occupancy rate ➤ Number of transfers (in and out) ➤ Number of deliveries (Post-natal wards only) |
| | 9.1.2 Inpatients attended appropriately on admission to wards | <ul style="list-style-type: none"> - Stamping on BHTs of patients who require urgent medical attention is done at OPD. - The general status and vital signs are measured and recorded on admission to wards for all the patients. - Patients with "HO to See Stat" are consulted by doctors within reasonable time. - Allocation of nurses to patients is clearly indicated in the ward. |
| | 9.1.3 An emergency tray systematically arranged and functioning | <ul style="list-style-type: none"> - An emergency tray is available with essential supplies, equipments, solutions and drugs. - A check list for the emergency tray items is available and checked at least once a day. - A responsible officer is indicated for the maintenance of the emergency tray. <p>A sample emergency tray item checklist is attached in "ANNEX 3: Emergency Tray Checklist (Sample)".</p> |
| | 9.1.4 Nursing stations arranged to respond to emergency occasions | <ul style="list-style-type: none"> - Nurses can observe acute patients and those who require close monitoring from the nursing station all the time. - Patients are easily accessible from the nursing station in emergency occasions. |
| | 9.1.5 A separate examination area available | <ul style="list-style-type: none"> - An examination bed is available. - The examination area is screened for privacy. |
| | 9.1.6 BHTs properly written | <ul style="list-style-type: none"> - Date and time are written at every entry to BHTs. - BHTs are page-numbered. - All the entries to BHTs are clearly written. - Drug charts and fluid balance charts are made up to date on BHTs. - Complete diagnosis is written on the BHTs upon discharge of patients. |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|------------------|--|--|
| | 9.1.7 Ward rounds conducted twice a day | <ul style="list-style-type: none"> - Ward rounds are conducted twice a day (morning and evening). - Observations during the ward rounds and the time are entered in the BHTs. |
| | 9.1.8 Handing-over and taking-over of patients properly done upon shift changes | <ul style="list-style-type: none"> - A handing-over/taking-over register is available. - Patient details are written on the register and handed over with signature to the leader of the next shift. |
| | 9.1.9 Arrangements to inform Medical Officers during emergencies being satisfactory at all times | <ul style="list-style-type: none"> - A list of the on-call doctors is updated and contact numbers are made available for nurses and displayed. - An Intercom and/or a communication book are available and functioning. |
| | 9.1.10 Availability of drugs informed to all clinicians | <ul style="list-style-type: none"> - A drug availability register is made available for doctors and updated weekly. |
| | 9.1.11 Arrangements to discharge patients being adequate | <ul style="list-style-type: none"> - A printed discharge checklist is available and filled for each patient and attached to the BHT at every discharge. - Vital information is included in the checklist. - Patient discharge information including date, time and signature is written on BHTs. <p>A sample discharge checklist is attached in “ANNEX 4: Discharge Checklist (Sample)”.</p> |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|------------------|---|--|
| | 9.1.12 Relevant registers maintained and updated. | <ul style="list-style-type: none"> - The following registers are available and updated: <ul style="list-style-type: none"> ➤ Ward Admission Book ➤ Call Book ➤ Death register ➤ Health education book ➤ Infection control book and infection control audit checklist ➤ Broken and condemning item book (Health 500 and 503) ➤ Accident and incident register ➤ Readmission book ➤ Drugs book ➤ Communicable diseases notification register ➤ Discharge register ➤ Correspondence book ➤ Checklist for special and essential apparatus ➤ Transfer in and out book ➤ Midnight report book ➤ Staff roster by category |
| | 9.1.13 A death record maintained | <ul style="list-style-type: none"> - A death record is completed with cause of death, underlying cause and probable cause. |
| | 9.1.14 An updated cleaning checklist available | <ul style="list-style-type: none"> - A cleaning checklist is displayed and made visible to the staff members. - Responsible personnel for cleaning is identified and mentioned in the cleaning checklist. - The cleaning checklist is updated weekly. <p>A sample cleaning checklist is provided in “ANNEX 5: Cleaning Checklist (Sample)”.</p> |

