

4th Edition

Hospital and Healthcare Standards



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Preface

The Hospital and Healthcare Standards (3rd edition) was issued by the Institute of Hospital Quality Improvement and Accreditation in 2006 and was continually used through the period of organization transformation to be the Healthcare Accreditation Institute (Public Organization) (HAI) in 2009. The Standards was accredited by the International Society for Quality in Health Care (ISQua) since March 2010 with periodic revision.

The latest revision of the Standards (4th edition) was made to ensure keeping up with academic and technological progress, including the changing concept of organization management, quality and safety management. Some criteria were revised to make the content clear and concise, while maintaining the essence. Some new criteria were introduced to guide the quality development of hospitals to catch up with contemporary change.

Hopefully, this edition of Hospital and Healthcare Standards will guide the improvement of work systems and patient care systems to deliver value to service users under each hospital context. Such improvements will create quality culture, safety culture, and learning culture that will lead to a successful and sustainable organization.

The Healthcare Accreditation Institute (Public Organization)

July 2017

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A GUIDELINE FOR USING THE STANDARDS

Objective of the Standards

To be a guideline for designing appropriate work systems, promoting continuous quality improvement so that the organization can reach the acceptable performance level, having a good risk management system, and recognizing opportunities for improvement which will drive the organization toward excellent performance.

Scope and contents of the Standards

This set of Standards can be used for improvement and evaluation of hospital as a whole. It can be used at any level of hospitals. The content in the standards covers hospital management, key hospital systems, patient care processes, including relevant results. The content in 4 parts is divided into chapters. There will be a diagram at the beginning of each chapter summarizing key issues and their linkage within that chapter. In addition, all sections of the standards are categorized and coded by parts, chapters, and multiple requirements to facilitate searching.

There are many modifications in criteria of 4th edition of the Standards compared with 3rd edition. **Modified or additional content is indicated in blue letters.** Standard users can also recognize these modifications in the comparative table and view the code of the standard in the 4th edition compared with the 3rd edition in the Appendix.

A GUIDELINE FOR USING THE STANDARDS

The Standards can also be applied to health care organizations other than hospitals by focusing on criteria in part 1 and 4 of the Standards and selectively applying relevant criteria in part 2 and 3.

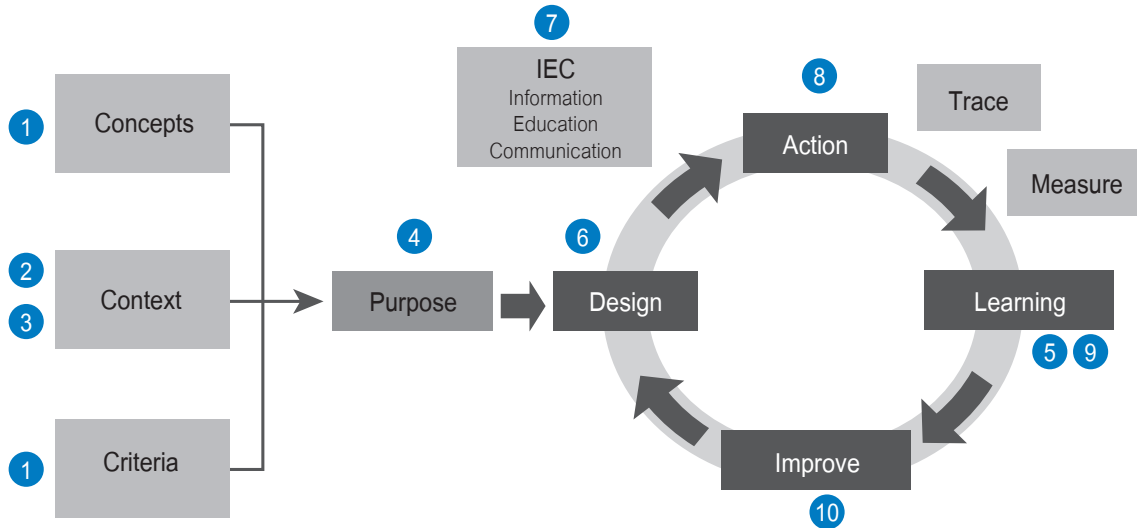
Key components to be considered when using the Standards

- 1) Consideration of the context of the organization and its units, particularly key problems, challenges and risks.
- 2) The use of core values & concepts for quality development and health promotion.
 - Direction: visionary leadership, systems perspective, agility
 - Customer: patient & customer focus, focus on health, community responsibility
 - Staff: value on staff, individual commitment, teamwork, ethic & professional standard
 - Improvement: creativity & innovation, management by fact, continuous improvement, focus on results, evidence-based approach
 - Learning: learning, empowerment
- 3) Cycle of quality improvement and learning. (Plan-Do-Study-Act or Purpose-Process-Performance)
- 4) Scoring Guideline.

To get most value in implementing the Standards

- 1) Make clear understanding in the purpose and key words of the standard. For difficult words or terminology there will be a description or practice examples written at the footnote.
- 2) Focus on using for learning and improving performance.
- 3) Focus on the linkage of components of each system (study and understand the lines that connect elements in the chart) and the linkage with other systems.
- 4) Focus on brining the Standards to learn and review practices in daily operation at work or at bedside.
- 5) Focus on the development of all areas (work system, patient groups, units) in an integrated manner.
- 6) Apply the Standards to all relevant areas appropriately, e.g. applying Standard Part I at the unit level also, applying the Standards on process management in all processes.
- 7) Review performance at the overall level and achieving the goals of each system.

Application of 3C-PDSA/DALI for Standards implementation



A GUIDELINE FOR USING THE STANDARDS

1. **Criteria decoding.** What are the purpose and values of the standard? Who is the customer? Who is the process owner? What should the process owner do?
2. **Context.** Perceive current situations using tracer methodology and patient's words (patient shadowing or in-depth interview).
3. **Data analysis.** Analyze existing data or collect more data, find meaning of the data, and set priority of what to do.
4. **Purpose.** Set a clear picture of change to be made and relevant indicators.
5. **Monitor.** Measure the baseline and follow up.
6. **Design.** Using human-centered design concept, human factor engineering, and simple work instruction, make standardization in a flexible way.
7. **Communicate.** Using all forms of communication to ensure that practitioners know what they need to know.
8. **Practice.** Support and ensure process implementation as designed. Encourage situation awareness.
9. **Monitor and learn.** Assign responsible person for keeping track of progress, monitoring, and creating learning with a variety of activities.
10. **Improve.** To achieve purpose and better performance.

Learning activities with HA Standards

Learning (or Study) is a process to drive improvement. Learning in this aspect covers the review, monitoring and evaluation of all forms, such as:

- 1) **Knowledge sharing.** Knowledge from practice will provide solutions on how to bring theory into practice. In the case that the guideline or standard can not be implemented fully, how to make as safe as we can.
- 2) **Group discussion & learning.** When a team face new issues or requirements that are not widely understood, the team may assign members to study and bring into discussion. The team will gain more understanding and this will spark an implementation.
- 3) **Dialogue.** Dialogue is a group learning process that will result in understanding of others, self-understanding, happiness, and energy to move forward.
- 4) **Presentation.** When some units have tried somethings, a presentation to get comments or critiques will lead to idea expansion, or direction adjustment.
- 5) **Writing a portfolio.** This will make the author crystallize the idea more clearly. It may be a freely written style or following some format, e.g. service profile, COI story.

A GUIDELINE FOR USING THE STANDARDS

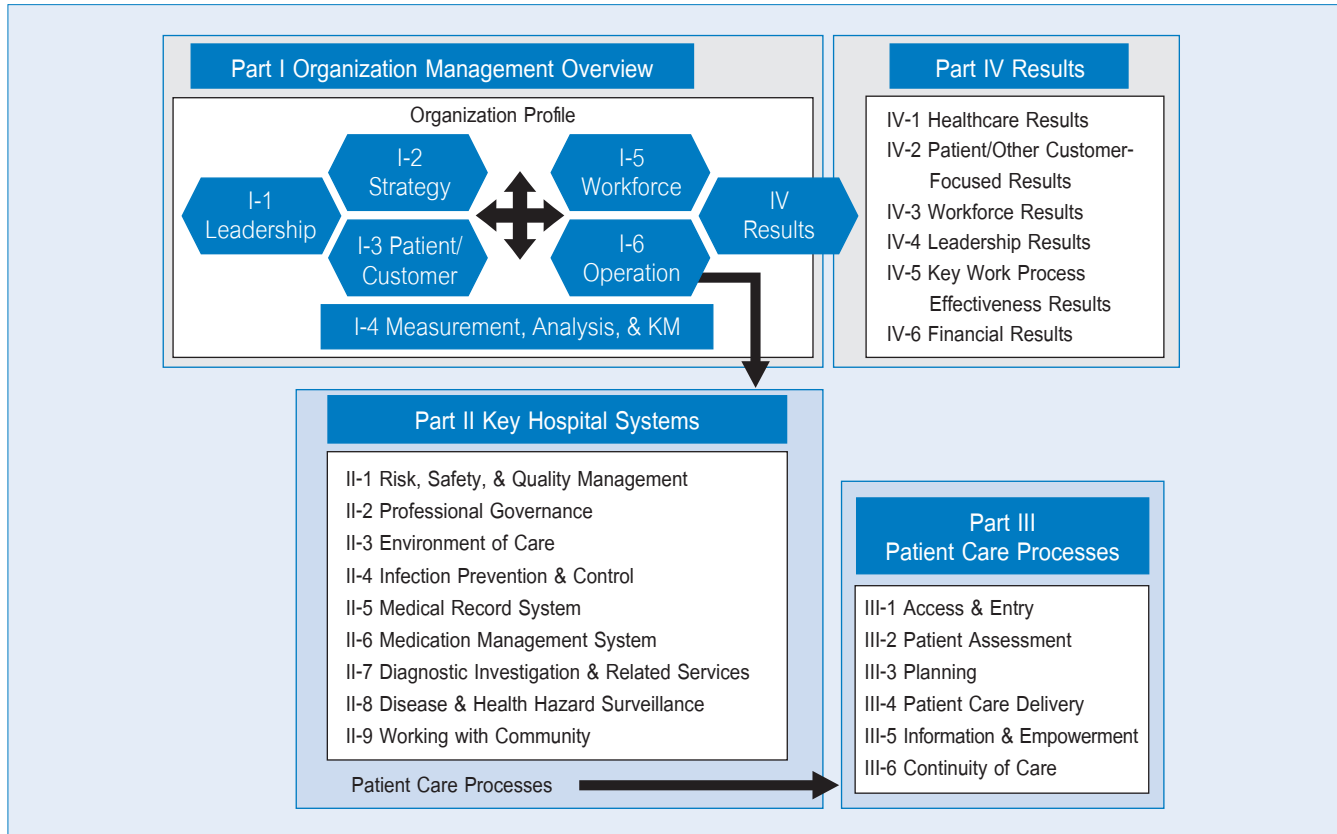
- 6) **Use a tracer** to track what we are familiar with, what can easily be observed and tracked along various steps. The tracer may be a patient, a group of patients, information, drugs, specimen, etc. The tracer helps us to understand the situation and see the linkage of related system.
- 7) **Internal survey** is an internal process that peers visit the real situation with an attitude of healing rather than evaluation. The survey team from multiple parties will result in better result.
- 8) **After-action review** to discuss whether the action was success as intended, what should be kept, what are the weaknesses to be improved next time.
- 9) **Indicator monitoring, data analysis, and goal achievement assessment.** These are quantitative learning about levels and trends, goal achievement. Attention should be given to data analysis and linkage. At the same time, be aware of the limitations or disadvantages of quantitative measurement and evaluation, other assessments should be included.
- 10) **Quality review activities** are learning from vulnerabilities, risks, adverse events and various feedback that will lead to system improvement. Be careful not to make blamed but to help people, give them the opportunity to tell feelings and thoughts

A GUIDELINE FOR USING THE STANDARDS

that occurred during the time before the incident. This will allow you to see a little development opportunity that will make it easier for the worker to work.

- 11) **Self-assessment of Standards compliance** will allows us to see whether the system is good or not, any PDSA rolling, and achievement of system goals.
- 12) **Medical record review.** A basic medical review is a review of the completeness of a record. The review to improve quality of care should include quality of the care processes and identify any adverse event with a purpose for improvement.

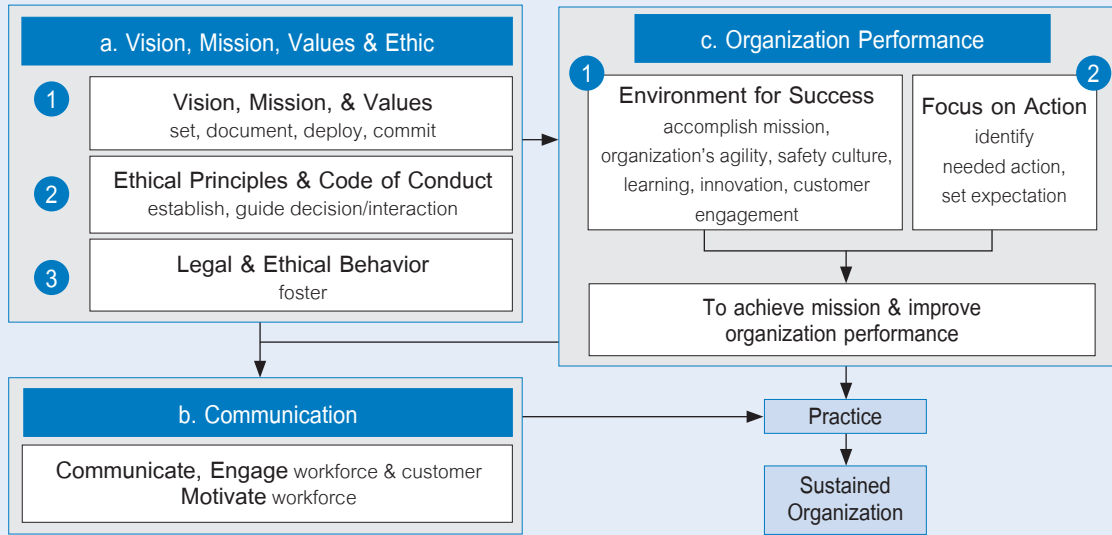
PART I ORGANIZATION MANAGEMENT OVERVIEW



I-1 Leadership (LED)

I-1.1 Senior Leadership

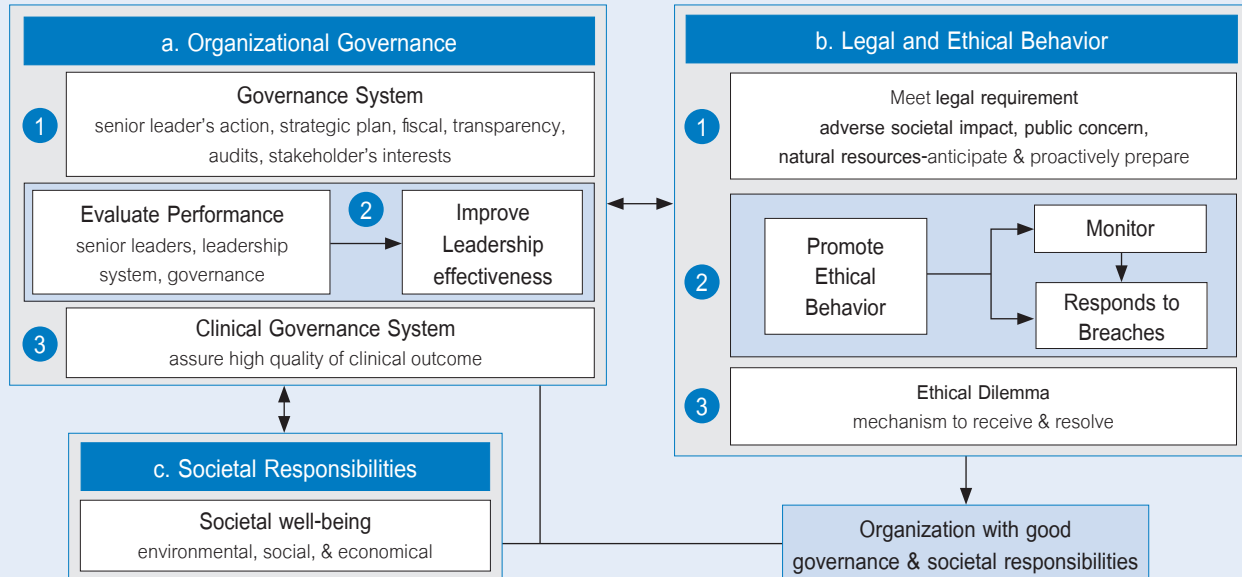
Senior leaders' personal actions guide and sustain the organization through vision and values, effective communication with staff, creating an environment for success and a focus on action.



PART I ORGANIZATION MANAGEMENT OVERVIEW

I-1.2 Governance and Societal Responsibility

The organization ensures responsible governance, fulfils its legal, ethical and societal responsibilities.



I-1.1 Senior Leadership (LED.1)

Senior leaders' personal actions guide and sustain the organization through vision and values, effective communication with staff, creating an environment for success and a focus on action.

a. Vision, Mission, Values, and Ethics

- (1) Senior leaders guide the organization by setting, documenting, and deploying the organization's vision, mission, and values. Senior leaders' personal actions reflect a commitment to the organization's values.
- (2) Senior leaders establish an explicit set of ethical principles and codes of conduct which guides decision making and the interaction of staff, patients/other clients, stakeholders and the general public.
- (3) Senior leaders foster legal and ethical behaviors.

b. Communication

- (1) Senior leaders effectively communicate with and engage the entire workforce and key customers. Senior leaders communicate key decisions and needs for organization change. Senior leaders motivate the workforce for good performance.

c. Organization Performance

- (1) Senior leaders create an environment for success, achievement of the organization's mission, organization's agility, safety culture, learning, innovation, and customer's engagement.
- (2) Senior leaders create a focus on actions that will achieve the organization's mission and improve the organization's performance, identify needed actions, and set expectation for creating value for patients/other customers.

I-1.2 Governance and Societal Responsibility (LED.2)

The organization ensures responsible governance, fulfils its legal, ethical and societal responsibilities.

a. Organizational Governance

(1) The governance system reviews and achieves the following:

- accountability for **senior leaders'** actions;
- **accountability for the strategic plan**;
- fiscal accountability;
- transparency in operation;
- independence **and effectiveness** of internal and external audits;
- protection of stakeholder's interests.

(2) The organization evaluates the performance of **senior leaders, leadership system, and the governance system**. The results are used to improve effectiveness of leaders and leadership system.

PART I ORGANIZATION MANAGEMENT OVERVIEW

(3) The organization establishes a clinical governance system¹ which oversees key elements of continuous professional education, educational and training affiliation, clinical audit or review, clinical effectiveness, research and development, openness², risk management, information management, and patient experience. The clinical governance body receives regular reports and is accountable to assure high quality of clinical outcome.

¹ **Clinical governance** is a framework through which a healthcare organization is accountable for safeguarding high standards of clinical care and continually improving the quality of its services by properly managing clinical care and creating an environment in which excellence in clinical care will flourish.

² **Openness** such as disclose or display information about care or treatment to patients/their families to facilitate patients/families' participation in care processes; arrange communication channels to receive comments or complaints.

b. Legal and Ethical Behavior

- (1) The organization meets legal and regulatory requirements, anticipates and proactively prepares for adverse societal impacts, public concern³, and conservation of natural resources.
- (2) The organization promotes and ensures ethical behaviors in all interactions. The organization monitors and responds to breaches of ethical behaviors.
- (3) The organization establishes a mechanism to receive and resolve ethical dilemma⁴ in a timely way.

c. Societal Responsibilities

- (1) The organization contributes to the societal well-being, in environmental, social, and economical aspects.