II. Services involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|-------------------------|---|--|
| 9.2 Intensive care unit | 9.2.1 A functioning intensive care unit available with essential equipment | <ul style="list-style-type: none"> - A 24 hour consultant coverage is available. - Medical Officers and Nursing Officers are assigned accordingly. - The ICU is equipped with the following equipment: <ul style="list-style-type: none"> ➤ ECG and defibrillator ➤ Nebulising machine ➤ Pulse oxymeter ➤ Sucker machine ➤ Ambubag ➤ Laryngoscope ➤ Tubes ➤ Ventilators ➤ Blood gas analyzer ➤ ICU beds ➤ Medical Gases - An emergency tray is available with essential supplies, solutions and drugs for every bed. - A communication mechanism to contact all relevant health personnel and services is in place in an emergency situation. - A checklist for the emergency tray items is available and maintained once a day. - Admission and discharge criteria to and from the intensive care unit is available. |
| | 9.2.2 Handing-over and taking-over of patients properly done upon shift changes | <ul style="list-style-type: none"> - A handing-over/taking-over register is available. - Patient details are written on the register and handed over with signature to the leader of the next shift. |
| 9.3 Operating theatre | 9.3.1 An updated summary of the statistics displayed in the operating theatre | <ul style="list-style-type: none"> - The statistical summaries of the last year, the last month and yesterday are displayed in the operating theatre and updated on: <ul style="list-style-type: none"> ➤ Number of operating beds ➤ Number of major surgeries according to speciality (Surgery, Obs, Gynae, ENT, EYE etc.,) ➤ Number of minor surgeries |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|------------------|--|---|
| | 9.3.2 Infection control protocols adhered to | <ul style="list-style-type: none"> - A copy of the "Hospital Infection Control Manual, Sri Lanka College of Microbiologists" is available and the infection control protocols in Chapter 9 are adhered to. - Sterile areas are available for instruments, linen, shoes etc. and identified with the visual control method. - A sterilization chart is available in the ICU. - Dirty utility areas are available for instruments, linen, shoes etc. and identified with the visual control method. - A proper waste segregation mechanism based on the colour coding is available. |
| | 9.3.3 An effective pre-operative care available | <ul style="list-style-type: none"> - Patients from the ward are taken over by operating theatre nurses with countersignatures. - A pre-operative checklist is available and adhered to. <ul style="list-style-type: none"> ➤ A printed pre-operative check list is available in the ward. ➤ The checklist is filled and attached to the BHT at the ward. ➤ The checklist is completed when a patient is brought to the operating theatre. ➤ The checklist is counterchecked at the theatre reception as well as by an anaesthetist. - A patient identification procedure and a mechanism to prevent surgical misadventures are in place. <ul style="list-style-type: none"> ➤ The patient identification tag consisting of patient name, BHT No. and surgical procedures to be undertaken is available. ➤ The patient identification tags are properly filled and placed on all the patients on the day of the surgery. ➤ The surgical theatre list including patient information (patient name, BHT No. and surgical procedure) for a particular day is developed in the ward and sent to the operating theatre. |
| | 9.3.4 An effective operative care available | <ul style="list-style-type: none"> - A mechanism to identify different types of gases used during anaesthesia is available. - An anaesthetic drug tray is available and checked with a checklist by MO Anaesthesia before every shift. - An emergency drug tray is available and checked with a checklist by MO Anaesthesia before every shift. - The following mechanisms are available. <ul style="list-style-type: none"> ➤ Established pack count mechanism ➤ Established equipment count mechanism ➤ Mechanism to assess blood loss ➤ A functioning ventilation mechanism |
| | 9.3.5 An effective post operative care available | <ul style="list-style-type: none"> - A recovery area is available with designated staff. - Essential equipment and drugs are available in the recovery area. - Post operative notes are provided in the BHTs. - Patients are handed over to the ward with countersignatures of the ward staff. |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|------------------|--|---|
| | 9.3.6 The theatre schedule properly managed | - The theatre schedule for a week is made available to hospital staff. |
| | 9.3.7 Relevant registers maintained | - Guidelines for emergency surgeries are available and practiced. - An operating theatre register mentioning minor and major surgeries according to the speciality is available and updated. - An accident and adverse event register is available and updated. |
| 9.4 Blood bank | 9.4.1 A 24-hour blood bank service available | - A blood bank is opened and functioning for 24 hours. - Urgent grouping and DT are performed 24 hours. |
| | 9.4.2 Trained staff available according to the National Blood Transfusion Service (NBTS) standards | - All the doctors, nurses and MLTs working at the blood bank attended the 4 week training course organized by NBTS. |
| | 9.4.3 A mechanism to ensure sufficient stocks of blood and blood related product in place | - Availability of the blood stocks is displayed. - A calendar or record indicating expiring RCC stocks is made available. - A minimum stock level for RCC is clearly defined. |
| | 9.4.4 A validation mechanism in place for cross matching, and issuing and transfusing blood in all units | - A standardized cross matching request form is available and filled properly at the ward. - A standardized compatibility report is available, filled properly at the cross matching laboratory and returned to the ward. |
| | 9.4.5 The temperature of the refrigerators properly maintained | - The temperature of refrigerators is measured and recorded in a register twice a day. - A temperature chart is maintained and displayed. |
| 9.5 Labour room | 9.5.1 The sterility maintained in the labour room at all times | - Thorough cleaning other than daily cleaning practice is conducted weekly using appropriate disinfectants. - The daily and weekly cleaning practices are recorded in a register. - A person responsible for cleaning is identified. - Sterile areas are available for instruments, linen, shoes etc. with the visual control method. - A sterilization chart is available in the labour room. - Dirty utility areas are available for instruments, linen, shoes etc. with the visual control method. - A proper waste segregation mechanism based on the colour coding is available. |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|--------------------------------------|--|---|
| | <p>9.5.2 Ante-natal and post-natal mothers effectively monitored and managed</p> <p>9.5.3 Essential facilities for resuscitation of newborns available</p> | <ul style="list-style-type: none"> - The Guidelines given by the College of Obstetricians and Gynaecologists are available. - Partogram is started at onset of delivery and maintained properly until delivery and kept near every bed. - Vital signs and clinical data are regularly measured and recorded on BHTs after delivery until the patients are transferred to the post-natal ward. - A mechanism to assess blood loss is in place. - An emergency tray is available with a checklist and checked on every shift. - Episiotomy and all the lacerations are sutured within one hour on urgency of requirement (based on BHT records and interviews about the last five deliveries). - Handing-over and taking-over of mothers to and from the ward is done with essential information conveyed with countersignature. - A checklist of essential items for resuscitation of newborns is available and updated once a day. - A functional warmer is available to resuscitate the newborns. - A list of the on-call Paediatric House Officers is updated and contact details are made available for nurses at the labour room. |
| <p>10 Diagnostic services</p> | | |
| 10.1 Laboratory | <p>10.1.1 A 24 hour laboratory service available</p> | <ul style="list-style-type: none"> - A 24 hour laboratory service is available for inpatients. - The following tests are provided at the night on-call laboratory. <ul style="list-style-type: none"> ➤ Blood sugar ➤ Serum Electrolytes (Sodium & Potassium) ➤ Serum Amylase ➤ Blood Urea ➤ Serum Bilirubin (total & direct) ➤ CSF sugar ➤ CSF Full Report ➤ Urine deposits (only from casualty wards) ➤ Urine Ketone bodies ➤ Full Blood Count ➤ Prothrombin Time |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|------------------|--|--|
| | 10.1.2 Essential equipment functional and in order at all times | <ul style="list-style-type: none"> - At least one training programme is conducted for different categories of laboratory staff in rational use of laboratory equipment. - A back-up system or an alternative arrangement to cover breakdowns of laboratory equipment is in place. - Registers indicating 'breakdown periods' of laboratory equipment are available. - Guidelines are available to ensure 'adequate site requirements' in installation of equipment. - Service maintenance agreements are made for expensive laboratory equipment. - SOPs are available for all major laboratory equipments and procedures. - Servicing, cleaning and maintenance instructions for laboratory equipment are readily available for users. - Servicing records are readily available (e.g. to notice when to have the next service). - Cleaning responsibility charts for equipment are available and updated. |
| | 10.1.3 A Mechanism to ensure 'minimal time gap between ordering of investigations and delivery of reports at the wards' in place | <ul style="list-style-type: none"> - Registers/forms are available to indicate the time of ordering of investigations, the time of handing-over samples and the time of delivering reports at the wards. - A separate counter is available in the laboratory with the ML T in-charge to sort out samples and direct them to relevant ML Ts/divisions. - The time for accepting routine samples is set at or before 10.00am. - The time for delivering routine reports is set at or before 3.00pm. - A mechanism to inform alarming results to relevant units is in place. - A register to enter unacceptable samples is available. - A book to inform complaints/suggestions on any delays is available and reviewed monthly. |
| | 10.1.4 Urgent requests entertained within an acceptable time duration | <ul style="list-style-type: none"> - "Urgent", date and time are mentioned in request forms for those requiring urgent attention. - A mechanism to attend urgent requests is in place. - Reports for urgent requests are returned to the wards as soon as possible. - A register to indicate the time duration required to return urgent requests to the wards is available. |

II. Services involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|--------------------------------|--|---|
| | 10.1.5 Internal and external quality control measures adopted | <ul style="list-style-type: none"> - A copy of the "Manual on Laboratory Services (January 2007), The Laboratory Sector of the Ministry of Healthcare and Nutrition" is available. - A mechanism to ensure internal quality is available and log books and/or machine printouts are kept for all the following tests. <ul style="list-style-type: none"> ➤ Biochemistry ➤ Haematology ➤ Microbiology (ABST) - SOPs are available for all the laboratory procedures. - A standardised protocol for reuse of specimen bottles (e.g. washing, sterilizing and reusing) is available and adhered to. - An external quality control register is available and provides evidence that results of Quality Assurance samples sent by MRI under NEQAS are returned in time. - Actions taken on NEQAS 'errors reports' are duly documented for the reference of users. - Monthly laboratory medicine meetings are held and minutes are maintained. |
| 10.2 Radiology | 10.2.1 A 24 hour Radiology Service available for inpatients | <ul style="list-style-type: none"> - An in-hospital radiology service/ on-call service from the same hospital or outside the hospital is available. - A back-up system/ alternative arrangements to cover breakdowns of equipment are available. |
| | 10.2.2 Essential equipment functional and in order at all times | <ul style="list-style-type: none"> - All the radiology equipment is functioning and maintained regularly. - A maintenance record for radiology equipment is available and updated. - A responsible officer is available to maintain major equipment. |
| | 10.2.3 The Radiology Service protocols adhered to | <ul style="list-style-type: none"> - A copy of the National Guideline on Radiology Services is available and adhered to. |
| | 10.2.4 Radiation protection measures taken according to the National Atomic Energy Authority (AEA) standards | <ul style="list-style-type: none"> - A document issued by AEA to certify that installation sites of radiating equipment meet the AEA standard is available. - Licences are obtained for each radiating equipment from AEA and renewed every year. - The criteria for the use of protective gears are adhered to in accordance with the Thermo Luminescent Dosimeter (TLD) display. |
| 10.3 Other diagnostic services | 10.3.1 A 24 hour ECG service available for inpatients | <ul style="list-style-type: none"> - An in-hospital ECG service/ on-call service is available from the same hospital. |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|---|---|---|
| 11 Medical/pharmaceutical supplies and equipment management | | |
| 11.1 Management of pharmaceutical unit | 11.1.1 Annual estimates of medical and pharmaceutical supplies prepared on time | - An annual estimate of medical and pharmaceutical supplies is prepared and sent to MSD by September every year. |
| | 11.1.2 A functioning drug review committee available | - A drug review committee is available and monthly meetings are conducted. - Minutes of the drug review committee meetings with lists of attendees and decisions made are available and circulated. |
| | 11.1.3 A mechanism to streamline local purchases of drugs in place | - Information on day to day availability of local purchase drugs is circulated from MSD to the hospital, and from the pharmacy to consultants in an functioning order. - A local drug purchase format is available and utilized. - A local drug purchase register is maintained. - The utilization status of local purchase allocation is circulated monthly to consultants. |
| 11.2 Storage and stock maintenance of medical/pharmaceutical supplies | 11.2.1 Pharmaceutical items stored according to the manufacturer's standards | - Pharmaceutical items are stored at optimum temperatures. - Temperatures of cold rooms are measured and recorded in a register in the morning and the evening. |
| | 11.2.2 Stock items of pharmaceutical supplies appropriately managed | - Information on daily stock items is available. - 'First expiry first out system' is maintained. - Information is updated on SURPLUS items. |
| | 11.2.3 Expiring items appropriately managed | - Periodic checks are done for expiring items regularly. - A register book of periodic checks for expiring items is available and updated. - A mechanism to prevent mix-up of expired and non-expired drugs and to dispose the expired items on time is in place. |
| | 11.2.4 Periodic test checks conducted periodically | - Test checks are conducted at service units periodically. - A register book of test checks is available and updated. |
| | 11.2.5 Emergency buffer stocks for vital and essential drugs maintained | - A list of vital and essential drugs with a buffer stock level is available. - The buffer stock level of all vital and essential drugs is maintained. |

II. Services Involving Patient Contacts

| Areas of Concern | Standards | Measurable Elements |
|---|--|---|
| 11.3 Dispensing and drug administration | 11.3.1 A mechanism to provide essential information to patients on usage of drugs in place | <ul style="list-style-type: none"> - Drugs are dispensed in packets with written instructions including dosage, frequency and duration. |
| 11.4 Medical equipment | 11.4.1 A general inventory and a distribution register of different categories of equipment maintained | <ul style="list-style-type: none"> - A register on general inventory is available and updated. - A distribution register of different categories of equipment is available and updated. |
| | 11.4.2 Maintenance mechanism for equipment available | <ul style="list-style-type: none"> - A functioning biomedical workshop for equipment maintenance is at the hospital or alternatively such service is accessible. - Preventive maintenance training for medical equipment is conducted annually for hospital staff. |
| | 11.4.3 Separate files and stock cards for individual equipment available with necessary details | <ul style="list-style-type: none"> - Each equipment has a separate file with all the details of the equipment. - The files of the equipment contain a summary sheet indicating service and repair records of the equipment and updated. |
| 12 Mortuary service | | |
| 12.1 Mortuary | 12.1.1 A functional mortuary available | <ul style="list-style-type: none"> - Adequate and trained staff (JMO and trained minor staff) are available at the mortuary during the day time. - Functional mortuary coolers are available. - A checklist for essential equipment for the mortuary is available and used. - The mortuary is equipped with: <ul style="list-style-type: none"> ➤ Running water ➤ Adequate lighting facilities ➤ Ventilation facilities - A cleaning checklist is available for cleaning at the end of each post mortem session and at the end of the day. |

| III. Overall Quality and Safety Improvement | | |
|--|--|--|
| Areas of Concern | Standards | Measurable Elements |
| 13 Infection control | | |
| 13.1 Infection control management | 13.1.1 Infection Control Programme available and functional in the hospital | <ul style="list-style-type: none"> - A functioning Infection Control Unit is available. - A Medical Officer and/or a trained nurse is available for infection control activities. - Infection identification registers are available and updated. |
| | 13.1.2 Infection risk control procedures and protocols developed | <ul style="list-style-type: none"> - The infection control committee is established. - The infection control committee conducts meetings once in three months and minutes of the meetings are available. - An infectious disease register is maintained at the Infection Control Unit. - A written procedure with instructions on proper hand washing is available. - Training programmes are conducted to staff in relation to infection control. |
| | 13.1.3 Protective gears available and used | <ul style="list-style-type: none"> - Protective gears are available in all the units and ready to use. - Protective gears are used whenever necessary. |
| | 13.1.4 A system to prepare and distribute sterile instruments and dressings to relevant units in place | <ul style="list-style-type: none"> - Steps and routes of sterile items from CSSD to each service unit are clearly defined (e.g. by means of a flowchart). - A standardised visual control method to identify sterile and unsterile items is in place. - A separate place is available to receive unsterilized instruments and linen. - A sterile place is available to issue sterile instruments and linen. <p>A standard flowchart of CSSD is provided in “ANNEX 6: CSSD Service Flowchart”.</p> <p>A visual control scheme for CSSD is provided in “ANNEX 7: Visual Control Scheme for CSSD”</p> |
| | 13.1.5 A mechanism to ensure hand washing available in all units | <ul style="list-style-type: none"> - Hand washing instructions are displayed at all the sinks used by healthcare personnel. - All the sinks used for hand washing are in working condition. - Hand washing liquid/ soap are available for hand washing. |
| | 13.1.6 Nosocomial Infection prevention and reduction measures in place | <ul style="list-style-type: none"> - The identified sites which are at risk for nosocomial infection are defined and indicated. - Swabs are taken and sent once a month to MRI from the identified sites (operating theatre, the labour room, ICU, SCBU and PBU) for culture investigation. |

III. Overall Quality and Safety Improvement

| Areas of Concern | Standards | Measurable Elements |
|----------------------------|--|---|
| | 13.1.7 Necessary immunization carried out for health staff at risk | <ul style="list-style-type: none"> - The Hepatitis B vaccination is done for all the health staff three times. |
| 13.2 Isolation unit | 13.2.1 An isolation unit available | <ul style="list-style-type: none"> - An isolation unit is available and set up according to the Hospital Infection Control Manual, Sri Lanka College of Microbiologist (Page 26). - An admission and discharge policy to and from the isolation unit is available. - Protective gears are available and used in the isolation unit. - All the staff working in the isolation unit are protected by vaccines (Hepatitis B, H1N1 and Typhoid). |
| 14 Waste management | | |
| 14.1 Waste management | 14.1.1 Wastes adequately disposed | <ul style="list-style-type: none"> - Five types of wastes are segregated by the colour codes in the wards: <ul style="list-style-type: none"> ➤ General wastes ➤ Sharps ➤ Infected wastes ➤ Plastics ➤ Glasses - A colour coding chart for the waste segregation is displayed in the wards. - The waste segregation is organised at the waste disposal area according to the colour codes. - An incinerator is available and functioning. |
| | 14.1.2 Hazardous wastes disposed according to the national standards | <ul style="list-style-type: none"> - Protocols for handling the following hazardous wastes are adhered to: <ul style="list-style-type: none"> ➤ Sharps ➤ Pathological Waste ➤ Effluents ➤ Radioactive Waste ➤ Pharmaceutical Waste ➤ Chemical Waste ➤ Laboratory Waste - Disposal bins for sharps including needles are in place according. - A protocol for disposal of waste body fluid and blood components are available and adhered to. <p>A protocol for hazardous waste management is attached in ANNEX 8: Protocol for Hazardous Waste Management”.</p> |

III. Overall Quality and Safety Improvement

| Areas of Concern | Standards | Measurable Elements |
|---------------------------------------|--|--|
| 15 Medical record | | |
| 15.1 Medical record/statistics room | 15.1.1 BHTs handed over to the medical record room on time | - Completed BHTs with diagnosis are handed over from the ward to the medical record room within 24 hours. |
| | 15.1.2 Annual statistics bulletins containing monthly and quarterly data published | - Quarterly statistics bulletins are published on time (e.g. the 1 st quarterly bulletin by end of May each year). - Annual statistical bulletins are published before March of each year. |
| | 15.1.3 IMMR maintained appropriately | - Diseases are classified according to the ICD-10 classification at the Medical Record room. - IMMR is maintained according to the ICD-10 classification. - IMMR is updated up to the last quarter. |
| | 15.1.4 Hospital returns submitted on time | - Returns are sent to RDHS (provincial institutions) or Statistics Unit of MOHN (line ministry hospitals) on time: ➤ IMMR ➤ Maternal Statistics ➤ Institutional data |
| | 15.1.5 BHTs arranged in order for easy retrieval | - BHTs are arranged in shelves according to the year and the BHT numbers. |
| | 15.1.6 A trained staff (in medical records) available in the medical records room | - A qualified MRO is assigned to the medical record room. |
| 16 Health education activities | | |
| 16.1 Health education activities | 16.1.1 A functional Health Education Unit available | - A Health Education Unit is available and functioning. - At least a Medical Officer or a trained nurse is available for health education activities. - An advance programme register for health education activities is available and updated. - A performance report on health education activities is available and updated. |