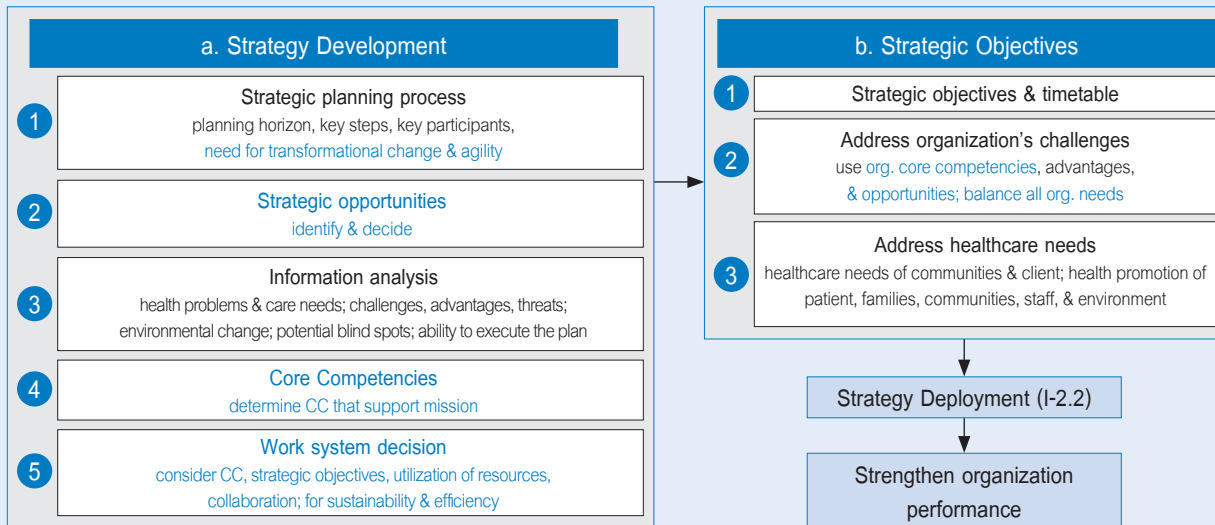
³ **Public concerns** might include patient safety, cost, equitable and timely access to providers and health care services, emergence of new health care threats, and handling of medical waste

⁴ **Ethical dilemma** such as decisions not to treat, to withdraw or discontinue treatment; treatment which is given against the wishes of the patient; admitting a new case to ICU when ICU is in full capacity and one patient has to be moved out of ICU.

I-2 Strategy (STG)

I-2.1 Strategy Development

The organization establishes its strategy to address the healthcare needs, its challenges, and strengthen its performance.

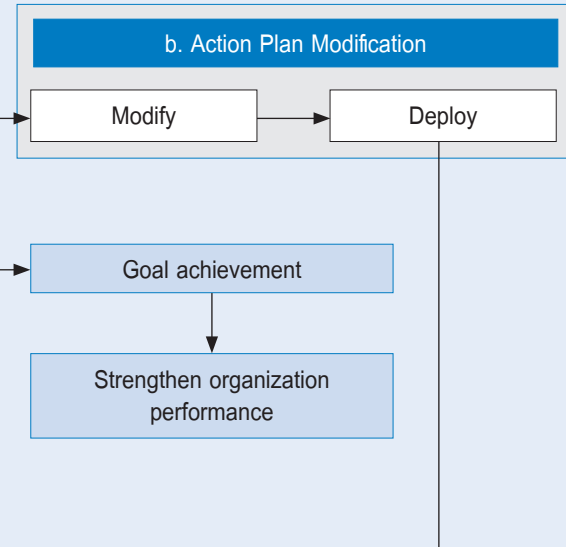
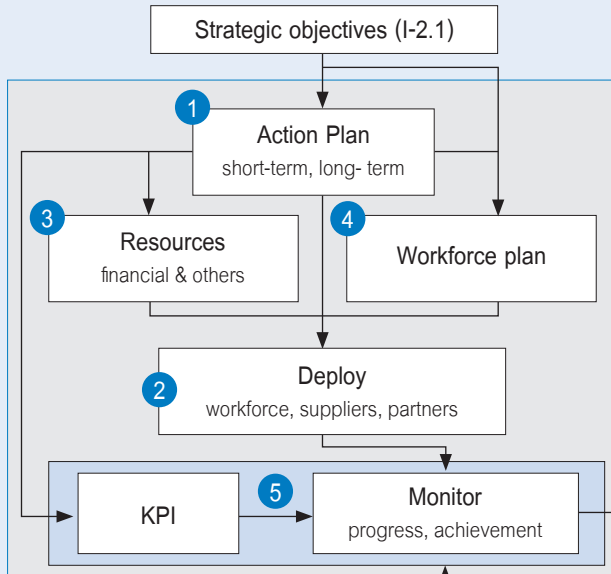


PART I ORGANIZATION MANAGEMENT OVERVIEW

I-2.2 Strategy Implementation

The organization implements its strategy and monitors progress to ensure goal achievement.

a. Action Plan Development and Deployment



I-2.1 Strategy Development (STG.1)

The organization establishes its strategy to address healthcare needs, its challenges, and strengthen its performance.

a. Strategy Development Process

- (1) The organization has an appropriate strategy planning process in term of planning horizon, key process steps, and key participants. The process addresses a potential need for transformational change and organization agility.
- (2) The organization identifies strategic opportunities, decides which opportunities and risks to be pursued, and promotes innovation.
- (3) The organization analyzes the following information: health problems and health care needs of its clients/communities; strategic challenges, strategic advantages, threats; potential change in the environment; potential blind spots in the planning process; and ability to execute the strategic plan.
- (4) The organization determines its core competencies that support the accomplishment of its mission.

(5) The organization makes decisions on its work processes: which key work processes will be accomplished by its workforce, and which by external suppliers and partners. The decision should be based on current core competencies of the organization and core competencies of potential suppliers and partners, the accomplishment of strategic objectives, appropriate utilization of resource, and collaboration with strategic partners, for sustainability and efficiency.

b. Strategic Objectives

- (1) The organization develops and documents its key strategic objectives, **targets** and a timetable for accomplishing them.
- (2) Strategic objectives address strategic challenges, **and utilize organization's core competency**, strategic advantages, **and strategic opportunities**. Strategic objectives reflect the balance of all organization needs.
- (3) Strategic objectives address healthcare needs of the communities or clients; including health promotion of patients, families, communities, staff and the environment.

I-2.2 Strategy Implementation (STG.2)

The organization implements its strategy and monitors progress to ensure goal achievement.

a. Action Plan Development and Deployment

- (1) The organization develops short-term and long-term action plans to achieve strategic objectives.
- (2) The organization deploys the action plans through its workforce, key suppliers, and strategic partners. Staff are aware of their role and the contribution they make in achieving the strategic objectives.
- (3) The organization allocates adequate financial and other resources to support the achievement of its action plan.
- (4) The organization develop key workforce plans to support strategic objectives and action plans.
- (5) The organization sets its key performance indicators to monitor the progress and achievement of policy, procedure, and action plan deployment.

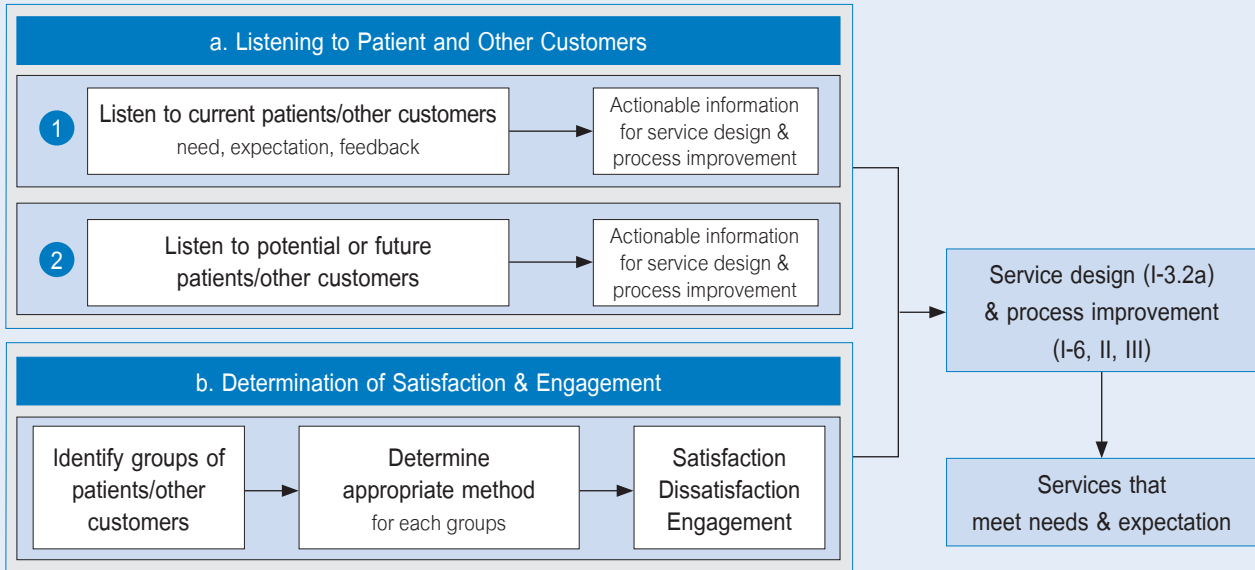
b. Action Plan Modification

The organization modifies its action plans as necessary and deploys the modified action plans.

I-3 Patient/Customer (PCM)

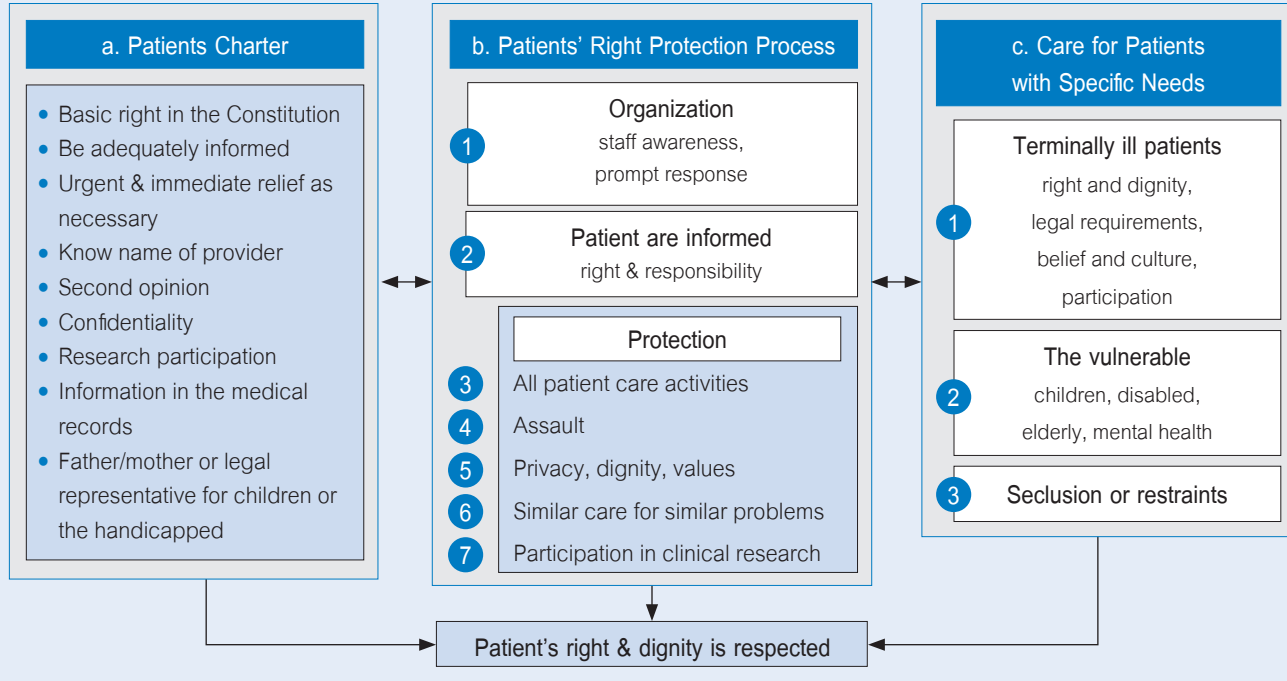
I-3.1 Voice of Patient/Customer

The organization listens and learns from patients/other customers to obtain actionable information about their needs/expectations.



I-3.3 Patient's Rights

The organization recognizes and protects the rights of patients.



I-3.1 Voice of Patient/Customer (PCM.1)

The organization listens and learns from patients/other customers to obtain actionable information about their needs/expectations.

a. Listening to Patients and Other Customers

- (1) The organization listens to current patients/other customers to obtain their needs/expectations with methods appropriate for each group, including immediate feedback, to obtain actionable information for service design and work process improvement.
- (2) The organization listens to potential or future patients/other customers to obtain actionable information.

b. Determination of Patient/Other Customer Satisfaction and Engagement

- (1) The organization determines patient/other customer satisfaction, dissatisfaction, and engagement, with methods appropriate for each group.

I-3.2 Patient/Other Customer Engagement (PCM.2)

The organization engages its patients/other customers by serving their needs and building relationships.

a. Service Offering and Patient/Other Customer Support

- (1) The organization determines healthcare service offering to meet the needs and expectations of patients/other customers.
- (2) The organization enables patients/other customers to seek information, obtain service, make complaints, and obtain support. (see also II-1.1 a.(10))
- (3) The organization determines its patient/other customer groups, and determines which groups to pursue for health care services.

b. Patient/Other Customer Relationship

- (1) The organization builds and manages relationship with patients/other customers to meet their expectations and increase their engagement.

PART I ORGANIZATION MANAGEMENT OVERVIEW

- (2) The organization promptly and effectively manages patient/other customer's complaints to recover their confidence and avoid similar complaints in the future. Complaints are aggregated and analyzed for use in improvement throughout the organization.

I-3.3 Patient's Rights (PCM.3)

The organization recognizes and protects the rights of patients.

a. Patient Charter

(1) The patient's rights according to the Patient Charter⁵ issued by the professional organizations and the Ministry of Public Health are protected.

⁵ **Declaration of Patient's Rights:** The patients have 1) basic rights to receive medical services and health services with no discrimination as have been legally enacted in the Thai Constitution; 2) rights to receive their current adequate information in order to thoroughly understand about their illness and either voluntarily consent or refuse treatment from the medical practitioner; 3) rights to receive urgent and immediate reliefs from their medical practitioner as necessary; 4) rights to know the name-surname and the specialty of the practitioner under whose care he/she is in; 5) rights to request a second opinion from other medical practitioner in other specialties, who is not involved in the immediate care of him/her as well as the right to change the place of medical service or treatment, as requested by the patient without prejudice; 6) rights to expect that their personal information are kept confidential by the medical practitioner; 7) rights to demand complete current information regarding their roles in the research and the risks involved, in order to make decision to participate in/or withdraw from the medical research being carried out by their health care provider; 8) rights to know or demand full and current information about their medical treatment as appeared in the medical record as requested; 9) The father/mother or legal representative may use their rights in place of a child under the age of eighteen or who is physically or mentally handicapped wherein they could not exercise their own rights.

b. Patient's Right Protection Process

- (1) The organization ensures that staff are aware of their role in protecting patient's rights. The care system provides a prompt response to the request upon patient's rights.
- (2) Patients are informed about their rights and responsibilities in a manner they can understand.
- (3) All care-related activities support and protect patient's rights.
- (4) Safety and security of patients/service users are established. Patients/service users are protected from physical, psychological, and social assault.
- (5) Privacy, human dignity, personal values and belief of patients/service users are respected.
- (6) The organization ensures that patients with similar problems and severity will receive similar care.
- (7) The right of the patients participated in clinical research is protected.

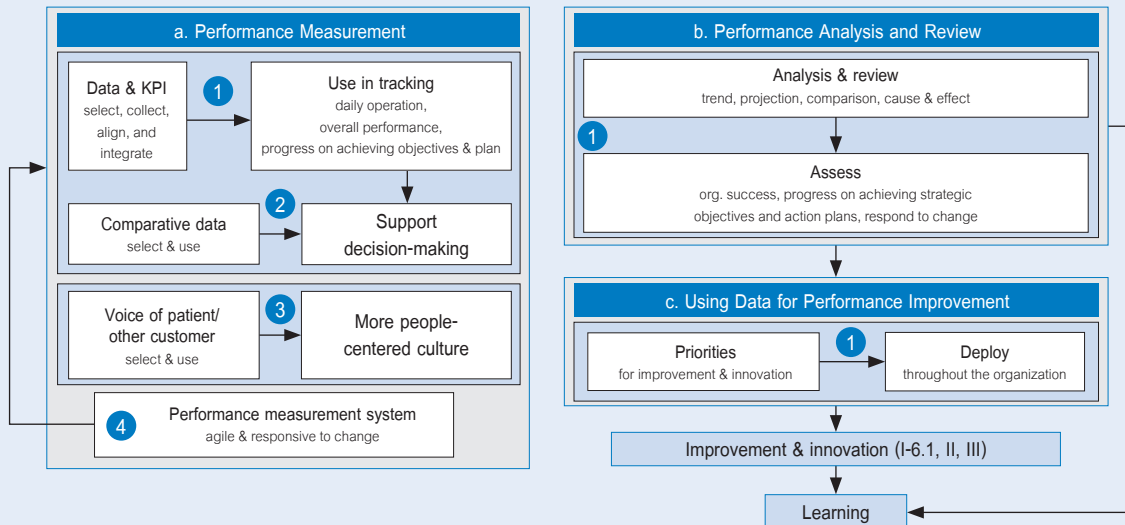
c. Care for Patients with Specific Needs

- (1) The terminally ill patients receive care with respect to patient's rights and human dignity. The decisions about providing, foregoing, or withdrawing life-sustaining treatment meet legal requirements, belief and culture, and are shared with patients and families.
- (2) Vulnerable children, disabled individuals, the elderly, and patients with mental health problems receive appropriate protection.
- (3) The patient who needs seclusion or restraints is treated properly.

I-4 Measurement, Analysis, and Knowledge Management (MAK)

I-4.1 Measurement, Analysis and Improvement of Organizational Performance

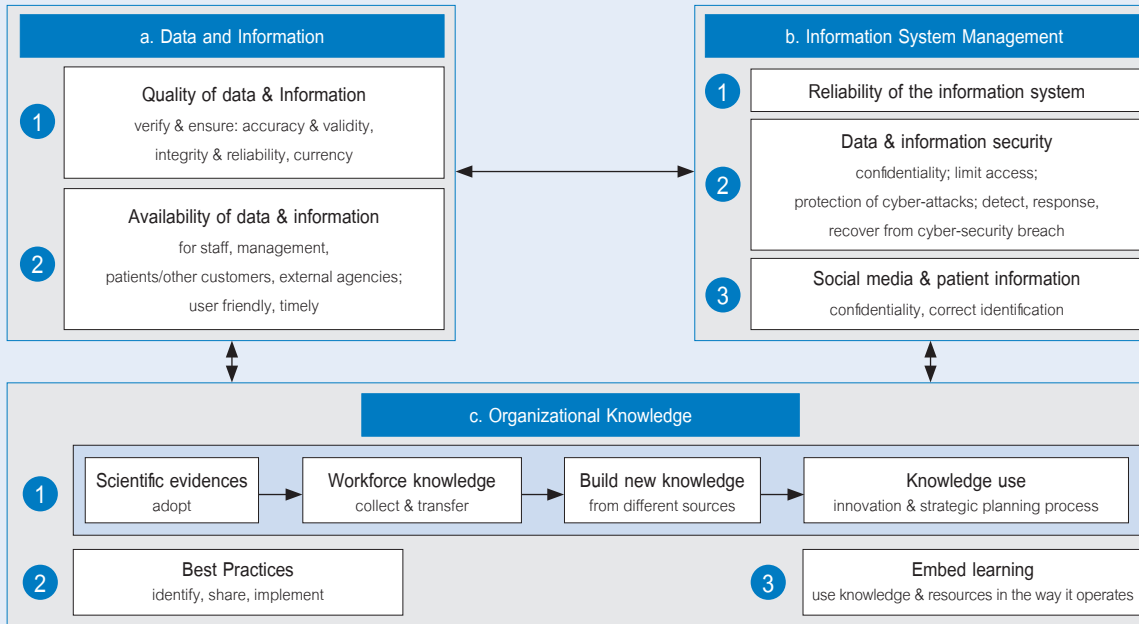
The organization selects, gathers, and analyzes appropriate data, uses review finding to improve its performance and promote learning.



PART I ORGANIZATION MANAGEMENT OVERVIEW

I-4.2 Information and Knowledge Management

The organization ensures quality and availability of necessary data and information. The organization efficiently manages its knowledge asset and embeds learning in daily operations.



I-4.1 Measurement, Analysis and Improvement of Organization Performance (MAK.1)

The organization selects, gathers, and analyzes appropriate data, uses review finding to improve its performance and promote learning.

a. Performance Measurement

- (1) The organization selects, collects, aligns, and integrates data/key performance indicators to use in tracking daily operations and overall organization performance, progress on achieving strategic objectives and action plans. (see also II-1.1 a.(6))
- (2) The organization selects appropriate comparative data⁶ to support fact-based decision-making.
- (3) The organization selects and uses voice of patient/other customer to build a more people-centered culture. (see also I-3.2 a.(1))
- (4) The performance measurement system is agile and responsive to rapid or unexpected change.

⁶ Sources of comparative data and information might include performance excellence, average health care performance, competitor or similar organization's performance.

b. Performance Analysis and Review

- (1) The organization analyzes and reviews its performance to assess organization success, progress on achieving its strategic objectives and action plans, and response to changing organizational needs and environment.

c. Using Data for Performance Improvement

- (1) The organization uses findings from performance reviews to develop priorities for continuous improvement and opportunities for innovation, of which are deployed throughout the organization. (see also II-1.1 a.(7))

I-4.2 Information and Knowledge Management (MAK.2)

The organization ensures quality and availability of necessary data and information. The information system is reliable and secure. The organization efficiently manages its knowledge asset and embeds learning in daily operations.

a. Data and Information

- (1) The organization verifies and ensures the accuracy & **validity, integrity** & reliability, and **currency** of its data and information.
- (2) The organization ensures availability of necessary data and information for staff, management, patients/other customers, and external agencies in a user-friendly formats and timely manner.

b. Information System Management

- (1) The organization ensures **the reliability** of the information system
- (2) The organization **ensures the security of sensitive or privileged data and information**; ensures confidentiality and **only appropriate access**; **protects the information system from cyber-attacks**; **detects, responds, and recovers from cyber-security breaches**.

- (3) In case that patient's information is sent through social media for a benefit of patient treatment, the organization should set a process guideline to protect confidentiality of patient's information and, at the same time, support correct identification.

c. Organizational Knowledge

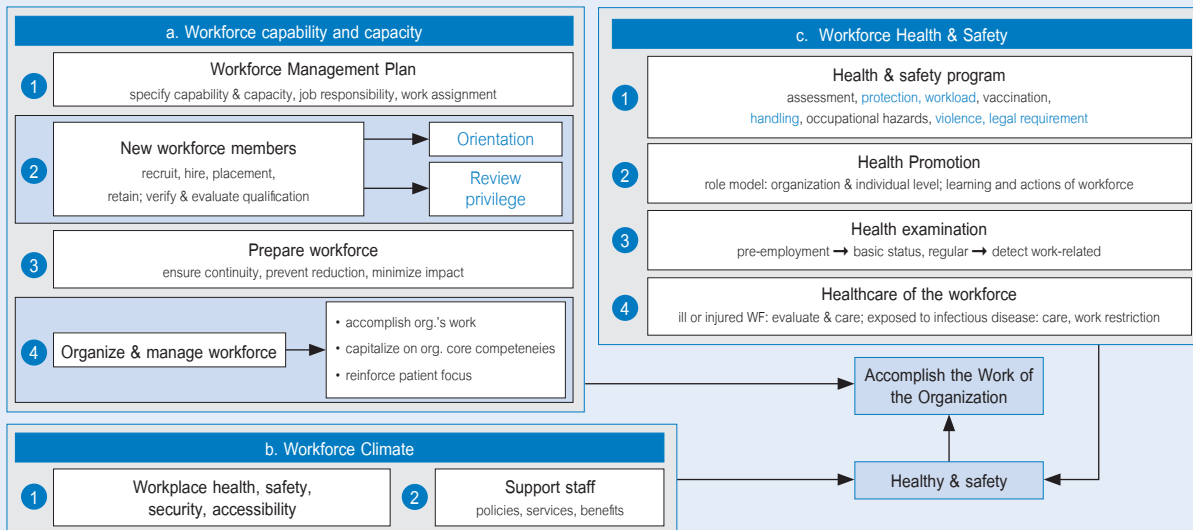
- (1) The organization builds and manages organizational knowledge. The organization collects and transfers workforce knowledge, blends and correlates data from different sources to build new knowledge, uses relevant knowledge in its innovation and strategic planning process. Scientific evidences on effectiveness of healthcare interventions and technology are adopted.
- (2) The organization identifies high performing units or operations, identifies their best practices for sharing and implements them across the organization.
- (3) The organization uses its knowledge and resources to embed learning in the way it operates.

PART I ORGANIZATION MANAGEMENT OVERVIEW

I-5 Workforce (WKF)

I-5.1 Workforce Environment

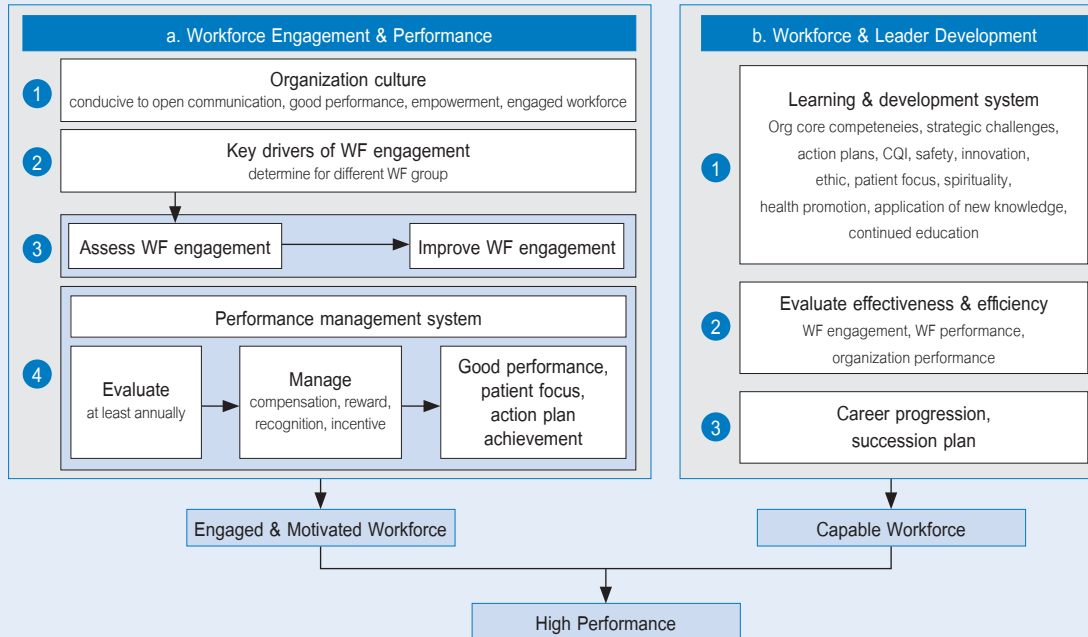
The organization manages its workforce capability and capacity to accomplish the work of the organization. The organization maintains a working environment and supports a climate that contributes to the health, safety and security of its workforce.



PART I ORGANIZATION MANAGEMENT OVERVIEW

I-5.2 Workforce Engagement

The organization engages its workforce. Its performance management system, learning and development system support a high-performance work environment.



I-5.1 Workforce⁷ Environment (WKF.1)

The organization manages its workforce capability and capacity to accomplish the work of the organization. The organization maintains a working environment and supports a climate that contributes to the health, safety and security of its workforce.

a. Workforce Capability⁸ and Capacity⁹

- (1) The organization develops a workforce management plan which considers professional councils' requirements and the organization context. The plan specifies requirements of workforce capability and capacity in each unit in order to provide desired services. The plan specifies its staff capability and capacity needs, as well as the level of staffing

⁷ **Workforce** refer to staff, independent practitioner, and volunteer

⁸ **Workforce capability** refers to the organization's ability to accomplish its work through knowledge, skills, abilities, and competencies of its people. Capability may include the ability to build and sustain relationships with the patients and other customers; to innovate and adapt to new technologies; to develop new health care services and work processes; and to meet changing demands.

⁹ **Workforce capacity** refers to the organization's ability to ensure sufficient workforce levels to accomplish its work and successfully deliver good health care services to the patients, including the ability to meet varying demand levels.

PART I ORGANIZATION MANAGEMENT OVERVIEW

and skill mix required to meet the needs of the services provided. Job responsibilities are identified and work assignments are based on staff members' credentials and any regulatory requirements. The scope of practice, performance and competency of staff, independent practitioners and where applicable volunteers, are in keeping with their job positions.

- (2) The organization has an effective process for workforce member recruitment, hiring, placement, and retention. There is an effective process to gather, verify, and evaluate professional workforce members' credentials: license, education, training, and experience. Formal orientation, training programs and knowledge sharing are arranged for new staff, independent practitioners and volunteers to enhance their knowledge, skills and experience. The professional licenses, credentials, and privilege are reviewed regularly at least every three years.
- (3) The organization prepares its workforce for changing organization's needs to ensure continuity, prevent workforce reduction, and minimize the impact of such reductions.
- (4) The organization organizes and manages its workforce to accomplish the organization's work, capitalize on its core competencies, and reinforce the focus on patients.

b. Workforce Climate

- (1) The organization ensures and improves workplace health, safety, security, and accessibility.
- (2) The organization supports its workforce via policies, services, and benefits, which are tailored to the needs of different workforce groups.

c. Workforce Health and Safety

- (1) The organization establishes a health and safety program to protect health and safety of workforce, including:
 - protective clothing and equipment for workforce;
 - workplace assessment on health and safety of workforce;
 - workload monitoring and stress management;
 - workforce vaccination;
 - prevention from manual handling injuries;
 - prevention from needle-stick injuries;
 - protection from occupational hazards, e.g. radiation, gas, chemical, substances, and infection;

PART I ORGANIZATION MANAGEMENT OVERVIEW

- managing violence, aggression, and harassment;
 - managing any relevant government and legal requirements.
- (2) The organization is a role model for health promotion at the level of organizational practices and good health behavior of individual workforce. Workforce involve, learn, decide and take actions in promoting their physical, mental, and social health.
 - (3) All staff have a pre-employment health examination and data of their basic health status are recorded. Staff have regular health examinations, which are designed to match their working conditions, to detect work-related illness and infectious diseases.
 - (4) Ill or injured workforce receive appropriate evaluation and care. Policies and procedures are developed for assessing disease communicability, indications for work restrictions, and care of workforce who have been exposed to infectious diseases.

I-5.2 Workforce Engagement¹⁰ (WKF.2)

The organization engages its workforce. Its performance management system, learning and development system support a high-performance work environment.

a. Workforce Engagement and Performance

- (1) The organization fosters an organization culture conducive to open communication, good performance, empowerment, and engaged workforce.
- (2) The organization determines key drivers of workforce engagement for different groups of workforce.
- (3) The organization assesses and improves workforce engagement.
- (4) The performance management system supports good performance of staff, independent practitioners and where applicable volunteers, reinforces a focus on patients and achievement of action plans. The system considers compensation, reward, recognition, and incentive practices. The performance and competency are regularly assessed at least annually.

¹⁰ **Workforce engagement** refers to the extent of workforce commitment, both emotional and intellectual, to accomplish the work, mission, and vision of the organization.

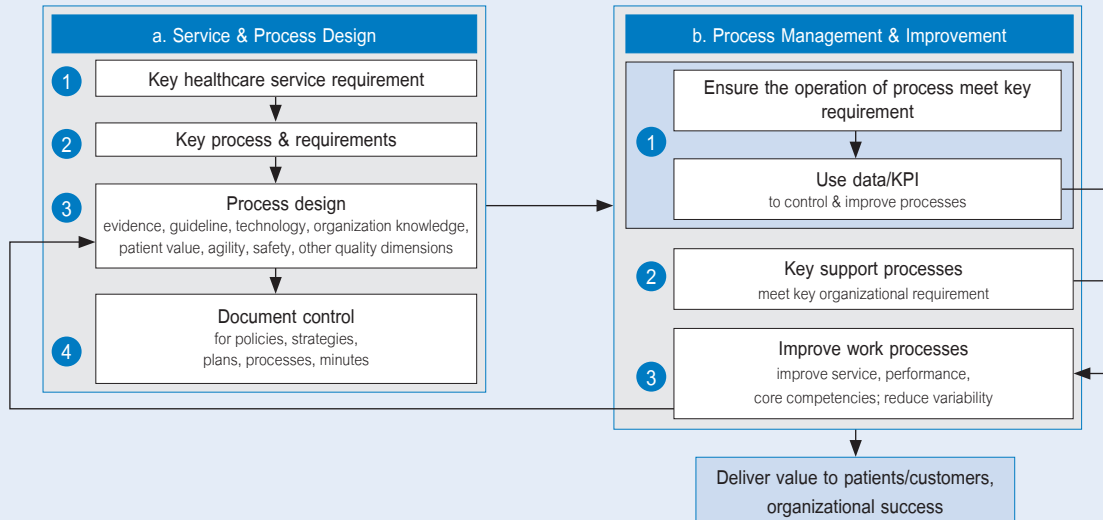
b. Workforce and Leader Development

- (1) The learning and development system supports the organization's needs and personal development of staff, independent practitioners, volunteers, managers, and leaders. The system addresses:
 - organization's core competencies, strategic challenges, and achievement of action plans;
 - organizational performance improvement, patient safety, organizational change, and innovation;
 - ethical health care and ethical business practices;
 - focus on patients and other customers, spiritual dimension of care, and health promotion;
 - application of new knowledge and skills on the job;
 - needs of continued professional education and needs identified by supervisors and managers.
- (2) The organization evaluates the effectiveness and efficiency of the learning and development system, considering workforce engagement, workforce performance, and organization performance.
- (3) The organization manages career progression for its workforce and carries out succession planning for management and leadership position.

I-6 Operation (OPT)

I-6.1 Work Processes

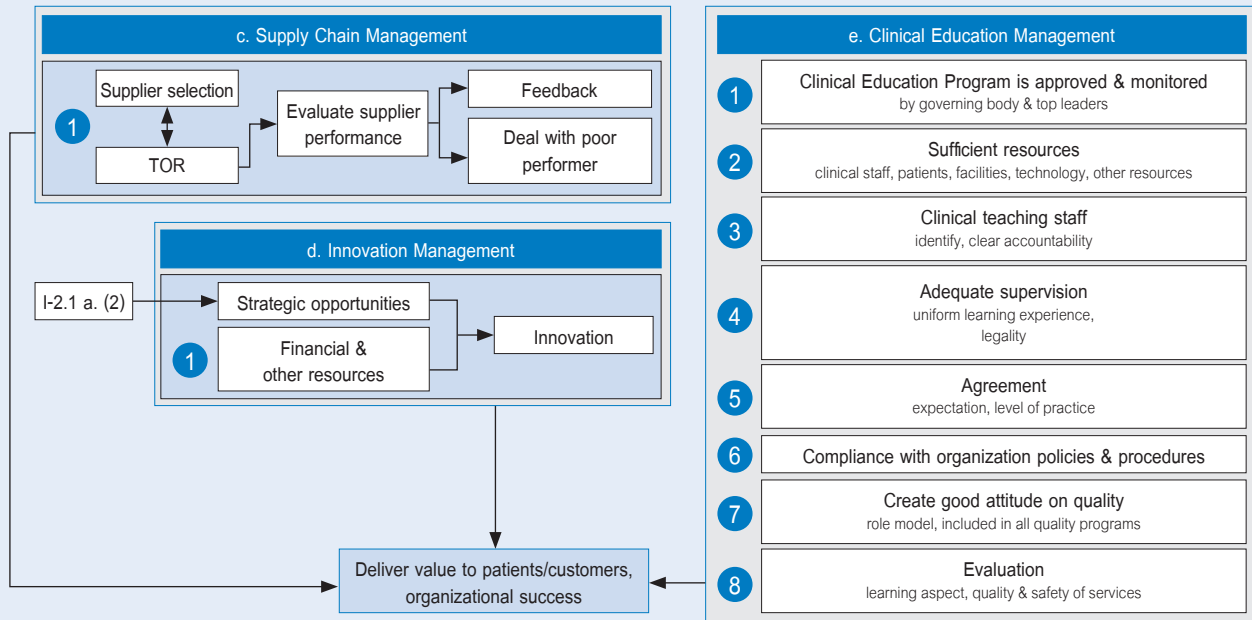
The organization designs, manages and improves key health care services and work processes to deliver value to patients/ other customers, and to achieve organization success.



PART I ORGANIZATION MANAGEMENT OVERVIEW

I-6.1 Work Processes

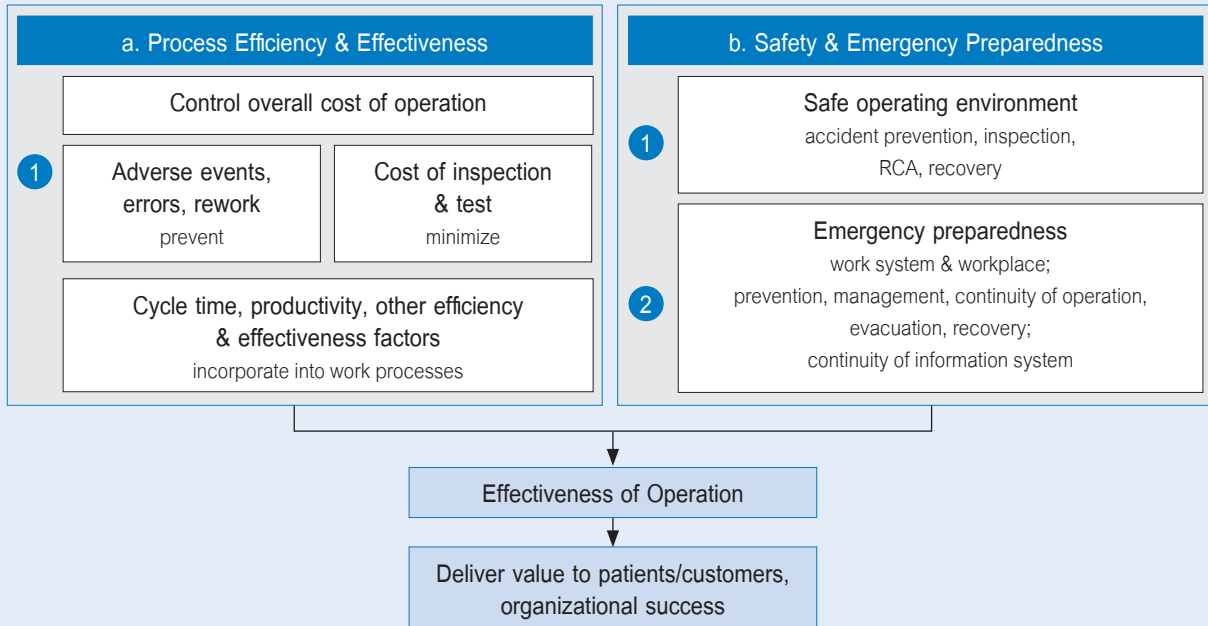
The organization designs, manages and improves key health care services and work processes to deliver value to patients/ other customers, and to achieve organization success.