III. Overall Quality and Safety Improvement

| Areas of Concern | Standards | Measurable Elements |
|--|---|--|
| 17 Leadership and management | | |
| 17.1 Leadership quality | <p>17.1.1 Vision and Mission of the hospital available</p> <p>17.1.2 A strategic plan and/or a medium-term plan of the hospital development available</p> | <ul style="list-style-type: none"> - The Vision and Mission of the hospital are displayed in a visible place. - Hospital staff are aware of the Vision and Mission, and understand them. - A document on strategic plan and/or a medium-term plan of the hospital is available. - An activity plan of the hospital is available and updated. |
| 17.2 Public relations and community mobilization | 17.2.1 An mechanism to improve community participation and community mobilization in place | <ul style="list-style-type: none"> - An annual plan for community activities is available. - All the community activities are recorded and filed. |
| 17.3 Human resource management | 17.3.1 Staff training conducted regularly | <ul style="list-style-type: none"> - A staff training annual plan is available. - A staff training record book is available and updated. - A coordinator for staff training is assigned. |
| | 17.3.2 Staff deployment adequately managed | <ul style="list-style-type: none"> - Staff deployment record books are available for all categories of staff and updated. - The cadre and the current status of the staff are displayed and updated. |
| | 17.3.3 Duty lists for all categories of staff available | <ul style="list-style-type: none"> - Duty lists for all categories of staff are available. |
| | 17.3.4 Grievance handling mechanisms in place | <ul style="list-style-type: none"> - A way of reporting grievances (in verbal or written form) to hospital authorities is available for staff and patients. - All the grievances of the staff are recorded separately and filed. - The grievances are reviewed at regular meetings. |

III. Overall Quality and Safety Improvement





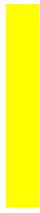
| Areas of Concern | Standards | Measurable Elements |
|-------------------------|---|---|
| 17.4 Office management | 17.4.1 A functional office management system in place. | <ul style="list-style-type: none"> - Offices in the hospital are categorized into the following three: <ul style="list-style-type: none"> ➤ General resource management ➤ Human resource management ➤ Financial management - Health management assistants (HMAs) are assigned with clearly defined subjects. - The office layout with assigned HMAs and their subjects are displayed at the entrance of the office. - A mechanism to respond to the request from the staff to see annual salary increment date is in place. - All the files have identification numbers and all pages are numbered. - Reorder levels of paper forms and stationeries are defined and indicated, and an adequate number of paper forms and stationeries are made available all the time. |
| 17.5 Kitchen management | 17.5.1 The kitchen maintained to provide hygienic and adequate food | <ul style="list-style-type: none"> - A cleaning checklist is available and used in the kitchen. - There is no visible dirt in the kitchen. - Water, soap and other basic requirements are freely available. - All the kitchen staff are provided with caps and aprons, and those working in the kitchen always wear them properly. - All the staff working in the kitchen are given basic education on health and sanitation. - Medical examinations are done for all the kitchen staff at least once a year. - Charts of different types of food are displayed in the kitchen. - A mechanism to prevent mix-up of cooked food with raw food items is in place. - A log book to keep comments given during supervisory visits by the Director/ MS/ AO/ Matrons is available. |
| 17.6 Utility Services | 17.6.1 Communication systems and facilities properly maintained | <ul style="list-style-type: none"> - A telephone exchange is functional and well maintained. - A trained telephone operator is available for 24 hours. - Contact details (Intercom No., Residence No., Mobile No. etc.) of all employees are available and easily referenced. - A register to enter the all outgoing calls are available and updated. |









III. Overall Quality and Safety Improvement

| Areas of Concern | Standards | Measurable Elements |
|-------------------------|--|--|
| | <p>17.6.2 Ambulances maintained properly</p> | <ul style="list-style-type: none"> - The following forms and files are maintained and updated according to the Guidelines. <ul style="list-style-type: none"> ➤ Vehicle Log Book (Form General 267) ➤ Daily Running Chart (Form General 268) ➤ The Vehicle Inventory indicating the Registration No., the data of registration, the maker and model, Chassis No., Engine No., and details of all accessories. ➤ Vehicle files - Guidelines are available and adhered to on cleaning of ambulances with disinfectants after transporting a patient with communicable disease. - Fuel consumption tests are done at least once a year. |
| | <p>17.6.3 A mechanism for maintenance of building, water supply and electrical facilities in place</p> | <ul style="list-style-type: none"> - The building plan and the water and electricity supply layout are available. - A functional maintenance unit for minor repairs is available in the hospital. - A system to check the pipelines and taps for leaking and to repair them is in place. - A complete inspection of the electrical network is carried out every 6 months. - A functional stand-by generator is available with the priority of power supply to ICU, Blood Bank and Operating Theatre. |
| 17.7 Performance review | <p>17.7.1 Staff meetings held monthly</p> | <ul style="list-style-type: none"> - Sectional Head meetings are held monthly. - Minutes of staff meetings are available. |
| | <p>17.7.2 Death reviews conducted</p> | <ul style="list-style-type: none"> - Death review meetings are conducted monthly for maternal, perinatal and other deaths. - Minutes of the review meetings are available. - Death review records are kept in a file. - Death statistics are compiled and made available. |
| | <p>17.7.3 Supervision inspections conducted</p> | <ul style="list-style-type: none"> - Supervision inspections are conducted preferably daily by: <ul style="list-style-type: none"> ➤ Head of the Institution ➤ Administrative grade officer ➤ Special grade nursing officer ➤ Chief pharmacist - Supervision inspection records are available and maintained. |

| III. Overall Quality and Safety Improvement | | |
|--|---|--|
| Areas of Concern | Standards | Measurable Elements |
| 18 Productivity and quality improvement programme | | |
| 18.1 Productivity and quality improvement programme | 18.1.1 A Quality Management Unit established and functioning | <ul style="list-style-type: none"> - A Quality Management Unit is available with an officer in-charge. - A Steering Committee for the quality improvement programme is available. - Files and folders of the Quality Management Unit are maintained according to the criteria given by the National Quality Secretariat. - Organisational results including key statistics are displayed in the Quality Management Unit. |
| | 18.1.2 Work Improvement Teams (WITs) formed in all units/wards | <ul style="list-style-type: none"> - WIT meetings are conducted monthly in all the units. - Minutes of WIT meetings are available in all the units. |
| | 18.1.3 The institutional quality management system monitored regularly | <ul style="list-style-type: none"> - A pre-designed performance checklist with indicators is available. - All the units are monitored at least once in two months. - Records on monitoring visits and their feedbacks are kept. |
| | 18.1.4 Patient and employee satisfaction surveys regularly conducted | <ul style="list-style-type: none"> - Simple patient satisfaction formats are available in all units. - A register on the simple patient satisfaction survey results is available. - Detailed patient satisfaction surveys are conducted once in three months. - Reports on the patient satisfaction surveys are available. - A register to record patient complaints and necessary action taken is available. - Employee satisfaction surveys are conducted at least once a year. - Patient/employee satisfaction survey reports are disseminated to all the section heads. |
| 18.2 Patient safety programme | Patient and employee satisfaction survey forms are provided in “ANNEX 9: Patient and Employee Satisfaction Survey Forms (Sample)”. | |
| | 18.2.1 A mechanism to collect data on patient safety in place | <ul style="list-style-type: none"> - A registry is available to record accidents and incidents such as patient fall, drug reaction and blood reaction. - A meeting or a forum to discuss accidents and adverse events takes place monthly. - A report with analysis of accidents and adverse events is produced monthly. |

Standardised Colour Codes

-  **Black:** General
-  **Red:** Un-sterile
Empty
Negative
-  **Blue:** Sterile
Full
Positive
-  **Green:** Safe
Quality & Safety
-  **Yellow:** Infection

| | | |
|---|---|--|
|  <p>General Waste සාමාන්‍ය අපද්‍රව්‍ය</p> |  <p>Infected Waste ආසාදිත අපද්‍රව්‍ය</p> |  <p>SHARP තියුණු</p> |
| Dump / Incinerator | Incinerator | Incinerator |
|  <p>Discarded food ඉවතලන ආහාර</p> |  <p>Plastic ප්ලාස්ටික්</p> |  <p>Glass වීදුරු</p> |
| Composting | Recycle | Re-use / Recycle |
|  <p>Discarded papers ඉවතලන පිටපත් කඩදාසි</p> | <p>අපද්‍රව්‍ය වෙන්කරමු මුදල් පයයමු පරිසරය සුරකිමු</p> |  <p>Tin & Metal ටින් සහ ලෝහ</p> |
| Recycle | | Recycle |

HOSPITAL WASTE DISPOSAL

(Information provided by courtesy of Castle Street Hospital for Women)

ANNEX 3: Emergency Tray Checklist (Sample)