PART I ORGANIZATION MANAGEMENT OVERVIEW

I-6.2 Operational Effectiveness

The organization ensures effectiveness of its operations to deliver value to patients/other customers, and to achieve organization success.



I-6.1 Work Process (OPT.1)

The organization designs, manages and improves key health care services and work processes to deliver value to patients/other customers, and to achieve organization success.

a. Service and Process Design

- (1) The organization determines key health care service requirements.
- (2) The organization determines its key work process and the key requirements of these work processes.
- (3) The organization incorporates scientific evidences, professional guidelines, technology, organization knowledge, patient/other customer value, agility, safety, and other quality dimensions into the service and process design.
- (4) Key policies, strategies, plans, processes/procedures and meeting minutes are documented, authorized¹¹, controlled, kept current, reviewed against agree timescales or as necessary.

¹¹ Authorization may be demonstrated by the signature of a person with authority to approve policies/plans/documents, or the recorded approval decision of the governing body.

b. Process Management and Improvement

- (1) The organization ensures that day-to-day operation of work processes meet key process requirements. Appropriate data/indicators are used to control and improve its work processes.
- (2) The organization determines its key support processes. The day-to-day operation of these processes meets key organizational requirements.
- (3) The organization improves its work processes to improve its health care services and performance, enhance its core competencies, and reduce variability.

c. Supply Chain Management

- (1) The organization manages its supply chain to ensure high quality of procured products and services¹² by the following measures:
 - proper selection of suppliers (including products and services) that are qualified to meet the organization's needs;
 - determining a clear and concise term of reference;

¹² **Products** such as drugs, medical instruments, diagnostic reagents; **services** such as facility cleaning service, security service, food service.

- measure and evaluate its suppliers' performance;
- provide feedback to its suppliers to help them improve;
- deal with poorly performing suppliers.

d. Innovation Management

- (1) The organization pursues the strategic opportunities for innovation, and provides financial and other necessary resources.

e. Clinical Education Management

- (1) Participation of the organization with an academic institute in affiliating with or providing a health professional education and training program is approved and monitored by the governing body and top leaders.
- (2) There are sufficient resources to support the education and training programs:
 - clinical staff number and expertise;
 - patient number and variety;
 - facilities, technology, and other resources.

PART I ORGANIZATION MANAGEMENT OVERVIEW

- (3) Clinical teaching staff are identified with clear accountability and authority which adheres to directives in the curriculum.
- (4) Adequate supervision is provided for each level of student and trainee to ensure safe patient care and ensure a uniform learning experience. It is clear on how the evidence of supervision is documented and on legality of the documentation by a student and trainee.
- (5) The agreements on collaborative contribution between the organization and the academic institute is established, including the responsibility expected and level of practice allowed for a student and trainee. A documentation of status and achievement of each student and trainee is established.
- (6) Students and trainees comply with all organization policies and procedures.
- (7) The organization create a good attitude on quality and safety for students and trainees, and be a role model of a good quality system, e.g. Medical Staff Organization, medication safety, learning from errors, risk management system, etc. Students and trainees are included in all quality and safety programs.
- (8) There is an evaluation of the clinical education program in both the aspect of learning and quality/safety of services.

I-6.2 Operation Effectiveness (OPT.2)

The organization ensures effectiveness of its operations to deliver value to patients/other customers, and to achieve organization success.

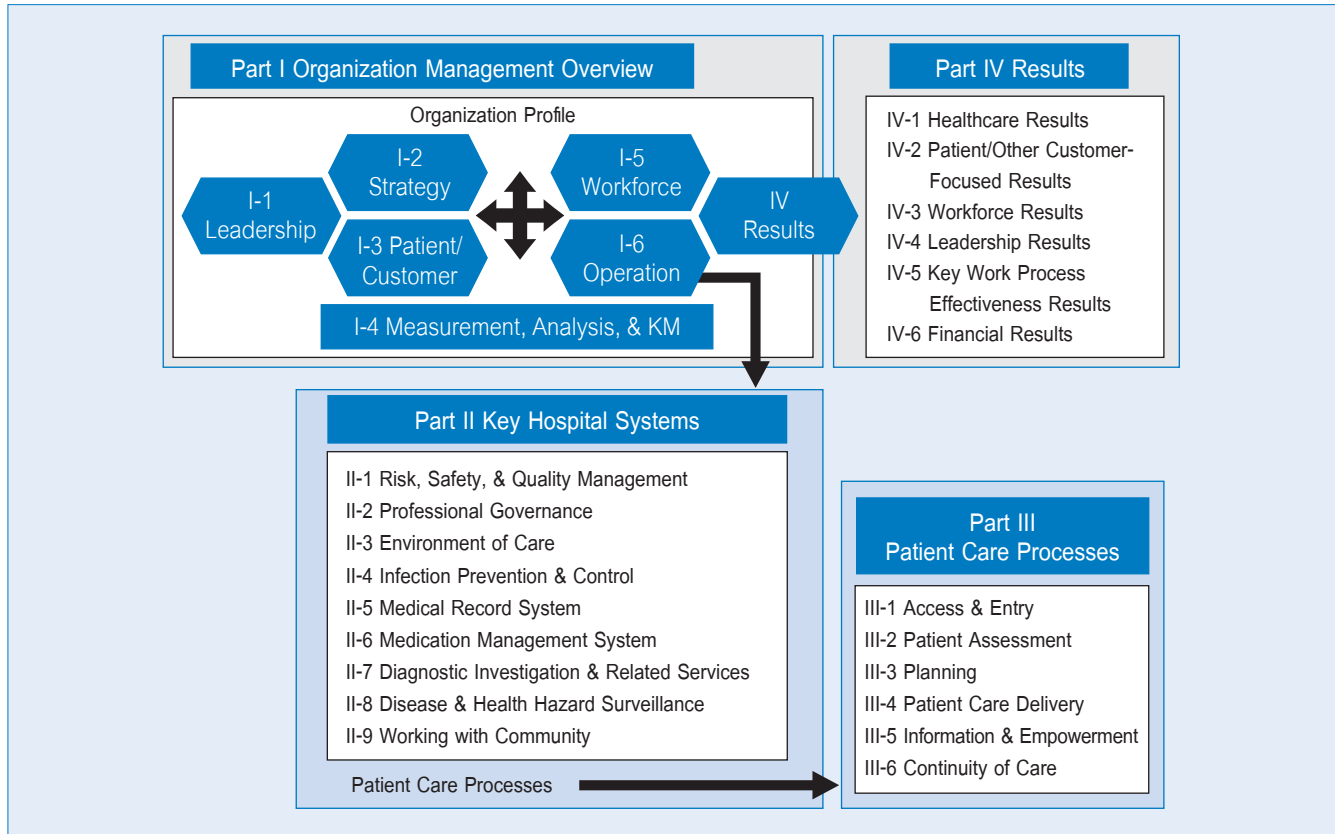
a. Process Efficiency and Effectiveness

- (1) The organization **controls** the overall cost of its operation by **preventing adverse events**, errors and rework; minimizing the costs of inspections and **tests**; **incorporating cycle time**, **productivity**, and **other efficiency and effectiveness factors** into its work processes.

b. Safety and Emergency Preparedness

- (1) The organization provides a safe operating environment. The safety system addresses **accident prevention**, **inspection**, **root-cause analysis of failures**, and **recovery**.
- (2) The organization ensures that work systems and workplace are prepared against disasters or emergencies. The preparedness system considers prevention, management, continuity of operations, evacuation, recovery, **taking reliance on its workforce**, **suppliers**, and **partners into account**. The organization ensures that **information systems** continue to be **secure and available to serve**.

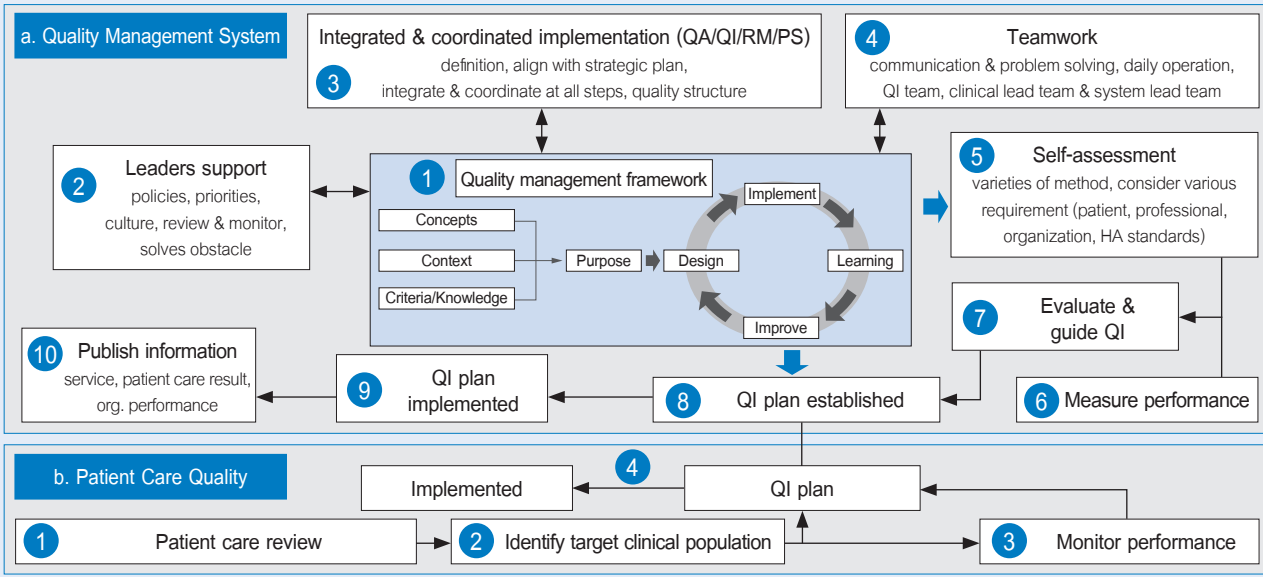
PART II KEY HOSPITAL SYSTEMS



II-1 Risk, Safety, and Quality Management (RSQ)

II-1.1 Quality Management

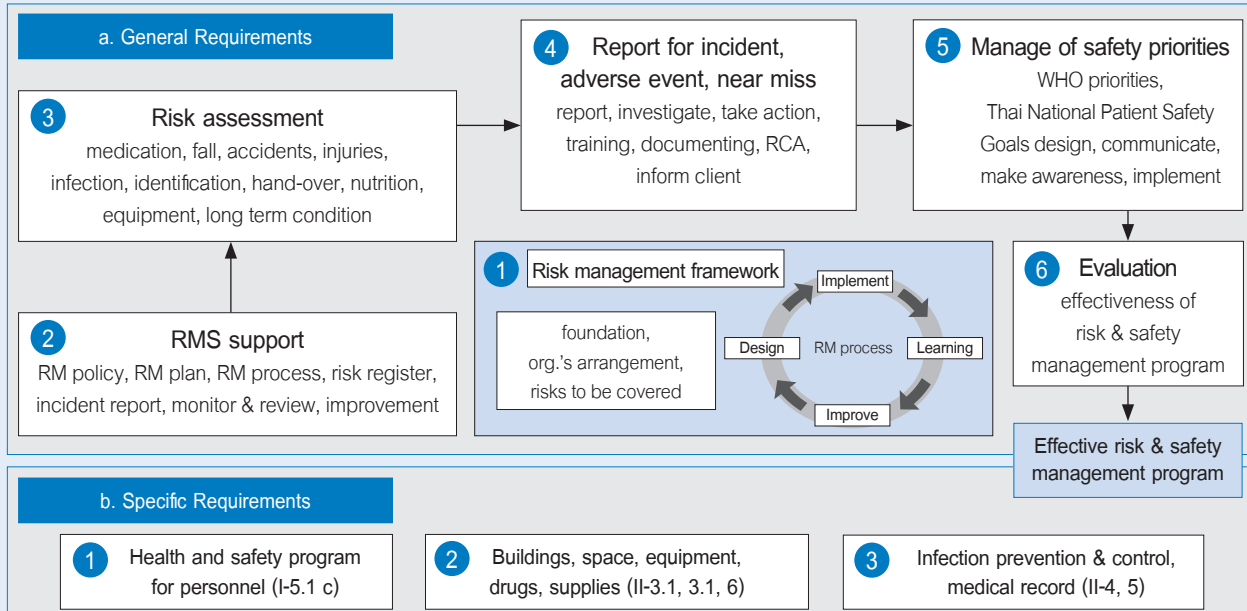
There is a concerted and coordinated effort for quality management at all levels.



PART II Key Hospital Systems

II-1.2 Risk Management System

There is an effective and coordinated risk and safety management system to manage risk and to protect the safety of patients/ service users, staff and visitors.



II-1.1 Quality Management (RSQ.1)

There is a concerted and coordinated effort for quality management at all levels.

a. Quality Management System

(1) The organization implements a quality management system; with a framework that support the design, implementation, maintenance, and improvement of quality management processes.

The following components should be considered:

- principles or concepts of quality management;
- specific context of the organization including client requirements;
- criteria, guideline, explicit and tacit knowledge;
- quality objectives;
- human-centered design;
- effective implementation;
- monitoring, evaluation, and learning;
- process redesign/refinement/improvement, innovation, and integration;
- a designated person with responsibility for promoting and coordinating quality improvement.

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- (2) Leaders at all levels support the safety and quality improvement efforts as follows:
- set policies, goals, priorities and expectation for quality and safety;
 - encourage cultures of safety, people-centered, continuous improvement, and learning;
 - continually review and monitor the performance, progress of improvement, and solves obstacles.
- (3) The quality, safety and risk management systems are implemented in an integrated and coordinated approach as follows:
- determine the operating definitions for “risk” and “quality”;
 - align the quality, safety, and risk management program with the organization’s strategic plan;
 - all programs or activities related to quality, safety, and risk are integrated and coordinated at all steps of planning, implementation and evaluation;
 - an effective quality structure appropriate to the organization is established to facilitate and coordinate the programs; accountability and responsibilities for quality and performance improvement are defined.

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- (4) Teamwork is promoted at all levels:
- There are effective communication and problem solving within work units, between work units, between professions, between staff and management, and between staff and patient/customer.
 - The staff collaboratively provide high quality care and service in daily operation with safety conscious and professional responsibility.
 - Varieties of quality improvement teams are encouraged.
 - There are cross-functional or multidisciplinary oversight mechanisms to give a direction, support and monitor quality and safety initiatives, e.g. clinical lead team, system lead team.
- (5) The organization uses multiple approaches of self-assessment to identify opportunities for improvement.
- A spectrum of evaluation techniques is appropriately used to identify opportunity for improvement, i.e. from a qualitative method to a systematic quantitative method or using research methodology.
 - The comparison with patient/customer's requirement, evidence-based guidelines, the hospital standards and other standards requirement, goals and objectives of the

PART II Key Hospital Systems

organization and work units, national or international benchmarks are used as appropriate. Enrolling in a comparative indicator program is encouraged.

- Varieties of self-assessment methods are used, i.e. share and learn, group discussion, writing a port-folio or self-assessment form, clinical tracer, internal survey or internal audit, patient survey and interview, quality review, audit and feedback, presentation for peer assist, after action review, and indicator monitoring.

(6) The organization measures quality performance, both process and outcome, includes the following as a minimum:

- governance;
- clinical governance;
- organization management, encompassing service activities, human resource management, infection control, risk management;
- utilization and efficiency of services;
- performance of quality programs;
- patient/service user's satisfaction;
- other key performance indicators relating to the type of healthcare or social care delivered.

(see also criterion I-4.1 and part IV)

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- (7) The information collected from self-assessment and performance measurement are used to evaluate and guide quality improvement.
(see also criterion I-4.1)
- (8) The organization establishes quality improvement plans as a response to the opportunities for improvement identified. The quality improvement plan should:
- be formalized;
 - be comprehensive for all parts of the organization;
 - promote continuous quality improvement;
 - allocate responsibilities;
 - be subject to evaluation.
- (9) A quality improvement plan is implemented which includes processes for monitoring and evaluating the improvement.
- (10) The organizations publishes information on the services provided that is easily accessible and updated regularly to ensure it is current and accurate. Where possible, information should include data on patient care results and organization performance.

b. Patient Care Quality

- (1) Patient care and service are regularly reviewed¹³ to evaluate the quality and efficiency of care and identify opportunities for improvement.
- (2) The healthcare teams identify clinical populations¹⁴ as targets for improvement, as well as goals and objectives of patient care and improvement.
- (3) The healthcare teams use appropriate indicators to monitor performance of patient care for the identified population.
- (4) The healthcare teams develop a care improvement plan using a concerted action and varieties of methods to improve patient care, e.g. multidisciplinary approach, holistic approach, evidence-based approach, root cause analysis, innovation and benchmarking. The improvement includes dimensions of prevention, promotion, curative and rehabilitation, as appropriate.

¹³ **Review of Patient care and service** such as bedside review; medical record review, clinical tracing, peer review; review of incident, complication, dead cases; resource utilization review; rational drug use evaluation; review of complaints from patients/customers; assessment of knowledge, competency, and skill; referral system review; drug utilization review; blood utilization review; nosocomial infection review; indicator review.

¹⁴ **Clinical population** means patient groups suffered by a specific condition or attaining a specific treatment method, such as diabetic patient, newborn, TB patient, HIV-infected person, brain-surgery patient.

II-1.2 Risk Management System (RSQ.2)

There is an effective and coordinated risk and safety management system to manage risk and to protect the safety of patients/service users, staff and visitors.

a. General Requirements

(1) The organization implements a risk management system; with a framework that support the design, implementation, maintenance, and improvement of risk management processes; including both reactive and proactive measures. The following components should be considered in the risk management framework:

- Foundations: i.e. risk management policy, scope for assessing risks, objectives, mandate, and commitment which are relevant to the organization context;
- Organization's arrangements: a summary of risk plans for major risks, process design and activities, relationships with other systems, component and accountabilities/responsibilities of teams, resources, staff training, processes for communicating with stakeholders, monitoring and evaluation;
- Risks to be covered: e.g. strategic, clinical, operational, financial and hazards.

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(2) The risk management system is supported by a policy, plan, procedures, a risk register and processes:

- The risk management policy expresses an organization's commitment to risk management and clarifies its general direction or intention.
- The risk management plan describes how the organization intends to manage risk, i.e. procedures, practices, responsibilities, activities, and the resources that will be used to manage risk.
- Risk management processes include risk identification, risk analysis (likelihood and consequence), risk prioritization, a plan to treat or modify the risks, risk monitoring and review.
- A risk register should be kept of all identified risks (both clinical and non-clinical risk) and is updated on a regular basis. The identified risks should be rated in accordance with their severity and potential impact to the organization. Risk avoidance and control, risk mitigation, and risk monitoring should be planned for each identified risk.
- There is a procedure for incident reporting, how the report will be managed, acted upon, and recorded.

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- The organization should monitor the following: routine surveillance of actual performance compared with required performance; investigating the current situation and specific issues at specified intervals; and use results from the monitoring and review processes to make improvements.
(see also criterion I-4.1)
- (3) The organization shall undertake risk assessment to safeguard patients/service users from unintended consequences of care/treatment. Risk assessment should include:
- medication management;
 - falls, accident, injuries;
 - infection control;
 - patient identification errors;
 - miscommunication during patient hand-overs;
 - nutrition;
 - equipment risks, e.g. catheter and tubing mis-connection, fire or injury risks from use of laser;
 - risks resulting from long term conditions, such as bed sore.

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- (4) The organization has processes for reporting, investigating and taking actions in response to safety incidents, adverse events and near misses affecting patients/service users, staff or visitors and for using those findings to improve services. The processes should include:
- training the staff about methods of risk identification, reporting, investigation and root cause analysis;
 - means for documenting and reporting incidents/events;
 - conducting root cause analysis;
 - steps for informing patients/service users of adverse events that they are effected by.
- (5) The organization shall manage issues relating to patient/service user safety relevant to their care sector, including any appropriate safety priority areas set by the World Health Organization (WHO)¹⁵, and Thai National Patient & Personnel Safety Goals. Prevention strategies and measures are carefully designed, thoroughly communicated, and made awareness for effective implementation.
- (6) The effectiveness of the hospital risk and safety management program is evaluated regularly and used for improvement.

¹⁵ such as **Global Patient Safety Challenge**: “Clean Care is Safer Care (2005)”, “Safe Surgery Saves Lives (2008)”, “Medication Without Harm (2017)”.

b. Specific Requirements

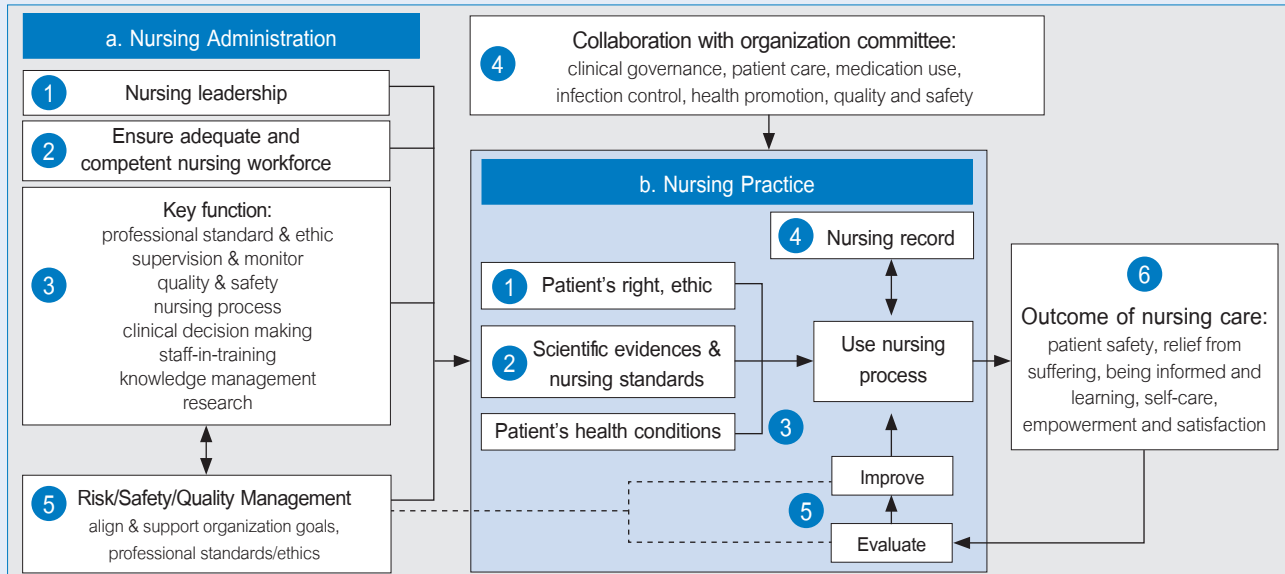
The risk management system is integrated with other key hospital systems which have high risks.

- (1) The organization effectively manages the health and safety program for personnel.
(see more details in criterion I-5.1 c.(1))
- (2) The organization ensures that buildings, space, equipment, drugs, and supplies comply with relevant safety law and regulations. Equipment is operated under safety precaution.
(see more details in criterion II-3.1, II-3.2, II-6)
- (3) The organization has a planned and systematic program for prevention and control of infection and has well-designed procedures for patient medical record.
(see more details in criterion II-4 and II-5)

II-2 Professional Governance (PFG)

II-2.1 Nursing Governance

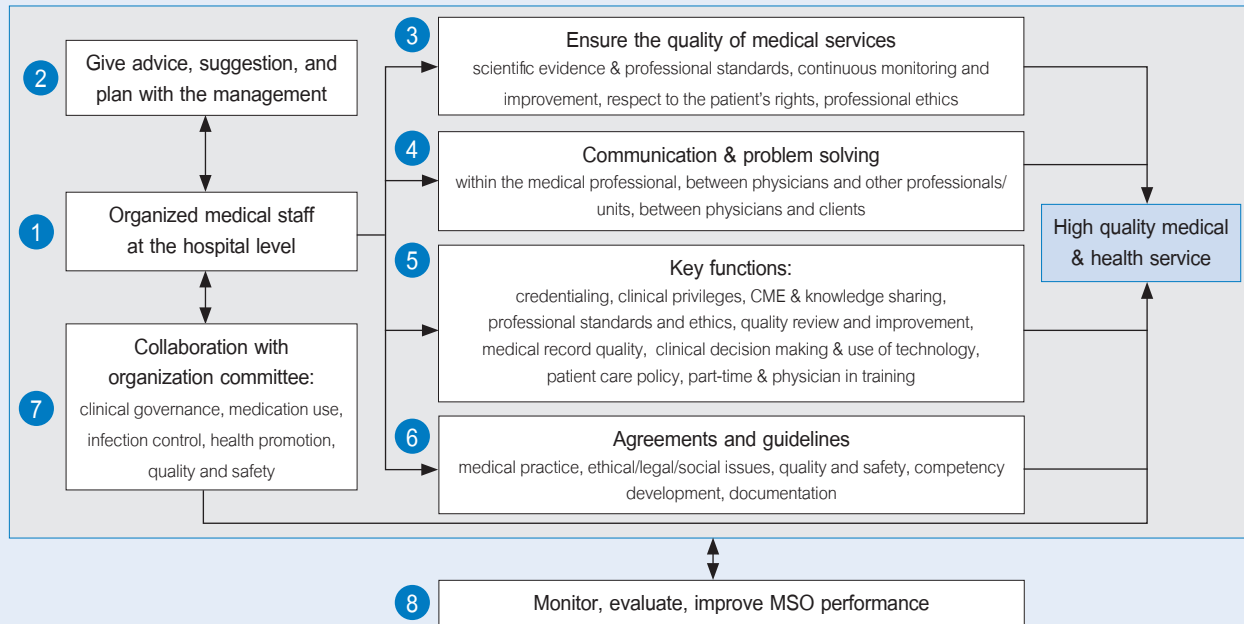
There is an organized nursing administration responsible for high quality nursing service to fulfill the mission of the organization.



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II-2.2 Medical Staff Governance

There is an organized medical staff organization, responsible for supporting and oversight of standard and ethical practice of medical professional to fulfill the mission of the organization.



II-2.1 Nursing Governance (PFG.1)

There is an organized nursing administration that responsible for high quality nursing services to fulfill the mission of the organization.

a. Nursing Administration

- (1) Nursing leaders at all levels are qualified registered nurses with experience on both nursing practices and nursing administration¹⁶.
- (2) Nursing administration ensures that there will be competent¹⁷ and adequate¹⁸ nursing workforce, covering staff and independent practitioners, for the services provided.

¹⁶ such as visionary leadership, coaching, good communication skill, good relationship-building skill.

¹⁷ **Ensuring competency** such as monitoring and assessment of nursing competencies and building up their competencies in accordance with their work, determining their job description according to their professional standards, and promoting continuous nurse education and knowledge sharing.

¹⁸ **Ensuring adequate** such as determining an appropriate amount of manpower, and arranging nursing staff to match nursing requirement of patients.

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- (3) The nursing administration effectively carries out these key functions:
 - oversight of professional standards and ethics;
 - supervision, monitoring, and encouraging improvement in quality and safety for patient care;
 - support appropriate clinical decision making and use of technology;
 - supervision of nurse students who are in education and nurses who are in training in the organization;
 - knowledge management and research for professional development.
- (4) The nursing administration works collaboratively with organization committees on clinical governance, patient care, medication utilization, infection control, health promotion, quality and safety.
- (5) The risk, safety, and quality management in nursing care aligns with and supports the organization goals and objectives, professional standards and ethics.
- (6) Goals of patient safety, relief from suffering, being informed and learning, self-care, empowerment and satisfaction are used for evaluation and improvement of nursing care.

b. Nursing Practices

- (1) Nursing staff, in collaboration with other professionals, provide nursing care with respect to patient's rights and professional ethics.
- (2) Nursing staff provide nursing care on the basis of updated scientific evidences and nursing standards.
- (3) Nursing staff use nursing processes to provide high quality, comprehensive and holistic nursing care to individuals, families, and communities. Nursing care is harmonized with patient's health conditions, lifestyles and social context, plans for continuum of care with healthcare teams and clients/families from entry to after-discharge.
- (4) Nursing records and nursing reports reflect the holistic and continuum of nursing care and are useful for communication, continuum of care, evaluation of nursing care quality, research, and medico-legal purposes.
- (5) Nursing practices are evaluated with systematic monitoring, evaluation and continuous improvement.

II-2.2 Medical Staff Governance (PFG.2)

There is an organized medical staff organization that responsible for supporting and oversight of standards and ethical practices of medical professional to fulfill the mission of the organization.

- (1) Medical staff are organized at the hospital level to ensure high quality professional practices and accountability.
- (2) The medical staff organization gives advice, suggestion, and collaboratively plans with the management on clinical governance and the provision of high quality medical and public health services.
- (3) The medical staff organization ensures that the provision of medical services is based on scientific evidence and professional standards, respects to patient's rights and professional ethics.
- (4) There are structures and mechanisms to support communication and problem solving within the medical professional, between physicians and other professionals or other units, between physicians and clients.
- (5) The medical staff organization effectively carries out these key functions:
 - credentialing;

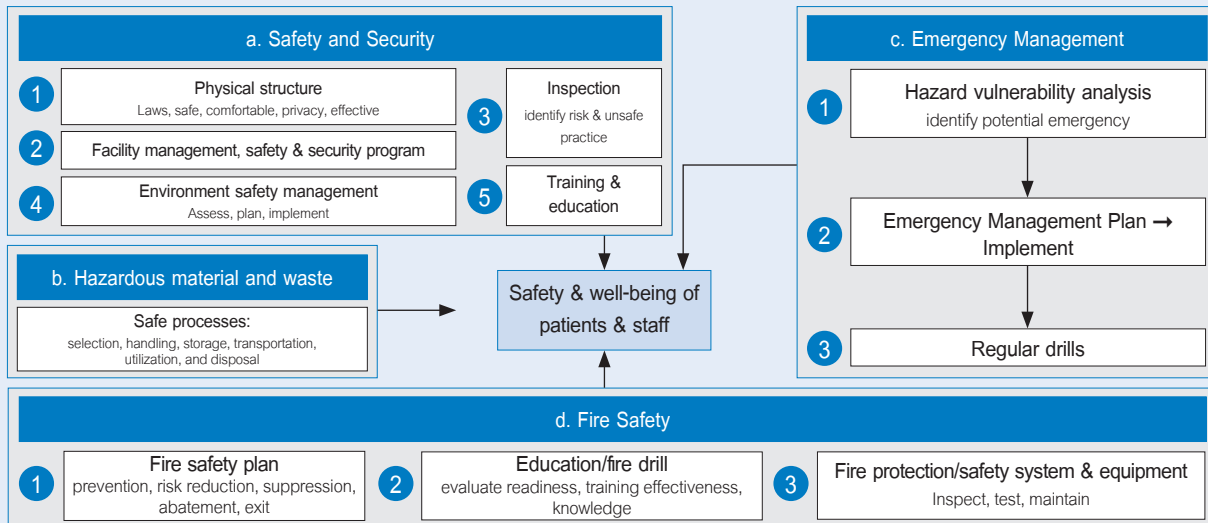
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- granting of clinical privileges to each physician to ensure that he/she has expertise in the field that he/she is working;
 - continuing medical education and knowledge sharing;
 - supervision of medical students, physicians in training, and part-time/on-call physicians;
 - promoting professional standards and ethics;
 - promoting patient care quality review and improvement;
 - promoting quality improvement of medical record;
 - promoting appropriate clinical decision making and use of technology;
 - patient care policy development or endorsement.
- (6) Agreements and guidelines for physicians are established and followed. These include medical practices, ethical/legal/social issues, quality and safety, competency development, documentation.
- (7) The medical staff organization works collaboratively with organization committees on [clinical governance](#), medication utilization, infection control, health promotion, quality and safety.
- (8) The medical staff organization monitors and evaluates its performance for continuous quality improvement.

II-3 Environment of Care (ENV)

II-3.1 Physical Environment and Safety

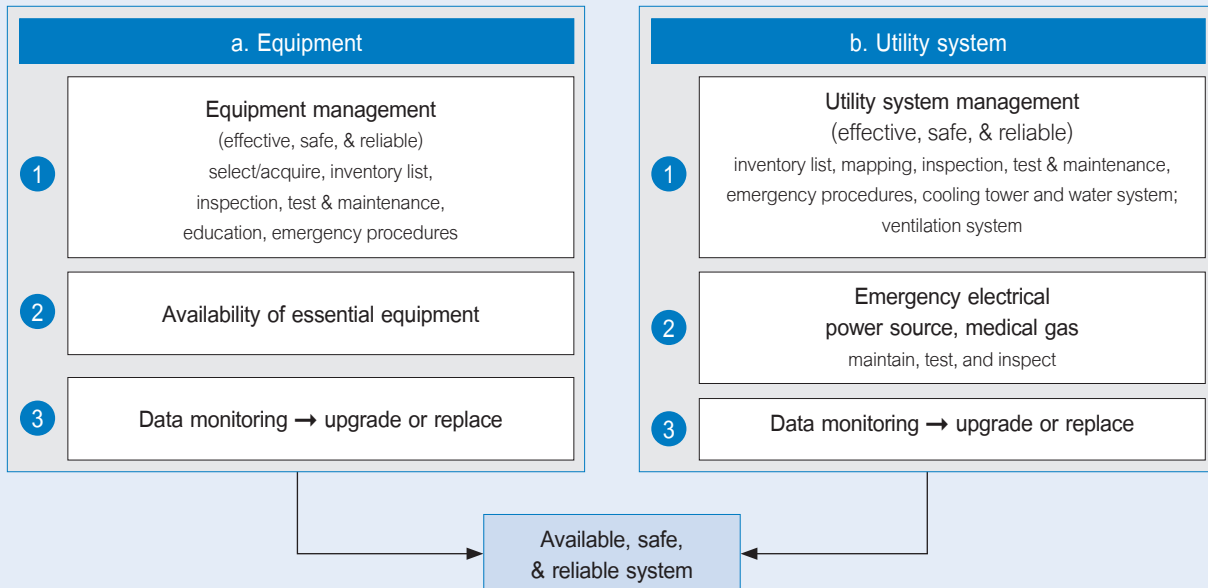
The organization's physical environment contributes to the safety and well-being of patients, staff, and visitors. The organization ensures that all occupants are safe from fire, hazardous material and waste, or other emergencies in the facilities.



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II-3.2 Equipment and Utility System

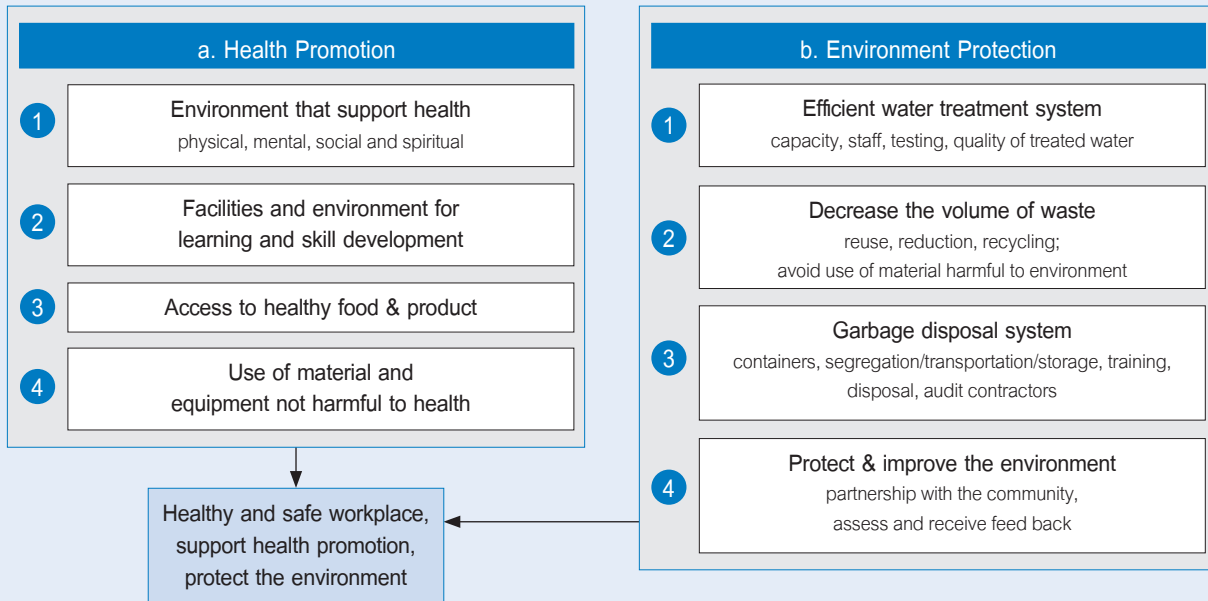
The organization ensures that essential equipment is available for use and functions properly and ensures continuity of essential utility services.



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II-3.3 Environment for Health Promotion and Environment Protection

The organization demonstrates its commitment for the hospital to be a healthy and safe workplace, to support health promotion activities, and to protect the environment.



II-3.1 Physical Environment and Safety (ENV.1)

The organization's physical environment contributes to the safety and well-being of patients, staff, and visitors. The organization ensures that all occupants are safe from fire, hazardous material and waste, or other emergencies in the facilities.

a. Safety and Security

- (1) Physical structure of the organization complies with relevant laws, regulations, and requirement of facility inspection. The design and layout of the buildings ensure a safe, comfortable, patient privacy and work-effective environment.
- (2) One or more personnel are assigned to oversee facility management, safety, and security programs. All aspects of the programs are monitored for improvement.
- (3) The organization surveys the facility and the environment to identify environmental risks and unsafe practices, at least every six months in areas where patients/visitors are served and at least annually in other areas.

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- (4) The organization conducts a proactive risk assessment¹⁹. A safety management plan is then developed and implemented to reduce the identified risk, prevent injury, and maintain clean and safe conditions for patients/visitors and staff.
- (5) All staff are educated and trained about their roles in providing a safe and effective patient care environment.

b. Hazardous materials and waste

- (1) The organization safely manages its hazardous materials and waste²⁰ by identifying and implementing processes for selection, handling, storage, transportation, utilization, and disposal of hazardous material and waste.

¹⁹ such as assessment of risk that may arise from building construction, renovation, and demolition.

²⁰ **Hazardous material and waste** such as chemicals, chemotherapy drugs, radioactive materials, infectious waste and sharps.

c. Emergency Management

- (1) The organization conducts a hazard vulnerability analysis to identify potential emergency²¹ that could affect the need for healthcare services.
- (2) The organization develops an emergency management plan which describes the preparedness for disaster response and emergency management²², and implements it when appropriate.
- (3) The organization regularly conducts drills to test emergency management.