Emergency Tray Checklist (Sample)

| UNIT/WD: | | Month.....Year..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|--------------------------|---------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| No. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
| | Drugs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Adrenaline Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Atropine vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | Diazepam Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | Dobutamine Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | Dopamine Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Fusemide Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | GTN Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Hydrocortisone Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | Isoprenaline Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | KCl Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | Metoclopramide Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | Midazolam Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | Nor-Adrenaline Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | Piriton Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Thiopental Sodium Vial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Solutions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 | Normal Saline | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 5% Dextrose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | 50% / 25% Dextrose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | Voluven (Colloid/Starch) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other Supplies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Ambu Bags | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | Air Ways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Anaesthetic Mask | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Simple face Mask | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Laryngoscope | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Laryngoscope | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ANNEX 3: Emergency Tray Checklist (Sample)

| No. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | |
|-----------------------|----|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| ET Tube (Size 8.5) | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ET Tube (Size 8) | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ET Tube (Size 7.5) | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ET Tube (Size G7) | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ET Tube (Size G6.5) | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ET Tube (Size G6) | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lignocaine Jelly Tube | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gloves Size 6 | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gloves Size 6 ½ | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gloves Size 7 | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syringe (50cc) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syringe (20cc) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syringe (10cc) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syringe (05cc) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syringe (03cc) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syringe (01cc) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle (G20) | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle (G22) | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle (G23) | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV Canula (G 17) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV Canula (G 18) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV Canula (G 20) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV Canula (G 22) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electro Gel | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ECG Electrodes | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV Set | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100ml Burette Set | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NG Tube (Size 12) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NG Tube (Size 14) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NG Tube (Size 16) | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leuco Plaster Roll | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elasto Plaster Roll | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Information provided by courtesy of DGH Ampara)

ANNEX 4: Discharge Checklist (Sample)

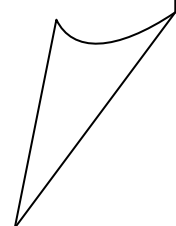
| Discharge Checklist (Sample) | | | | | |
|-------------------------------------|--|-----------------------|-----|----------------------------------|---------------------|
| | | Patient's name: _____ | | | |
| | | BHT number: _____ | | | |
| UNIT/WD: _____ | | | | | |
| | | Yes | N/A | N/O Signature | Patient's Signature |
| 01 | Diagnosis card given | | | | |
| 02 | OPD chits for drugs given | | | | |
| 03 | Private drugs chits given | | | | |
| 04 | Investigation chits given | | | | |
| 05 | Biopsy chits & Biopsy report note given | | | | |
| 06 | Catheter removed | | | | |
| 07 | N.G. tube removed | | | | |
| 08 | Canula removed | | | | |
| 09 | X-ray film & E.C.G. strips given | | | | |
| 10 | Review in clinics or ward instructed | | | | |
| 11 | Medico-legal examination form (M.L.E.F) given | | | | |
| 12 | Preventive medications given | | | | |
| 13 | Patient's satisfaction and comments about care asked | | | | |
| 14 | If Patient is below 16years of age, name & address of the guardian asked | | | | |
| 15 | Clinics book given | | | | |
| 16 | Medical certificate given | | | | |
| Name of N/O: _____ | | Signature: _____ | | Date (D/M/Y): ____ / ____ / ____ | |

(Information provided by courtesy of DGH Ampara)

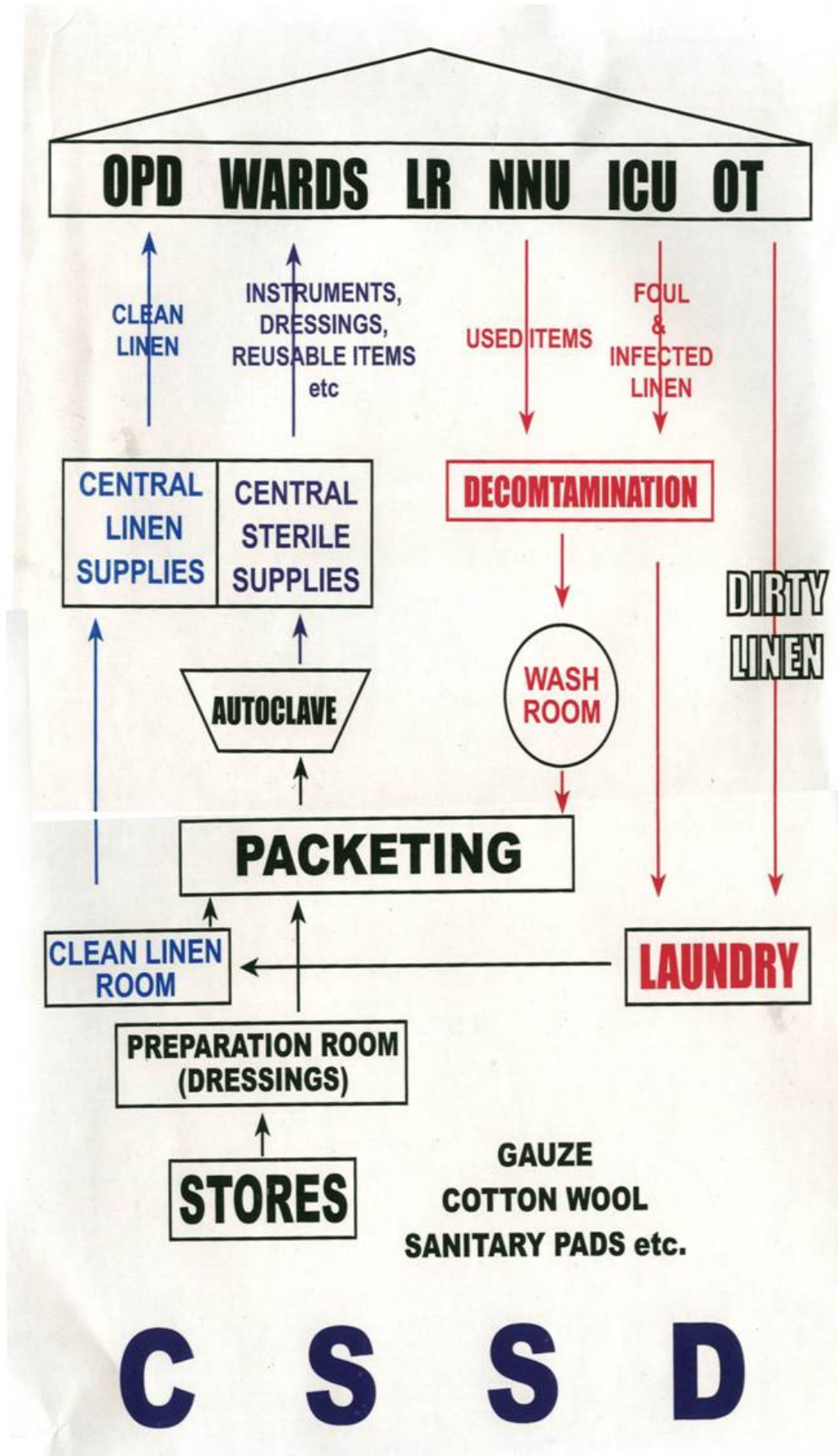
Cleaning Checklist (Sample)