²¹ **Emergency** includes man-made or natural events (storm, flood, earthquake) that damage the surroundings of patient care, resulting in disruption of patient services (for example, the dysfunction of electricity, water supply, telephone system) or induce a rapid and immediate increase in health care demand (such as biochemical weapons, building collapse, mass casualty).

²² **Emergency management** should cover patient care, triage and management of contaminants, supporting activities for hospital staff and their families, procurement of necessary materials and equipment, management of utility systems, security systems, communication, transfer, preparation of reserved areas, coordination and reports.

d. Fire Safety

- (1) The organization develops and implements a fire safety plan. The fire safety plan includes fire prevention/risk reduction, early detection, suppression, abatement, and safe exit from fire, or other emergencies in the facility.
- (2) The organization conducts hospital-wide education programs for fire safety to promote awareness and conducts fire drills regularly. Management defects and opportunities for improvement are identified. Readiness of fire equipment, effectiveness of fire response training, and staff knowledge are evaluated from the fire drill.
- (3) The organization regularly inspects, tests and maintains fire protection and fire safety systems and equipment²³.

²³ **Fire safety system and equipment** such as smoke detector, fire alarm, extinguishment systems (water pipe, chemicals, water injection system), and firefighting equipment.

II-3.2 Equipment and Utility System (ENV.2)

The organization ensures that essential equipment is available for use and functions properly and ensures continuity of essential utility services.

a. Equipment

- (1) The organization develops and implements an equipment management plan for effective, safe, and reliable operation of the equipment. The plan includes:
- a process for selecting and acquiring equipment;
 - creating an inventory of equipment to be included in the equipment management plan;
 - performance and safety testing of equipment before initial use;
 - appropriate inspection, test and maintenance strategies at a defined interval;
 - users' education;
 - staff training on the safe operation of equipment;
 - emergency response against disruption of equipment's function.

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- (2) Essential medical equipment is available and ready for safe patient care. Only trained and competent staff are authorized to handle specialized equipment.
- (3) The organization collects data and monitors implementation of the equipment management program. This data is used to plan for upgrade or replacement of equipment.

b. Utility systems²⁴

- (1) The organization develops and implements a management plan for effective, safe, and reliable operation of utility systems. The plan includes:
 - creating an inventory of operating components of utility systems;
 - position and lay out of utility systems;
 - appropriate inspection, test and maintenance strategies at a defined interval;
 - emergency response against disruption of utility systems;
 - decreasing biological pathogens in cooling tower and water system;
 - efficiency of the ventilation system in controlling airborne contaminants.

²⁴ **Utility system** includes electricity system, water supply system, ventilation and air-conditioning system, pipeline for medical-used gas and vacuum, transport system for materials and equipment, steam system, communication system, and data sharing system.

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- (2) The organization provides an emergency electrical power source and **an alternate source of medical-used gas** to all critical service areas²⁵ with appropriate and regular maintenance, testing, and inspection.
- (3) The organization collects data and monitors implementation of the utility management program and used this data to plan for upgrade or replacement of the utility systems.

²⁵ **Critical service area requiring emergency electrical power** such as alarming system, exit light, exit sign, emergency communication system, blood, bone and tissue bank, emergency room, elevator (at least 1 elevator prepared for cripple patients) medical air compressor, vacuum system, resuscitation site, operating room, recovery room, labor room, newborn unit.

II-3.3 Environment for Health Promotion and Environment Protection (ENV.3)

The organization demonstrates its commitment to being a healthy and safe workplace, supporting health promotion activities, and protecting the environment.

a. Health Promotion

- (1) The organization establishes environment that support physical, mental, social and spiritual health of patients, families, and staff.
- (2) The organization establishes facilities and environment for learning and skill development of staff, patients and other customers, and general public.
- (3) The organization promotes access to and consumption of appropriate healthy food and products.
- (4) The organization promotes usage of material and equipment which are not harmful to health.

b. Environment Protection

- (1) There is an efficient water treatment system:
 - the system has sufficient capacity to cope with amount of waste water;
 - the system is operated by trained staff;
 - treated water is tested according to government's rules and regulations;
 - quality of treated water at the time of peak load complies with government's standards.
- (2) The organization manages to minimize the volume of waste through a program of reuse, reduction, and recycling. The organization avoids the use of material that is harmful to the environment.
- (3) The garbage disposal system conforms to sanitation requirements:
 - proper and adequate containers;
 - proper segregation/transportation/storage of general, infectious and hazardous waste;
 - training of staff for proper waste transportation and disposal;
 - a proper process for disposal of infectious and hazardous waste;
 - an audit of infectious waste disposal by contractors.

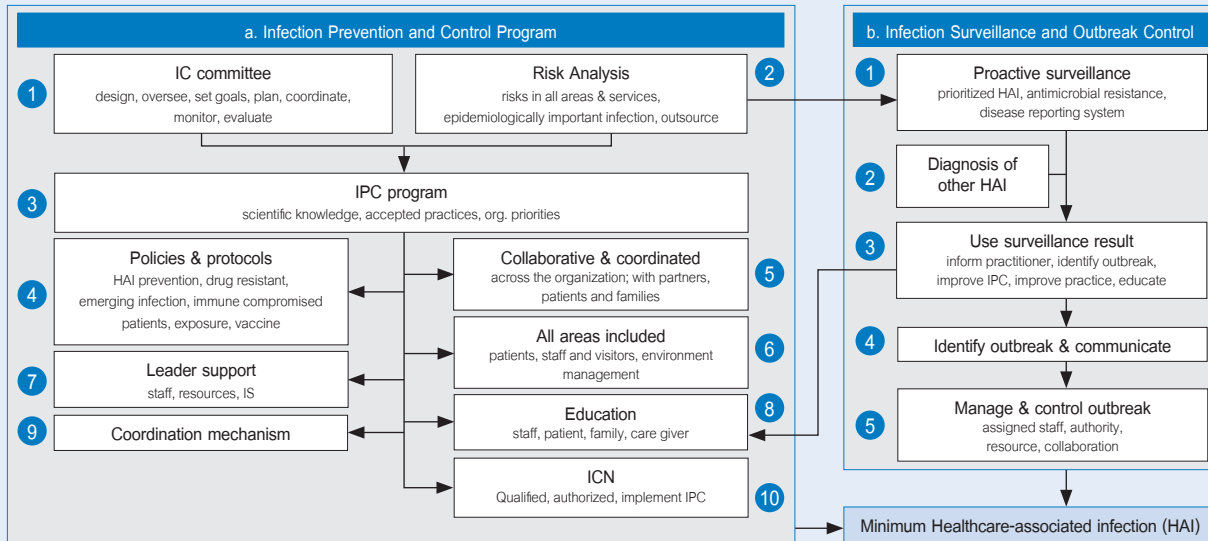
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- (4) The organization, in partnership with the community and other organizations, protects and improves the environment. The organization assesses and receives a feedback on hospital waste management that may have an impact on the communities.

II-4 Infection Prevention and Control (IC)

II-4.1 Infection Prevention and Control Program

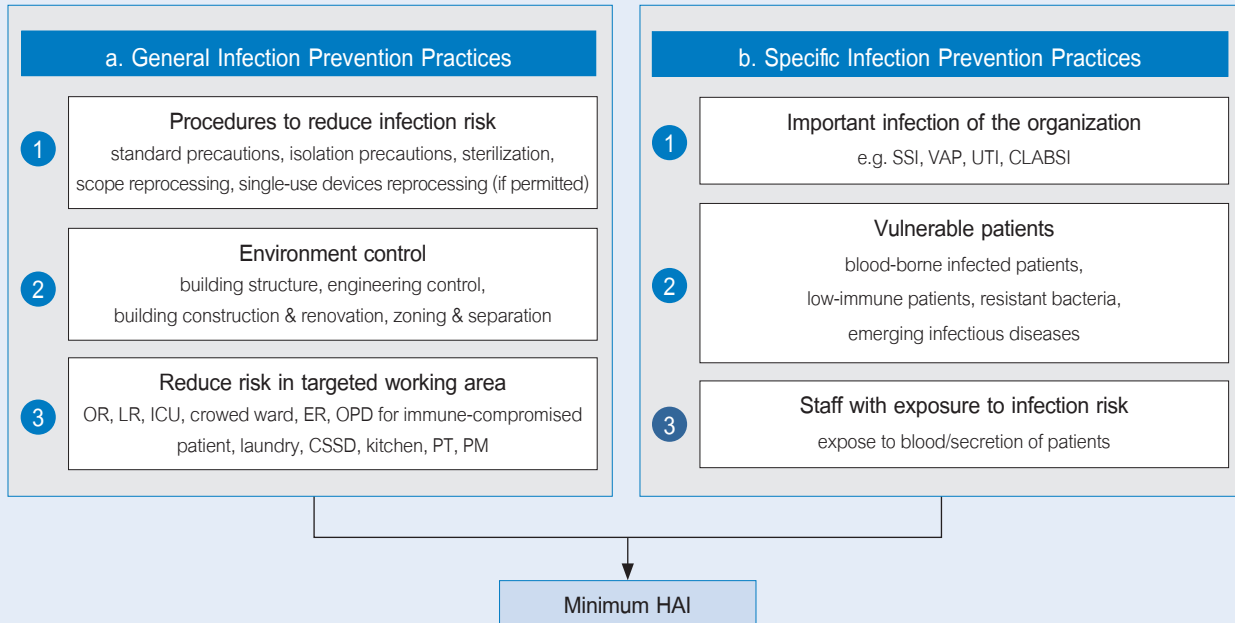
The organization establishes the Infection Prevention and Control Program, including a surveillance and monitoring system, that is appropriate to its context, adequately supported and well-coordinated.



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II-4.2 Infection Prevention Practices

The organization ensures appropriate practices to prevent healthcare associated infection.



II-4.1 Infection Prevention and Control Program (IC.1)

The organization establishes the Infection Prevention and Control Program, including a surveillance and monitoring system, that is appropriate to its context, adequately supported and well-coordinated.

a. Infection Prevention and Control Program

- (1) There is a designated and multi-disciplinary committee who is responsible for designing/overseeing the infection prevention and control program. The committee sets goals, objectives, strategies and measures of the program, and also plans, coordinates, monitors/evaluates implementation, and concludes performance of the program for further improvement.
- (2) Infection risk analysis is conducted, covering all areas and all services provided to patients, staff and visitors. The analysis takes into account groups/types of work and characteristics of patient groups/procedures. The analysis should include outsourcing units, and epidemiologically important infection.
- (3) The organization establishes the Infection Prevention and Control Program (IPC) which is based on scientific knowledge and accepted practices, and correspond with organizational priorities.

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- (4) The organization sets written policies and protocols about infection control covering these issues:
- specific infectious sites and specific device-associated infection such as surgical site infection, respiratory tract infection, urinary tract infection, intravenous line infection and bloodstream infection;
 - measures to manage and control the spread of multidrug-resistant organisms²⁶;
 - measures to manage emerging/re-emerging infection;
 - caring of immune-compromised patients;
 - preventing occupational exposure to blood and body fluid, as well as post exposure management (in case of epidemic diseases);
 - provision of vaccine for vaccine-preventable diseases as recommended by professional organizations such as the Royal College of Physicians of Thailand.
- (5) The organization uses a collaborative and coordinated approach in implementing the IPC program across the organization; with partners, patients and families. The IPC program is harmonized with, and be a part of, the organization's overall programs for quality improvement and safety.

²⁶ such as surveillance on multidrug-resistance organisms, communication with staff and the patient/family, strict contact precautions, environmental care, precautions during transferring or referring.

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- (6) All service areas that serve patients, staff and visitors are included in the IPC program, including environment management.
- (7) The leaders support the IPC program by providing adequate and competent staff, other resources, and well-established information system.
- (8) The organization provides education on IPC practices to staff, physicians, patients, families, and caregivers.
- (9) The organization establishes an operating and coordinating mechanism for all IPC activities that involves physicians, nurses, laboratory staff, and environmental manager.
- (10) One or more Infection Control Nurse (ICN), as appropriate to the number of hospital beds, is/are responsible for implementing the infection prevention and control program. The ICN is qualified for infection control practices through education, training, and experience, with a clear defined role. The ICN is formally authorized to develop infection control measures or studies when there is a perceived danger to the patients or hospital staff²⁷.

²⁷ In addition to ICN, the organization may have infection control practitioners who are physicians/medical technicians that understand infection prevention and control so that ICN will have a team to work together.

b. Infection Surveillance and Control

- (1) The organization proactively monitors healthcare associated infections as being prioritized, using standard definitions, accepted method of surveillance and analysis appropriate for its context, along the continuum of care, including pattern of antimicrobial resistance, and coordinate with government disease-reporting system.
- (2) The organization has a process to promptly diagnose and confirm suspected health care-associated infections in the areas in which active prospective surveillance in (1) is not conducted.
- (3) The organization uses the results of monitoring to inform practitioners, identify outbreaks, improve the IPC programs, improve practices to prevent recurrence of infection, and educate staff.
- (4) The organization develops and implements procedures to identify outbreaks; to define outbreaks in terms of person, place, time; and communicate information to relevant agencies.
- (5) The organization assigns responsible staff with adequate resources and authority to manage and control outbreaks, in collaboration with relevant authorities.

II-4.2 Infection Prevention Practices (IC.2)

The organization ensures appropriate practices to prevent healthcare associated infection.

a. General Infection Prevention Practices

(1) The organization develops and implements procedures to reduce infection risk:

- standard precautions²⁸ and isolation precautions;
- sterilization;
- reprocessing of diagnostic/therapeutic scopes;
- manage of expired supplies and accepted practice of reprocessing single-use devices (if permitted)²⁹.

²⁸ **Standard precautions** include hand hygiene, personal protective equipment, prevention of needle stick and injuries from other sharp instruments, respiratory hygiene/cough etiquette, environmental cleaning, linens, waste disposal, patient-care equipment.

²⁹ reusing medical devices/equipment may be conducted under conditions which follow manufacturers' instructions and accepted standards of practice. Management includes: determining types of medical devices/equipment that can be reused, the maximum reusable times for each medical device/equipment, appearance of wear and cracking which indicates that this medical device/equipment cannot be reused, the cleaning process, a surveillance system for monitoring the safety of reusable medical devices/equipment.

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- (2) The organization establishes an environment control to minimize the risk of pathogen transmission and contamination of the environment:
- manage building structure, apply [appropriate engineering controls](#)³⁰, and maintenance of the building to prevent the spread of contaminants and [pathogens](#);
 - [assess the risk and impact of building construction, renovation, and demolition; then set measures to reduce the risk](#);
 - clean areas are separated from dirty areas.
- (3) Working areas with unique infection control concerns are identified and measures are implemented to reduce infection risk. Targeted areas include:
- operating room;
 - labor room;
 - intensive care unit;
 - [medical, surgical, and pediatric wards, especially those with crowded environment](#);
 - [emergency department](#);

³⁰ such as positive pressure ventilation system, negative pressure ventilation system, biological hoods in laboratories, managing ventilation flow.

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- out-patient department, especially for immune-compromised patients, untreated contagious tuberculosis, and pediatric patients;
- laundry;
- Central Sterile Supplies Department (CSSD);
- kitchen;
- physical therapy area;
- postmortem room.

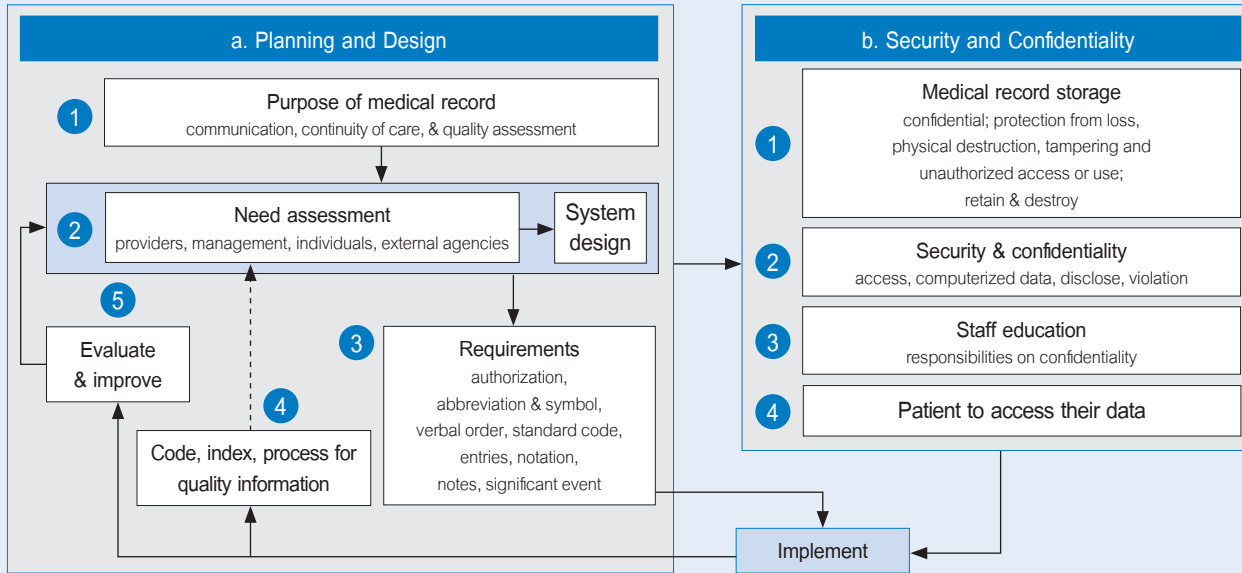
b. Specific Infection Prevention Practices

- (1) Programs are implemented to minimize risk of important infection of the organization, e.g. surgical site infection, respiratory tract infection, urinary tract infection, intravenous line infection and bloodstream infection.
- (2) There are procedures for dealing with blood-borne infected patients, low-immune patients, resistant bacteria, and emerging infectious diseases.
- (3) There are procedures for taking care of staff who expose to blood/secretion of patients or acquire job-related illness. Measures to prevent further transmission of infectious pathogens are established.

II-5 Medical Record System (MRS)

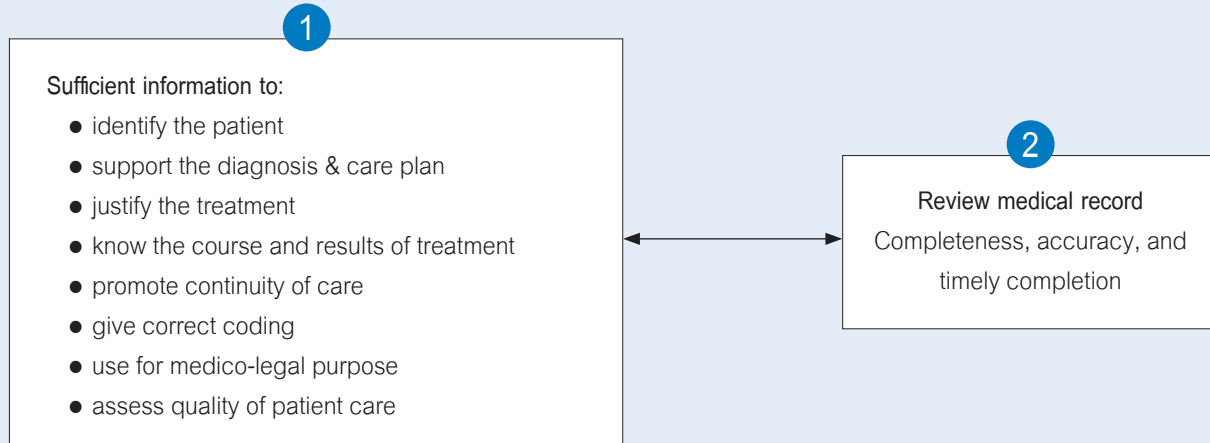
II-5.1 Medical Record Management System

The organization establishes an efficient medical record management system to serve the requirements of all parties.



II-5.2 Patient Medical Record

Every patient has a sufficiently detailed medical record for the purpose of communication, continuity of care, education, research, evaluation, and medico-legal requirement.



II-5.1 Medication Record Management System (MRS.1)

The organization establishes an efficient medical record management system to serve the requirements of all parties.

a. Planning and Design

- (1) The purposes of medical record are collaboratively determined by all relevant health professionals. The purposes cover communication, continuity of care, and quality assessment.
- (2) The design of the medical record system is based on the assessment of requirements of care providers, management, including individuals and agencies outside the organization.
- (3) The medical record is to be current, complete, accurate and secure to assist the safety and continuity of care and treatment. The record should comply with the following requirements:
 - authorization of staff who can record in a medical record;
 - use of only recognized abbreviations and symbols;
 - order receiving and verifying verbal orders;
 - using standard codes for diagnoses and operations;
 - legible, dated, timely and signed entries;

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- alert notations;
 - progress notes, observations, consultation reports, diagnostic results;
 - all significant events such as alteration to patients/service users' condition and responses to treatment and care;
 - any near misses, incidents or adverse events.
- (4) Data in the medical records is coded, indexed and processed to produce timely information for quality patient care.
- (5) The organization regularly evaluates and improves the medical record management system to ensure that it meets the requirements of the organization and its patients.

b. Security and Confidentiality

- (1) Medical records are:
- properly stored;
 - kept confidential;
 - secure and protected from loss, physical damage, unauthorized adjustment and unauthorized access or use;
 - retained and destroyed in accordance with law and regulations.

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- (2) The organization defines key policies and procedures for maintaining the security and confidentiality of patient's data and information in the medical records such as:
 - authorized staff who can access medical records;
 - data that each stakeholder can access;
 - security measures for computerized data of patients;
 - permission for disclosing patient's data;
 - duty of staff who have accessed patient's data;
 - actions when a violation occurs.
- (3) The organization continually educates staff about their responsibilities regarding confidentiality, and how to handle a situation when a request for disclosure of information may violate confidentiality.
- (4) The organization defines a procedure for patients to access their own data and information in the medical records, with the attendance of a designated staff.

II-5.2 Patient Medical Record (MRS.2)

Every patient has a sufficiently detailed medical record for the purpose of communication, continuity of care, education, research, evaluation, and medico-legal requirements.

(1) The medical record contains sufficient information to:

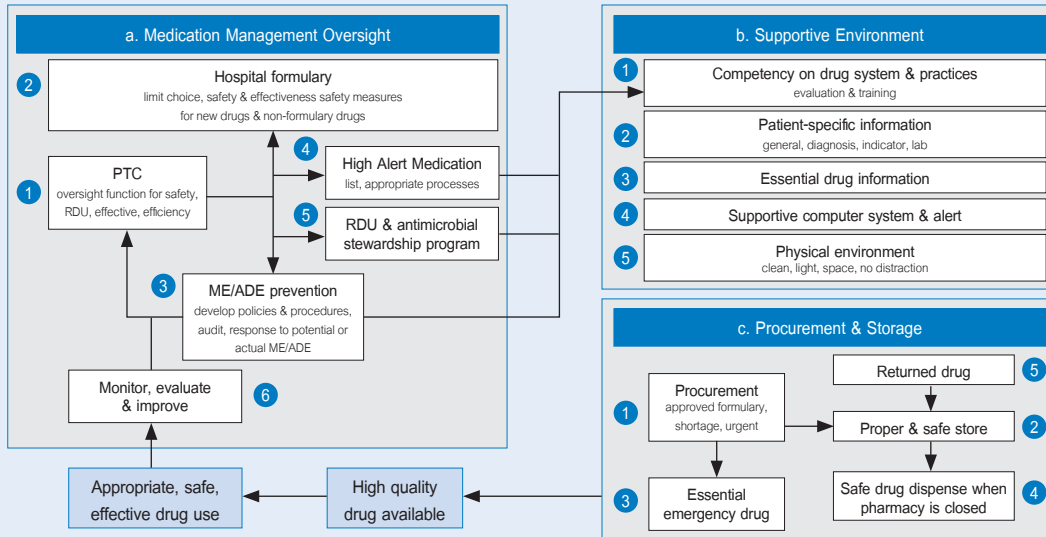
- communicate among providers in order to identify the patient;
- support the diagnosis and care plans;
- justify the treatment;
- know the course and results of treatment;
- promote continuity of care;
- give correct coding;
- use for medico-legal purposes;
- assess quality of patient care.

(2) The medical records are periodically reviewed for completeness, accuracy, and timely recording.

II-6 Medication Management System (MMS)

II-6.1 Medication Oversight and Supportive Environment

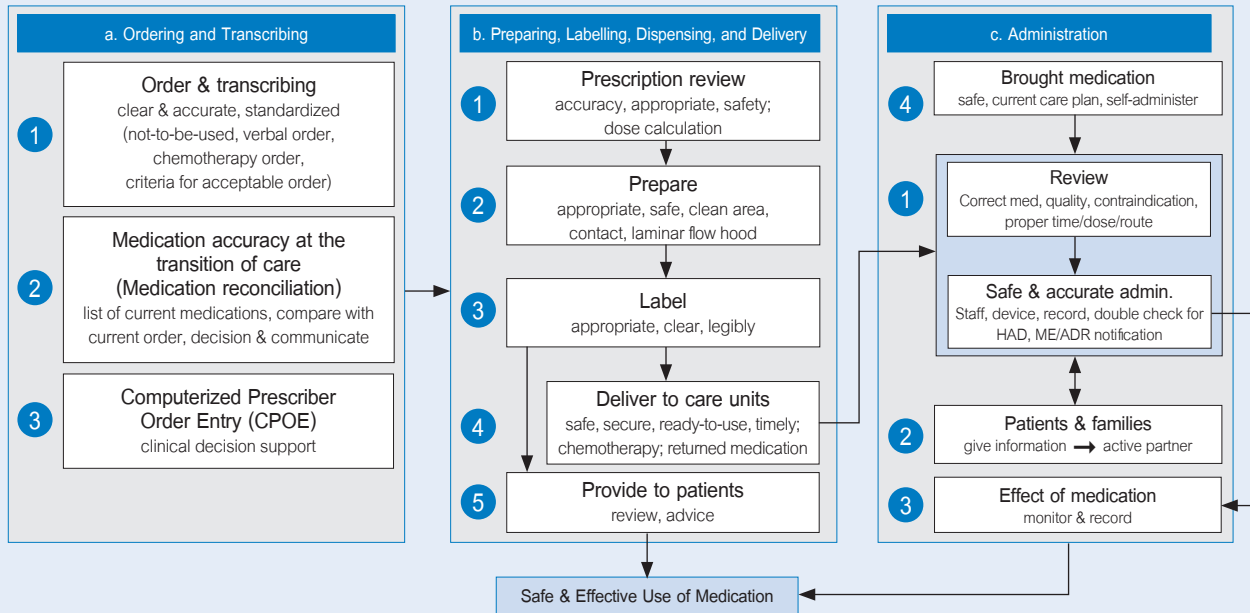
The organization ensures safety, appropriateness and effectiveness of medication management system and availability of high quality medication through its oversight mechanism and supportive environment.



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II-6.2 Medication Use Practices

The organization ensures safety, accuracy, appropriateness and effectiveness of the entire processes from prescription to administration of the medication.



II-6.1 Medication Oversight and Supportive Environment (MMS.1)

The organization ensures safety, appropriateness and effectiveness of medication management system and availability of high quality medication through its oversight mechanism and supportive environment.

a. Medication Management Oversight

- (1) The organization establishes the Pharmaceutical and Therapeutic Committee (PTC), a multidisciplinary team with an oversight function responsible for safety, rational drug use³¹, effectiveness, and efficiency of medication management system.
- (2) The organization (through PTC) develops a hospital formulary to limit choices to essential drugs³². The approved formulary is reviewed at least once a year, with considering of information on medication safety and cost-effectiveness. Safety measures are established

³¹ **Rational drug use** mean sestablishment of medication systems and processes with objectives to make patients receive medications appropriate to their clinical needs, in dose that meet their own individual requirements, for an adequate period of time, with best cost-effectiveness to them and their communities.

³² **Limiting choice to essential drugs** by setting criteria which cover indication, effectiveness, safety data, risk, and price.

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for new drugs with a high-potential error³³, and for the requests to use necessary non-formulary medication³⁴.

- (3) The organization (through PTC) develops, implements, and audits policies and procedures to prevent medication errors and adverse drug events³⁵. The healthcare team responds appropriately to actual or potential adverse drug events and medication errors.
- (4) The organization (through PTC) determines a list of high-risk or high-alert medication³⁶ and ensures safety for patients using high-risk or high-alert medications with appropriate processes of procurement, storage, ordering, transcribing, preparation, dispensing, administration, data recording and monitoring.

³³ **Safety measure** such as using standard medication order form, guidelines for medication order, checking system, reminding system, usage limitation, drug administration, drug storage, and adverse events of drugs in the safety monitoring system.

³⁴ **In case of having necessity to use non-formulary medication**, the hospital should have processes for permission and procurement by considering necessity, side effect, risk, and capability in evaluating drug utilization.

³⁵ **Policy in preventing medication errors and adverse drug events** such as preventing physicians from ordering drugs containing fatal drug interactions; promoting the use of generic names.

³⁶ These are drugs that can be abused; prone to medication errors or adverse events; and may include experimental drug, restricted drug, non-formulary drug, drug having a narrow therapeutic range, psychiatric drug, anesthetic drug, sound-alike drug.

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- (5) The organization (through PTC) implements Rational Drug Use Program and Antimicrobial Stewardship Program through multiple interventions to optimize utilization of antimicrobial drugs and other drugs.
- (6) The organization (through PTC) monitors process and outcome indicators, evaluates and improves its medication management system. The organization regularly reviews the literature for successful practices or new technologies to improve its medication management system.

b. Supportive Environment

- (1) Practitioners undergo competency evaluation and training on knowledge and skills related to the medication system³⁷, appropriate and safe medication practices at the beginning and then annually.
- (2) Patient-specific information is readily accessible to those who involve in the medication management system, including patient's general information³⁸, a diagnosis or an indication, and necessary laboratory information³⁹.
- (3) Essential drug information⁴⁰ is available in useful form when ordering, dispensing, and administering medications.

³⁷ **Knowledge and skill related to the medication system** such as the medication system of the hospital, patient safety, practices to reduce errors, and roles of medical staff.

³⁸ **Patient's general information** such as history of drug allergy, pregnancy, body weight, body surface area when required for dosage calculation.

³⁹ **Necessary laboratory information** such as liver and kidney function in high-precaution patient groups.

⁴⁰ such as hospital formulary, information on drug stability, incompatibility between drug-drug or drug-solvent, proper storage for each kind of drug.

- (4) The organization has a supportive computer system with optimal level of alerts for drug interactions, drug allergies, minimum and maximum doses for high-alert medications; and procedures to override the computer alerts.
- (5) Medications are prescribed, transcribed, prepared, dispensed, and administered in a clean physical environment that offers adequate space and lighting, and allows practitioners to remain focused on medication use without distraction.

c. Medication Procurement and Storage

- (1) The procurement is based on the approved formulary. There are processes for handling drug shortage⁴¹ and drugs that are urgently needed⁴².

⁴¹ **Process for handling drug shortage** such as procurement, communication with physicians and other personnel, producing a guideline for prescribing or dispensing substituted drugs, and informing staff about this practical guideline.

⁴² **Urgently needed drug** such as life-saving drugs, emergency drugs, vaccines, serum, or other drugs declared by the organization to be essential drugs in emergency conditions. This should include drug procurement during disaster incidents.

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- (2) All medications are properly and safely stored to ensure adequacy, quality and stability⁴³, ready-to-use, prevention of unauthorized access, tracing to the original sources, with regular inspection of medication storage area throughout the organization. Look-alike, sound-alike medications, different concentrations of the same medication, high-alert medications, and expired or recalled medications are stored separately. Concentrated electrolytes with potential to cause harmful incidents are not stocked the patient care areas. Chemotherapy medications and anesthetic gases and volatile liquid are stored with adequate ventilation.
- (3) Essential emergency medications and/or supplies are consistently available in patient care areas. They are controlled⁴⁴, secured, and replaced as soon as possible after their use.
- (4) There is a safe system for dispensing medication to meet patient needs when the pharmacy department is closed.
- (5) Medications returned to the pharmacy department are appropriately managed, e.g. discontinued medication.

⁴³ **Ensuring medication stability** such as separating expired or decomposed drug properly; control of surroundings (temperature, light, humidity, air ventilation) for drugs which are sensitive to temperature or light.

⁴⁴ **Control of emergency medication** such as storing emergency medication in a way that one can recognize whether the drug in the container is available and does not expire.

II-6.2 Medication Use Practices (MMS.2)

The organization ensures safety, accuracy, appropriateness and effectiveness of the entire processes from prescription to administration of the medication.

a. Ordering and Transcribing

(1) Medication orders are clearly written and accurately transcribed. Methods of communicating drug orders are standardized to minimize the risk for error. The following policies and procedures are established, implemented, and audited:

- not-to-be-used orders;
- response to telephone and verbal orders;
- preprinted orders and protocols for chemotherapy orders;
- criteria for acceptable orders.

(2) There is a work process to assure medication accuracy at the transition of care:

- develop standardized systems to collect and document information about all current medications of each patient;

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- identify the most accurate list of all medications a patient is taking⁴⁵, and using this list everywhere within the organization;
 - provide the resulting medication list, including home medication list (if any), to caregiver(s) at each care transition point (admission, transfer, discharge, outpatient visit);
 - compare the medication list with current physician's orders to identify omissions, duplications, inconsistencies between the patient's medications and clinical conditions, dosing errors, and potential interactions) within specified time frames;
 - According to findings, make a proper clinical decision and communicate the decision with staff and the patient.
- (3) In case the organization use a Computerized Prescriber Order Entry (CPOE) system, the system has an up-to-date database for clinical decision support.

⁴⁵ **Identifying the list of all medications a patient is taking** such as the drug's name, dose, frequency of drug taking, and administration method.

b. Preparing, Labelling, Dispensing, and Delivery

- (1) All medication prescriptions are reviewed for accuracy, appropriateness, and safety prior to the administration of the first dose (or as soon as possible in case of emergency). Dosing calculations for pediatric patients and chemotherapeutic agents are double checked. The pharmacist contacts the prescriber if there is any concern.
- (2) Medications are appropriately and safely prepared in a clean and organized preparation areas with proper ventilation, temperature, and lighting. Extemporaneous preparation or non-manufacturing drug preparation are prepared by the pharmacists and comply with standard practices. The pharmacy team avoids direct contact with the medication during preparation. Sterile products and intravenous admixtures are prepared in a laminar air flow hood.
- (3) Medications are appropriately, clearly and legibly labeled at all drug containers⁴⁶. All drug containers taken to the bedside are labeled with at least the patient's name, drug name, strength, and dose.

⁴⁶ **Drug containers** such as injection syringe, flushing syringe, IV line prepared outside patient's room or far from patient's bed.

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- (4) Medications are delivered to patient care units in a safe, secure, ready-to-use, and timely manner to meet patient's needs. Health and safety of staff who contact with chemotherapy medications is protected and hazardous spill kit is readily accessible. Returned medications are checked for integrity and stability, and properly managed.
- (5) Medications are provided to patients by pharmacists or designated trained personnel, with appropriate pre-dispensing reviews and medication advice given to patients⁴⁷.

⁴⁷ **Medication advice given to patients.** The goal is to create cooperation, desired results, ability to administer drugs correctly; and to gain best benefits from drug usage. These activities should, at least, cover pediatric drug; low-therapeutic-range drug; high risk drug; and drugs that require a special usage technique, such as inhaler.

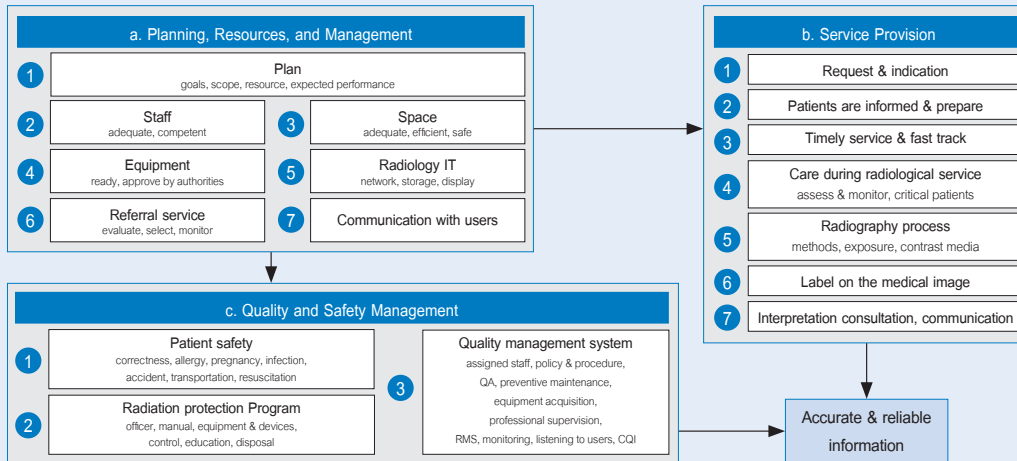
c. Administration

- (1) Medications are safely and accurately administered by qualified staff and standardized devices, with a review on the correct medication, quality, contraindication, and proper time/dose/route. [Independent double check is done before administering high-alert medication at the point of care. Actual time of medication administration is recorded for a delayed or missed dose. Prescribers are notified when an adverse drug reaction or a medication error occurs.](#)
- (2) The healthcare teams provide patients and families with information, verbally or in writing, on their medications so they can participate as active partners for safe and effective medication. The information provided may include name of medications, purpose, potential benefits and adverse effects, how to use medication safely and properly, how to prevent medication error, and what to do in the case of adverse drug reaction (as appropriate).
- (3) Effects of medications on patients are monitored and recorded to assure that medication therapy is appropriate, with minimization of adverse events.
- (4) Medications brought into the organization by patients or their families are managed safely and consistently with the current patient care plan. [The healthcare team establishes processes to determine which medication can be self-administered by which patients, to store the medication, to educate, and to document.](#)

II-7 Diagnostic Investigation⁴⁸ and Related Services (DIN)

II-7.1 Radiology/Medical Imaging Services

The radiology/medical imaging services use accurate and reliable information for proper diagnosis and intervention with minimum hazards to patient and staff.