Month/Year: September 2010

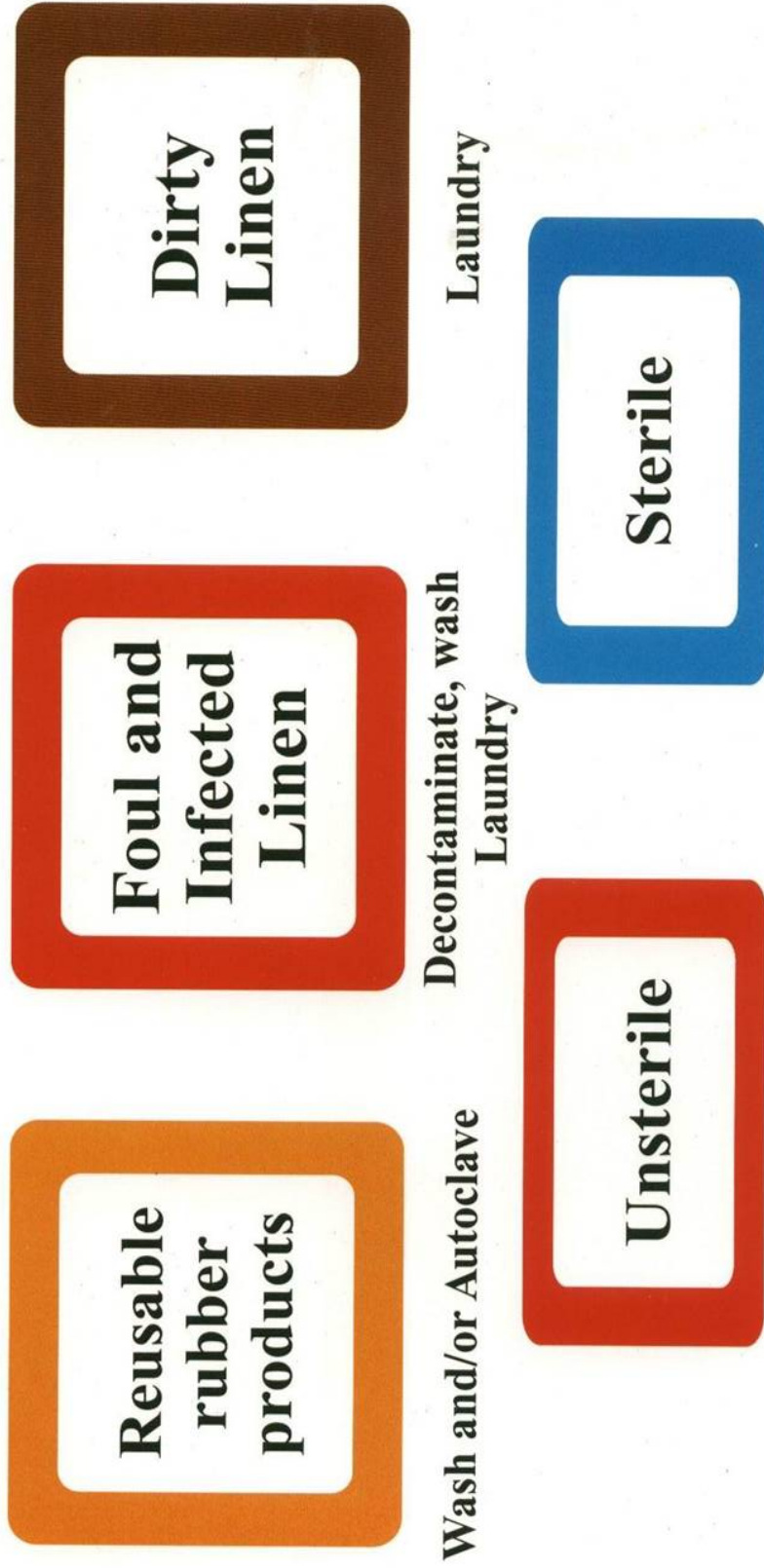
| Item | Responsible Person | Time | Week | | | |
|--------------------|---------------------|---------------------|------|----|-----|----|
| | | | I | II | III | IV |
| <i>Wheel chair</i> | <i>Mr. Fernando</i> | <i>Sat. 3.00pm</i> | X | | | |
| <i>Trolley</i> | <i>Mrs. Perera</i> | <i>Sun. 10.00am</i> | | X | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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ANNEX 6: CSSD Service Flowchart



(Information provided by courtesy of Castle Street Hospital for Women)



CENTRAL STERILE SUPPLIES DIVISION

(Information provided by courtesy of Castle Street Hospital for Women)

ANNEX 8: Protocol for Hazardous Waste Management

1. Sharps

All used syringes, needles and broken glassware should be collected into a 'sharp' bin. This should be made of leak proof and puncture proof material. If standard sharp bins are not available, an improvised 'sharp' bin made of thick cardboard could be used. This bin should have an opening on top, sufficient only to dispose the used syringes and needles conveniently.

After the bin is $\frac{3}{4}$ full and transport to incinerator for burning. If an incinerator is not available, burn in a drum incinerator or deep pit. The residue should be buried at sufficient depth (>1m). The pit should be preferably lined with impervious material, e.g. clay or concrete lined

2. Pathological Waste

All anatomical waste from the theatre should be collected in a yellow bag and transported to the closest crematorium for incineration. If there is a delay, store at 1-5 degrees centigrade in the mortuary. Alternatively, bury at sufficient depth (>1m) in the hospital premises in a secure place more than 100m away from any underground water source, e.g. wells.

Placenta collected from the labour room should be buried or incinerated.

Contaminated dressing, cotton swabs and drip sets should be collected in yellow bags, sealed with appropriate adhesive tape and incinerated. If an incinerator is not available, burn in a concrete lined pit. If facilities are available autoclaving and shredding can be done.

3. Effluents

Untreated effluent should be discharged through a sanitary sewerage system to a treatment plant or closed drainage system if this facility is available. There should be a dedicated sink/commode for this purpose. Health care worker should wear personal protective equipment and should avoid splashing and aerosol formation.

If there is no closed drainage system, decontaminate with an equal volume of 1% hypochlorite solution or if tuberculosis is suspected 5% Lysol solution overnight, before discharging into the drainage system.

Radio active effluents of patients on radiotherapy should be discharged into a septic tank, after radioactivity has decayed to back-ground level in a retention tank.

4. Radioactive Waste

Radio active waste is collected in appropriate containers & stored as required by the appropriate nuclear authority for time periods suitable for complete radio active decay. Thereafter, dispose as non-hazardous waste.

5. Pharmaceutical Waste

Pharmaceutical waste should not be burnt or buried. It should be returned to the Medical Supplies Division for proper disposal. If this is not possible "inertisation" techniques should be used. This is to mix pharmaceutical waste with cement & lime before burying in a concrete lined pit.

6. Chemical Waste

Large quantities of these could be returned to the supplier. If not seek advise from Central Environmental Authority. Waste with high levels of cadmium and mercury should never be incinerated.

7. Laboratory Waste

Microbiology Specimens

Microbiology specimens should be rendered non-infectious by autoclaving or incineration. If these

ANNEX 8: Protocol for Hazardous Waste Management

facilities are not available:

- *Pus, sputum and faeces* may be immersed in 5% Lysol overnight. Once they are rendered non-infectious these specimens could be disposed via the general drainage system i.e. Poured into a sink. Alternatively these specimens may be burned in an open pit followed by covering with a layer of soil.
- *Blood, serum or body fluids* can be poured into a sink connected to a closed drainage system or these specimens can be rendered non-infectious by immersing in 1% hypochlorite solution overnight before disposal or washing for reuse.

Untreated samples should not be poured into a sink or drain unless it drains into a closed drainage system.

Histology Specimen/Anatomical Waste

These should be disposed by incineration or by burial. Burial should be done under supervision in a deep pit.

Specimen Containers

Disposable containers should be rendered non infectious by autoclaving or incineration. Once they are safe to handle, they maybe disposed together with non-infectious waste into a common garbage dump. Reusable containers should autoclaved and washed.

Laboratory Glassware

Reusable glassware (eg. Tubes, pipettes, universal and bijou bottles) contaminated with infective material should be rendered non-infectious by autoclaving. If an autoclave is not available, they may be boiled for 20 minutes or immersed overnight in 1% hypochlorite. Once rendered non-infectious they may be washed using a brush and a detergent in order to remove all organic material.

Bacteriological Media

All used bacteriological media should be rendered non infectious by autoclaving. After autoclaving they may be disposed via the general drainage system preferably with hot water to prevent clogging of pipe lines.

If an autoclave is not available media be immersed in 5% Lysol solution overnight and then collected in yellow bags.

(Excerpts from Hospital Infection Control Manual, Sri Lanka College of Microbiologists, 2005)

Patient Satisfaction Survey (OPD/Clinics)

OPD

Clinics

I. About you

1. Are you Male Female
2. How old are you? -18 19-34 35-54 54-74 74+
3. Is this your first visit to this hospital? Yes No
4. How did you select this hospital? Recommendation from a doctor From the previous visit According to my knowledge Close to house
5. How far are you living from the hospital? 1-10 kms 11-20 kms 21-30 kms 31-50 kms 50+ kms

II. How do you feel about the hospital?

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|---------------------------------------|-----------|-----------|------|------|------|-----------|
| 6. Information given prior to arrival | | | | | | |
| 7. Easiness of coming to the hospital | | | | | | |
| 8. Hospital arrangement | | | | | | |
| 9. Your welcome by reception | | | | | | |
| 10. The registration process | | | | | | |

III. Patients' Care

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|--|-----------|-----------|------|------|------|-----------|
| 11. The way we explained about Clinics and OPD | | | | | | |
| 12. Doctors attention | | | | | | |

ANNEX 9: Patient and Employee Satisfaction Survey Forms (Sample)

| | | | | | | |
|---|--|--|--|--|--|--|
| 13.Nurses' attention on you | | | | | | |
| 14.The consistency of your doctor's care | | | | | | |
| 15.The consistency of your nurse's care | | | | | | |
| 16.Support of other hospital staff | | | | | | |
| 17.The way staff made you feel confident in them | | | | | | |
| 18.Were you given an opportunity to ask questions? | | | | | | |
| 19.Drug issuing procedure at the pharmacy | | | | | | |
| 20.Did they issue the medicine according to the doctor's prescription? | | | | | | |
| 21.If you had questions to ask, did you get answers you could understand? | | | | | | |
| 22.Did your consultant explain about your illness | | | | | | |
| 23.Instructions you received from the doctor | | | | | | |

IV. Time spent at OPD & Clinics

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|---|-----------|-----------|------|------|------|-----------|
| 24.Time spent for registration | | | | | | |
| 25.Time waited to meet the doctor | | | | | | |
| 26.Time spent with the doctor | | | | | | |
| 27.Time spent to get the medicine | | | | | | |
| 28.Overall time you spent at the hospital | | | | | | |

ANNEX 9: Patient and Employee Satisfaction Survey Forms (Sample)

V. Facilities provided from the Hospital

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|---|-----------|-----------|------|------|------|-----------|
| 29.Directions given to you | | | | | | |
| 30.Promptness of attention on you | | | | | | |
| 31.Seating facilities | | | | | | |
| 32.Waiting room privacy | | | | | | |
| 33.Waiting room comfort | | | | | | |
| 34.Waiting room décor | | | | | | |
| 35.Toilet facilities | | | | | | |
| 36.Support and caring of the hospital staff | | | | | | |
| 37.Overall cleanliness | | | | | | |
| 38.Overall amenities | | | | | | |

VI. Comments on Overall Quality of the Service

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|---|-----------|-----------|------|------|------|-----------|
| 39.Overall rating on quality of care | | | | | | |
| 40.Overall rating on quality of facilities | | | | | | |
| 41.Total time spent at the hospital | | | | | | |
| 42.Did you get the treatments and care as you expected? | | | | | | |

ANNEX 9: Patient and Employee Satisfaction Survey Forms (Sample)

43. Would you recommend the hospital to others? Yes No

If not, Comments

.....
.....
.....
.....

Patient Satisfaction Survey (In-patients)

I. About you

1. Are you Male Female
2. How old are you? -18 19-34 35-54 54-74 74+
3. Is this your first visit to this hospital? Yes No
4. How did you select this hospital? Recommendation from a doctor From the previous visit According to my knowledge Close to house
5. How far are you living from the hospital? 1-10 kms 11-20 kms 21-30 kms 31-50 kms 50+ kms

II. How you feel about the hospital

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|--|-----------|-----------|------|------|------|-----------|
| 6. Information given prior to arrival | | | | | | |
| 7. Easiness of coming to the hospital | | | | | | |
| 8. Hospital arrangement | | | | | | |
| 9. Your welcome by reception | | | | | | |
| 10. Time taken for the admission process | | | | | | |
| 11. Facilities in the ward | | | | | | |

III. Patients' Care

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|---------------------------------------|-----------|-----------|------|------|------|-----------|
| 12. Courtesy & consideration of staff | | | | | | |
| 13. Doctors' attention | | | | | | |

ANNEX 9: Patient and Employee Satisfaction Survey Forms (Sample)

| | | | | | | |
|---|--|--|--|--|--|--|
| 14.The consistency of your doctor’s care | | | | | | |
| 15.The consistency of your nursing care | | | | | | |
| 16.Support from the nurses | | | | | | |
| 17.Support of other hospital staff | | | | | | |
| 18.Getting medicine on time in the ward | | | | | | |
| 19.Were you given an opportunity to ask questions? | | | | | | |
| 20.If you had questions to ask, did you get answers you could understand? | | | | | | |
| 21.Did your consultant explain about your illness? | | | | | | |
| 22.The way staff made you feel confident in them | | | | | | |
| 23.Instructions you received from the doctor | | | | | | |
| 24.The effectiveness with which we managed your pain | | | | | | |

IV. Consultant Care

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|--|-----------|-----------|------|------|------|-----------|
| 25.Special treatments you received in the ward | | | | | | |
| 26.How effective was the consultant care | | | | | | |

V. During the stay in the Hospital

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|---|-----------|-----------|------|------|------|-----------|
| 27.After admitting, time taken to do the necessary treatments | | | | | | |
| 28.Time spent in the ward after the treatments | | | | | | |

ANNEX 9: Patient and Employee Satisfaction Survey Forms (Sample)

VI. Facilities provided from the Hospital

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|--|-----------|-----------|------|------|------|-----------|
| 29. Ward corridors | | | | | | |
| 30. Facilities in the ward | | | | | | |
| 31. Privacy in the ward | | | | | | |
| 32. Comfort in the ward | | | | | | |
| 33. Décor | | | | | | |
| 34. Bathroom cleanliness | | | | | | |
| 35. Ward cleanliness | | | | | | |
| 36. Care of visitors | | | | | | |
| 37. Temperature control | | | | | | |
| 38. Ability to select the food you are getting | | | | | | |
| 39. Food quality | | | | | | |
| 40. Your overall impression of accommodation | | | | | | |
| 41. Securely storing of your goods within the ward | | | | | | |
| 42. Overall facilities | | | | | | |

VII. Comments on Overall Quality of the Service

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|---|-----------|-----------|------|------|------|-----------|
| 43. Overall rating on quality of care | | | | | | |
| 44. Overall rating on quality of facilities | | | | | | |

ANNEX 9: Patient and Employee Satisfaction Survey Forms (Sample)

| | | | | | | |
|--|--|--|--|--|--|--|
| 45.Total time spent at the hospital | | | | | | |
| 46.Did you get the treatments and care as you expected | | | | | | |

VIII. Discharge

| | Excellent | Very Good | Good | Fair | Poor | N/A or DK |
|--|-----------|-----------|------|------|------|-----------|
| 47.Instructions for aftercare | | | | | | |
| 48.Assistance for planning your departure | | | | | | |
| 49.Your overall opinion of the discharge process | | | | | | |

50.Would you recommend the hospital to others? Yes No

If not, Comments

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(Information provided by courtesy of DGH Ampara)

APPENDIX

General Circular Letter No. 01-29/ 2009

My No. HPI/ OD/ 06/ 2009.
Ministry of Healthcare & Nutrition
“Suwasiripaya”,
385, Rev. Baddegama Wimalawansa Thero
Mawatha, Colombo 10.
22, September 2009.

To :
Addl. Secretaries
All Provincial Secretaries of Health,
Director General of Health Services,
All Deputy Director Generals and Directors,
All Provincial Directors of Health Services,
All Regional Directors of Health Services,
and All Heads of Health Institutions.

National Quality Assurance Programme in Health

We are pleased to note that some of our hospitals and other health institutions have initiated productivity and quality improvement programmes as per instruction given by the General Circular No 02-109/2003 and dated 08th October 2003.

The Ministry of Healthcare and Nutrition has decided to expand the Quality Assurance Programme to all health institutions in Sri Lanka, in order to improve the quality and safety of health care services. It aims at establishing a continuous quality improvement process by setting up organizational structures and mechanisms at all health care institutions.

1. Quality Secretariat (QS)

Ministry of Healthcare & Nutrition has established a Quality Secretariat (QS) to direct management of the Quality Assurance Programme.

2. Quality Management Units (QMU)

All health institutions should establish a Quality Management Unit (QMU) to create quality and safety culture towards improving Quality of Healthcare. This unit will undertake planning the implementation and monitoring of the National Quality Assurance Programme with the

guidance of the Quality Secretariat, Ministry of Healthcare & Nutrition. Please see the Organizational Structure in annexure.

3. Roles and Functions

I. Quality Secretariat

- i. To facilitate the implementation of national policies related to quality and safety.
- ii. Prepare and disseminate standards, guidelines and procedures.
- iii. Development of training packages in order to strengthen capacity building of staff.
- iv. Coordination with relevant health and health related sectors for quality assessment and improvement.
- v. Facilitate the development of a shared learning environment and continued achievement of best practices.
- vi. Develop and implement a continuous monitoring & evaluation system.
- vii. Mobilize resources for the continuous improvement of quality and safety in the health system.
- viii. To facilitate the development of the legal and regulatory framework for the implementation of quality and safety policy.

II. Quality Management Unit (QMU)

- i. Quality Management Units (QMU) will be established in National Hospital of Sri Lanka, Teaching Hospitals, Provincial General Hospitals, District General Hospitals and Base Hospitals and specialised hospitals.
- ii. All campaigns, decentralized units and special units under the Ministry of Healthcare & Nutrition are expected to establish Quality Management Unit.
- iii. Divisional Hospitals (District Hospitals, Peripheral Units and Rural Hospitals), and Primary Medical Care Units (Central Dispensary & Maternity Home and Central Dispensary) are expected to conduct their Quality Management Programme under a designated officer who will be guided by the Quality Management Unit of RDHS.
- iv. All MOOH are expected to plan and implement the Quality Management Programme, under the guidance of the Quality Management Unit of RDHS.

- v. To facilitate development of a shared learning environment and continued achievement of best practices.

III. Functions of QMU

QMU would coordinate the quality assurance and client safety program of the healthcare institutions through following functions.

- i. Promote employee participation in management of quality by establishing Work Improvement Teams (WIT) /Quality Circles (QC) in for the different departments/units within the health institution.
- ii. Conduct training of Work Improvement Teams (WIT).
- iii. Maintain a database in staff training and conduct a planned In-service Training Programme.
- iv. Conduct programs and workshops on quality improvement and patient safety focussing on problem solving approaches and measurements.
- v. Initiate a quality culture in health institutions by introducing 5S concepts leading towards Total Quality Improvement (TQI).
- vi. Ensure management leadership and involvement of medical consultants in the quality improvement process.
- vii. Assist in preparing strategic plans for the institutions with focus on reduction of waiting times, instituting a smooth patient flow, infection control and waste disposal.
- viii. Implementation of standards, guidelines and protocols relevant to customer/ patient care including clinical pathways.
- ix. Maintain a computer based data system by collecting and analysing data related to quality improvement of services (eg. Patient accidents and adverse events, near misses re-admissions, case fatality rates, complication arising from medical and surgical procedures, referrals, adverse events following immunization and transfers, etc).
- x. Prepare and distribute half yearly / quarterly bulletins and annual performance reports with the assistance of Medical Record Unit (MRU) and other relevant units.
- xi. Promote an environment friendly healthcare institution.
- xii. Conduct customer satisfaction surveys, and employee satisfaction surveys, maintain and take corrective action for public complaints. Encourage suggestion scheme in healthcare institutions.

APPENDIX: General Circular on National Quality Assurance Programme in Health

- xiii. Ensure quality of supplies by encouraging maintenance contract agreements for support services in order to implement Total Productivity Maintenance of the supplies.
- xiv. Develop Annual Procurement plans for different variety of purchases.
- xv. Organize and update supplier and maintenance information system and disseminate to the relevant Units.
- xvi. Facilitate assessment and improvement of performance through regular monitoring of the programme using quality measurement indicators (Guidelines will be sent).
- xvii. Assist and conduct performance reviews and maintain records of such reviews.
- xviii. Promote studies, research and medical audits in the institutions.
- xix. Assist Non Health Sectors to implement Productivity and Quality Assurance Programmes.

Contact Details

Quality Secretariat is located at;

Castle Street Hospital Complex, Colombo 08.

Tele: 011 2678598, 011 2678599, Fax 011 - 2695244

e- mail: Quality Secretariat" <qualitysecretariat@yahoo.com>.



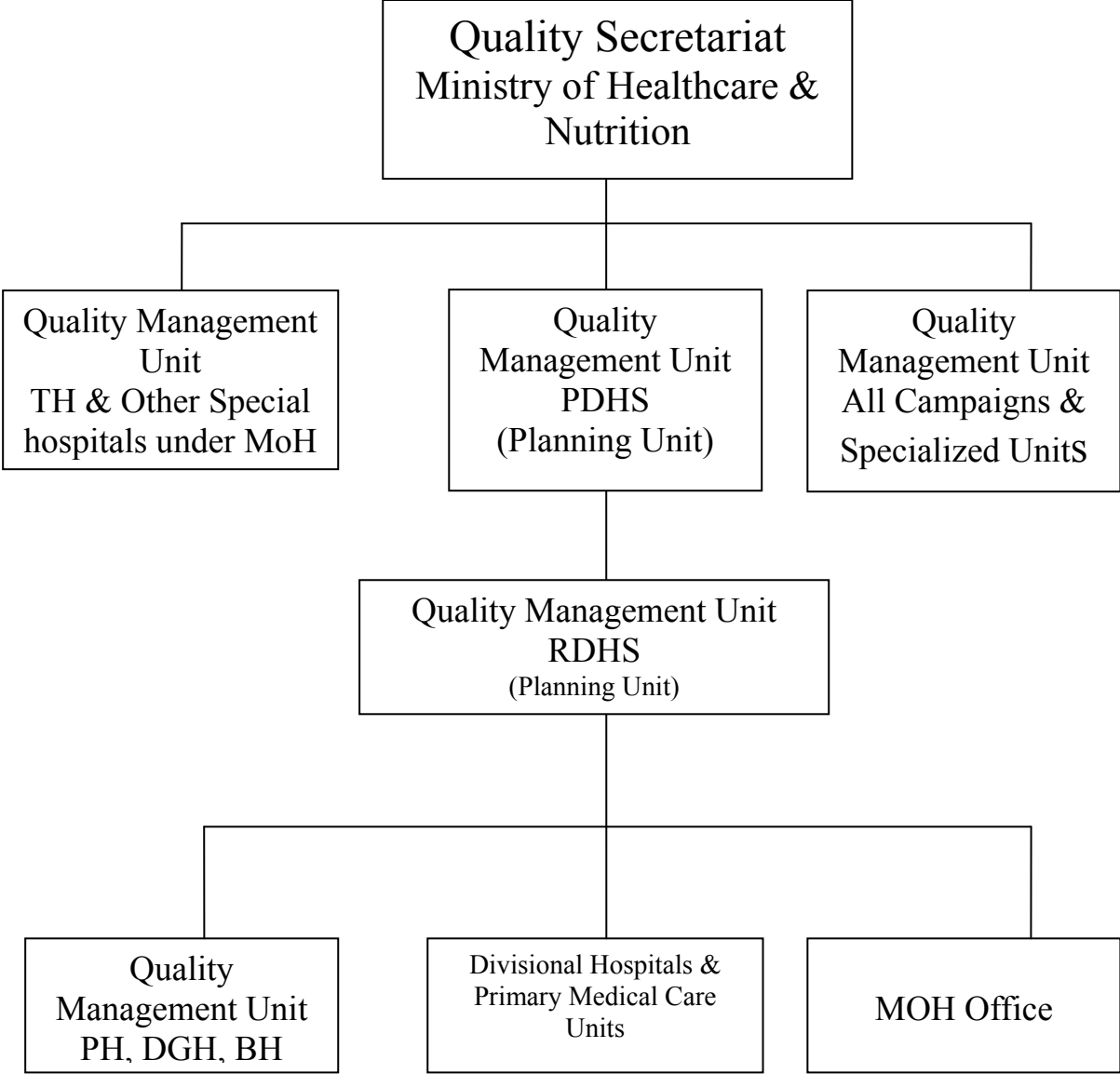
Dr. Athula Kahadaliyanage
Secretary
Ministry of Healthcare & Nutrition



Dr. Ajith Mendis
Director General of Health Service

Annexure

Organizational Structure



Feedback Form

Kindly provide feedback for improvement of this document. We will try our best to incorporate your views and opinions into the next edition of these Guidelines.

Name: _____ **Title:** _____

Institution: _____

Address: _____

Tel: _____ **E-mail:** _____

Please write your suggestions for improvement of these Guidelines below:

Kindly mail this form to:

*Director Organizational Development, Ministry of Health, 385 Baddegama Wimalawansa Thero Mw.,
Colombo 10, Sri Lanka*



MINISTRY OF HEALTH
DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