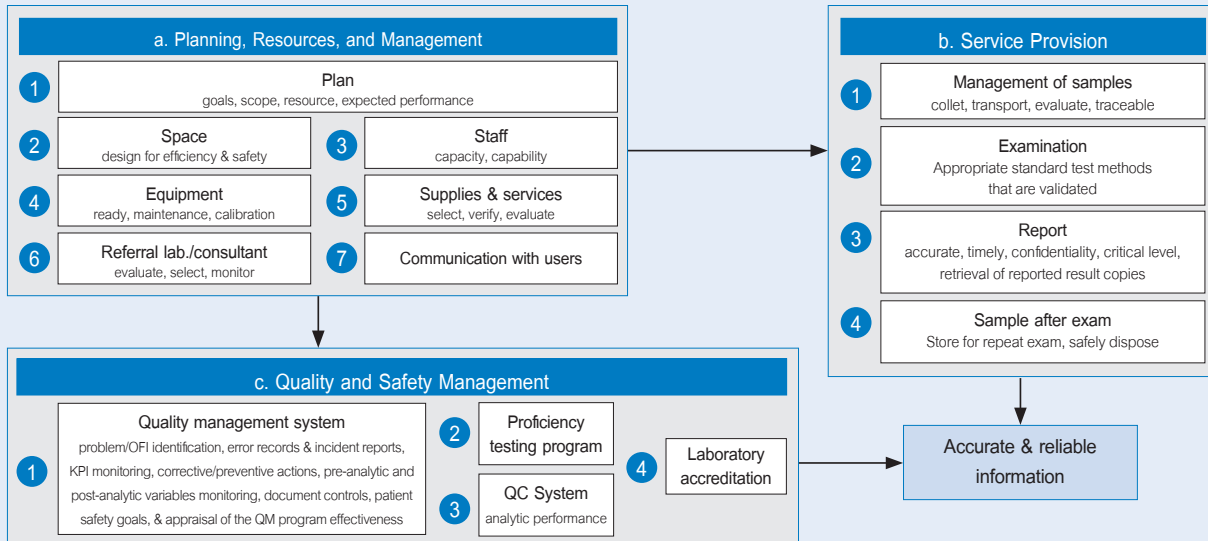


⁴⁸ **Diagnostic investigation services** cover laboratory/clinical pathology service; radiology/medical imaging service; and other investigations, such as laparoscope, organ function scan.

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II-7.2 Medical Laboratory/Clinical Pathology Service

The medical laboratory/clinical pathology services provide accurate and reliable information for proper diagnosis and treatment.



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II-7.3 Anatomical Pathology

- 1 Complies with the Anatomical Pathology Standards issued by the Royal College of Pathologists of Thailand.

II-7.4 Blood Bank and Transfusion Service

- 1 Complies with the Standards of Blood banks and Transfusion Services issued by National Blood Centre, Thai Red Cross Society.

II-7.5 Other Diagnostic Investigation

- 1 **Patient management**
assess, prepare, inform, consent in high-risk services.
- 2 **Results are interpreted by qualified staff**
record, communication

II-7.1 Radiology/Medical Imaging Services (DIN.1)

The radiology/medical imaging services use accurate and reliable information for proper diagnosis and intervention with minimum hazards to patient and staff.

a. Planning, Resource, and Management

- (1) The radiological services are planned and delivered **in consistent with the organization goals and patients' characteristics**. The plan includes scope of services, resource requirements⁴⁹, and expected performance level. **The service is managed and governed according to professional standards and regulations**. Patients can get access to the service **within an appropriate time, at the organization or by referral**.
- (2) There are adequate and competent staff **responsible for each of professional tasks, with continued education and development**. Medical imaging studies and related therapies are performed and interpreted by qualified staff. There is appropriate consultation with radiologists and a review of radiographic interpretation (as appropriate).

⁴⁹ **Resource requirements** include adequate and appropriate staff, space, radiological technologies, equipment and devices.

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- (3) The services have a facility with adequate space for the efficiency and safety of their operation⁵⁰.
- (4) The services have radiologic and imaging equipment and devices ready for service, ensure prevention from radiation hazard, comply with standards, rules and regulations, being examined and approved by the responsible authorities specified by law⁵¹.
- (5) The Radiology Information Technology is appropriate with its scope of service⁵².
- (6) The services evaluate, select, and monitor competency and quality of agreed referral investigation services.
- (7) There is an effective communication with users by a regular meeting and other modes of communication; including advice, interpretation of investigation results, consultation on scientific matter, clinical rounds, informing about changing of an examination procedure.

⁵⁰ Consider the followings: protection of radiology hazard, compliance with legal requirement and inspection, proper zoning for operation and storage, emergency preparedness, separated waiting area for patient injected with radioactive substances, and safety warning signs.

⁵¹ The safety inspection from Bureau of Radiation and Medical Devices, Department of Medical Science, Ministry of Public Health; Permission for production, possession, or utilization of atomic energy from a radiation generator from Office of Atoms for Peace.

⁵² The Radiology Information Technology includes: (1) appropriate information network management for continual operation, (2) a radiological image storage and recovery system, (3) the display of radiological image for interpretation by a radiologist has a resolution not less than the image from the original equipment.

b. Radiology Service Provision

- (1) There is a request for any radiologic study/intervention from a physician, The request specifies a clear and appropriate clinical indication based on scientific evidences and professional guidelines. The request considers patient's benefits, possible risks, and contraindications.
- (2) Patients are appropriately informed and prepared. In case of high-risk procedures, the patients are adequately informed and a consent signed. Patients are appropriately prepared to ensure the desired quality of examination and to prevent adverse events.
- (3) Patients receive radiological service in an appropriate timing according to the urgency determined by severity, duration of examination, and likelihood of harm from waiting. There is a fast track for patients who need to be urgently examined.
- (4) Patients are appropriately taken care of during radiological service. Patients are assessed and monitored before, during, and after the examination or intervention. Special attention is given to critical patients, small children, the elderly, those who cannot help themselves, and post-injection patients.

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- (5) The radiography process is appropriate. Steps of examination are explained to patients. Correct examination methods, positioning, equipment, and markings are used. The radiographic exposure is technically appropriate and safe for patients. In case of using contrast media, history of drug allergy is taken and kidney function evaluated for a precaution of contrast induced nephropathy.
- (6) Key information is labeled on the medical images⁵³. The radiation level that can be shown on the equipment's screen should also be shown on the images or PACS, including total radiation that the patient is exposed to.
- (7) The medical imaging studies are interpreted by radiologists or assigned physicians with proper training. There is an appropriate consultation with a radiologist and review of the radiographic interpretation (as appropriate). In case of abnormal radiologic diagnosis, severe patient's symptom, or urgent need for intervention, the results are communicated between the radiologist and responsible physicians.

⁵³ **Key information** such as name, surname, age, sex, hospital number, date of examination, name of healthcare organization, position, a mark for “LEFT” or “RIGHT”, level of radiation exposed or exposure factor.

c. Quality and Safety Management

- (1) Patient safety is considered during providing radiological service as follows: check correct identification of the patient, correct organ and site to be examined, and correct requested examination before performing any examination; allergy to the opaque media; receiving unnecessary radiation in pregnancy; infection prevention; an accident of adverse event during waiting, examination, and transportation; readiness of effective resuscitation.
- (2) The service implements radiation protection program, including: radiation safety officer; availability and compliance with the radiation protection manual⁵⁴; availability and use of radiation protection devices⁵⁵ as necessary; measure and control of radiation exposure; education on radiation protection for staff; management of equipment and devices for radiation protection; safe and proper disposal procedure for radiation material and waste.

⁵⁴ Can study more from A Guideline for Radiation Hazard Protection for Patient and Personnel Safety-Criteria and Guidelines for Diagnostic Radiology, Ministry of Public Health, 2015.

⁵⁵ Such as lead apron, thyroid shield, gonad shield, and collimator.

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- (3) The service implements a quality management program, including: the assigned responsible staff; policy and procedure documents; quality assurance of images, equipment, devices; maintenance of equipment and devices, including records; preventive maintenance program, equipment acquisition and replacement plan; professional supervision and audit system; risk management system (see also II-1.2); monitoring and evaluation of the work system; listening to opinions and complaints of service users and staff; continuous improvement of the program and activities.

II-7.2 Medical Laboratory/Clinical Pathology Service (DIN.2)

The medical laboratory/clinical pathology services provide accurate and reliable information for proper diagnosis and treatment.

a. Planning, Resources, and Management

- (1) The services are planned with defined goals and are responsive to user's expectation. The plan includes ranges of services, resource requirements, and expected performance level⁵⁶.
- (2) The medical laboratories have adequate space and are designed for the efficiency and safety of their operation; including proper space separation and storage, and awareness of the environment that may affect the examination results⁵⁷.
- (3) There are adequate and competent staff to undertake the work required.

⁵⁶ **Expected performance level** such as accuracy, precision, reportable range, analytical specificity, analytical sensitivity, and turn-around time.

⁵⁷ **The environment that affects the examination results** such as sterilization, dust and small particles, electromagnetic noise, radiation, humidity, electricity, temperature, toxic substance, odor, loudness and vibration.

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- (4) The equipment is capable of achieving the performance required, maintained in a safe working condition⁵⁸, with a proper preventive maintenance program. There are calibration and the use of calibration results. The equipment is examined and approved by the responsible authorities stated by the law (if any).
- (5) Purchased external services, equipment, and consumable supplies that affect quality of laboratory are carefully selected and verified. Suppliers of critical reagents, supplies and services are evaluated. An inventory control system with proper record is established.
- (6) The diagnostic units evaluate, select, and monitor competency and quality of referral laboratories and also evaluate consultants who provide a second opinion for some specific tests.
- (7) There is effective communication with users by a regular meeting and other modes of communication; including advice, interpretation of laboratory/investigation results, consultation on scientific matter, clinical rounds, informing about changing of an examination procedure.

⁵⁸ **Safe working conditions** include preventive measures against harms (electricity, radiation, microorganism); protective gear; and management of hazardous waste.

b. Service Provision

- (1) The laboratory has good management on samples, such as collection, handling, container, labeling, identification, preservation, transportation with a request form. The samples are evaluated with a criterion for rejection. The samples and sample portions are traceable.
- (2) The examination processes ensure a reliable and accurate result, using appropriate standard test methods that are validated for their intended use. The laboratory verifies that purchased reagents, test methods, laboratory equipment, and analytical instruments are appropriate for the examination.
- (3) Examination results are accurately and timely reported to users, considering confidentiality, critical levels that may result in patient harm, and retrieval of reported result copies.
- (4) The samples are properly managed after examination to enable repetition of the examination when necessary, with safely disposal of samples that are no longer required for examination.

c. Quality and Safety Management

(1) The laboratory implements the quality management (QM) program/system that covers all aspects of the laboratory services and is coordinated with other units in the organization. The QM program/system includes:

- identification of problems/opportunities for improvement;
- identification of error records and incident reports;
- monitoring of key performance indicators;
- corrective/preventive actions;
- monitoring of factors that influence quality management system, including pre-analytic phase and post-analytic phase;
- document control;
- patient safety goals;
- appraisal of the QM program effectiveness.

PART II Key Hospital Systems

- (2) The laboratory participates in the proficiency testing (PT) program which is sufficient for the extent and complexity of the examination done, or establishes an alternative performance assessment system for determining the reliability of the examination. There is an evidence that all problems identified by proficiency testing or alternative performance assessments have been promptly corrected.
- (3) The laboratory sets the quality control system to monitor analytic performance which includes establishment of tolerance limits; using results from quality control, and control of relating factors in developing solutions; having procedures to verify the reliability of test results when neither calibration nor control materials are available.
- (4) The laboratory with a well-established quality system and implementing any recognized standards of medical laboratories uses the standards in improving the laboratory system and applies for assessment from relating agencies, such the Department of Medical Science (ISO15189), the Medical Technology Council, or the Royal College of Pathologists of Thailand.

II–7.3 Anatomical Pathology (DIN.3)

- (1) The organization implements and complies with the Anatomical Pathology Standards issued by the Royal College of Pathologists of Thailand.

II–7.4 Blood Bank and Transfusion Service (DIN.4)

- (1) The organization implements and complies with the Standards of Blood Banks and Transfusion Services issued by National Blood Centre, Thai Red Cross Society.

II–7.5 Other Diagnostic Investigation (DIN.5)

- (1) For any direct examination to a patient, he/she shall be appropriately assessed (before sending to an examination, and before receiving the examination) and prepared to prevent adverse events, minimize patient harm and to ensure the desired quality of examination. In case of high-risk procedures, the patient should be adequately informed then signs a consent.

PART II Key Hospital Systems

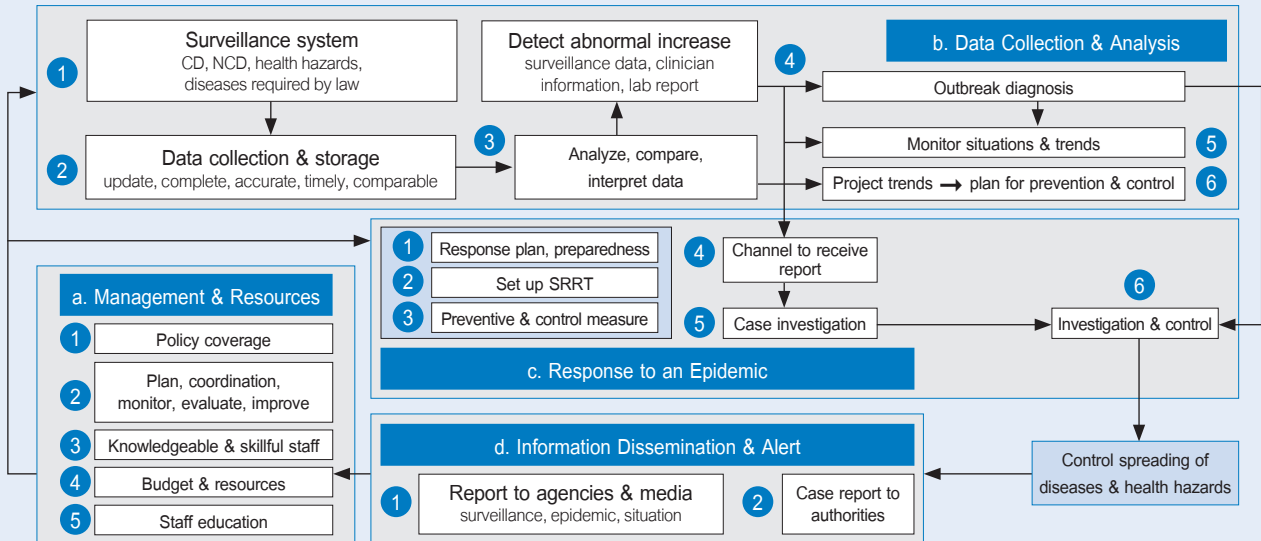
(2) The result of the examination is interpreted by a qualified staff who documents a finding summary⁵⁹ or a definite diagnosis. The result of the examination is communicated to the responsible physician in a document form and in a timely manner.

⁵⁹ **Finding summary** should cover descriptive data that correspond with clinical issues raised by the physician who requests for the investigation; comparing the result with previous ones; suggesting differential diagnoses or, when necessary, suggesting further investigations.

II-8 Disease and Health Hazard Surveillance (DHS)

II-8 Disease and Health Hazard Surveillance

The organization ensures the efficient surveillance for detecting abnormal occurrence of diseases and health hazards, and the prompt investigation to control further spreading.



II–8 Disease and Health Hazard Surveillance (DHS)

The organization ensures an efficient surveillance system for detecting abnormal occurrence of diseases and health hazards, and prompt investigations to control further spreading.

a. Management and Resources

- (1) The organization has a disease and health hazard surveillance policy that [covers areas in the organization](#)⁶⁰ and [areas in the communities under responsibility of the organization](#).
- (2) There are a clear strategic plan and an action plan which are relevant to disease and health hazard problems in the service areas. Coordination, monitoring, evaluation, and improving surveillance processes are established.
- (3) There are adequate numbers of knowledgeable and skillful personnel to conduct disease and health hazard surveillance, investigation and control.
- (4) There are adequate budget and other resources, and appropriate technologies to efficiently perform disease and health hazard surveillance, investigation, and control.
- (5) Staff members at all levels are educated and aware of the concept, policy, plans and procedures for disease and health hazard surveillance.

⁶⁰ See more details in criterion I-5.1 c. Staff's Health and safety and II-4.1 b. Infection Surveillance and Control

b. Data Collection and Analysis for Surveillance

- (1) A surveillance system for communicable diseases, non-communicable diseases, and other health hazards relevant to local health problems is continuously operated, and the surveillance shall include diseases required by laws or regulations of the Ministry of Public Health.
- (2) Surveillance data is systematically and continuously collected and stored. Data is updated, completed with accuracy and timely actions, and can be compared with previous surveillance data.
- (3) Surveillance data is continuously and consistently analyzed, compared and interpreted, using epidemiologic methods.
- (4) Detection of an abnormal increase or outbreak⁶¹ of a disease is identified by regular analysis of surveillance data, receiving information from clinicians, and reviewing laboratory reports.

⁶¹ **Abnormal increase of a disease** can be classified into 2 types

- (1) Epidemic means an increase in numbers of cases, more than mean + 2S.D. compared with previous years. This generally occurs in commonly found diseases which are endemic in that vicinity, such as an epidemic of measles.
- (2) Outbreak means an occurrence of 2 or more cases in a short period of time, after they joined the same social activity. Outbreak generally occurs in a disease which is sporadic in nature, such as food poisoning. In case of a serious communicable disease that never occur in that community or occurred but was eliminated for a long time and then re-emerge, even 1 case will be considered an outbreak.

PART II Key Hospital Systems

- (5) Situations and trends of diseases under surveillance are continuously monitored and updated.
- (6) Trends of important diseases are projected for the purpose of disease prevention and control planning.

c. Response to an Epidemic of Diseases and Health Hazards

- (1) A response plan for public health emergency is established, with ongoing preparedness.
- (2) A multidisciplinary Surveillance and Rapid Response Team (SRRT) is set up for timely response to an epidemic of diseases & health hazards.
- (3) Essential preventive and control measures for diseases and health hazards are established.
- (4) Communication channels and healthcare personnel are prepared to receive reports of public health emergency 24 hours a day.
- (5) A case investigation is immediately conducted to prevent spreading of the disease.
- (6) Whenever an epidemic occurs, the team responsible for investigation and control has resources and authority to investigate and implement appropriate and comprehensive control measures in a timely manner.

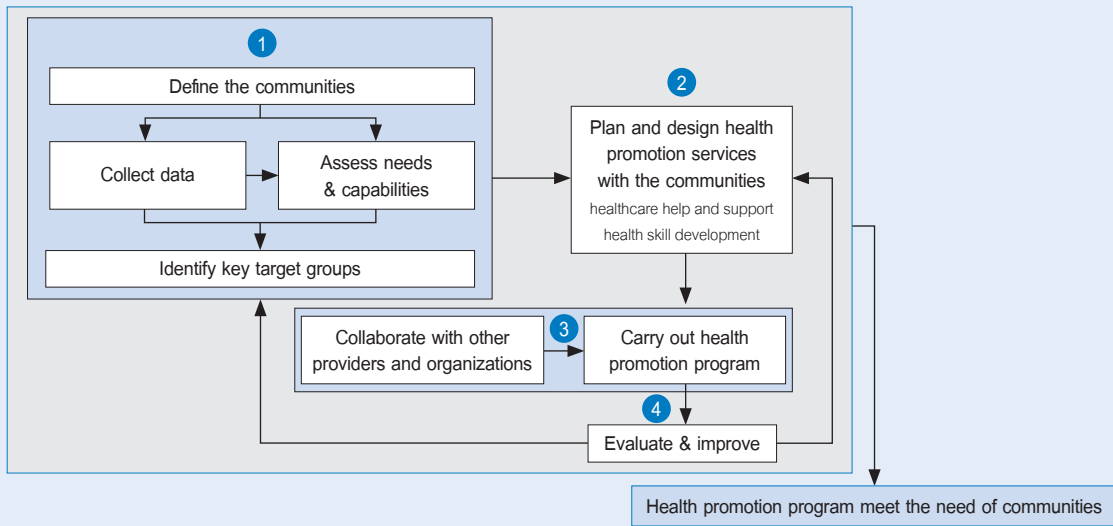
d. Information Dissemination and Alert

- (1) Up-to-date reports on the current situation of diseases and health hazards under surveillance, including epidemics and investigations, are regularly disseminated to relevant agencies and public media.
- (2) Case reports are disseminated to local health authorities and relevant agencies according to the Communicable Disease Act, International Health Regulations, and other regulations.

II-9 Working with Communities (COM)

II-9.1 Health Promotion for the Community

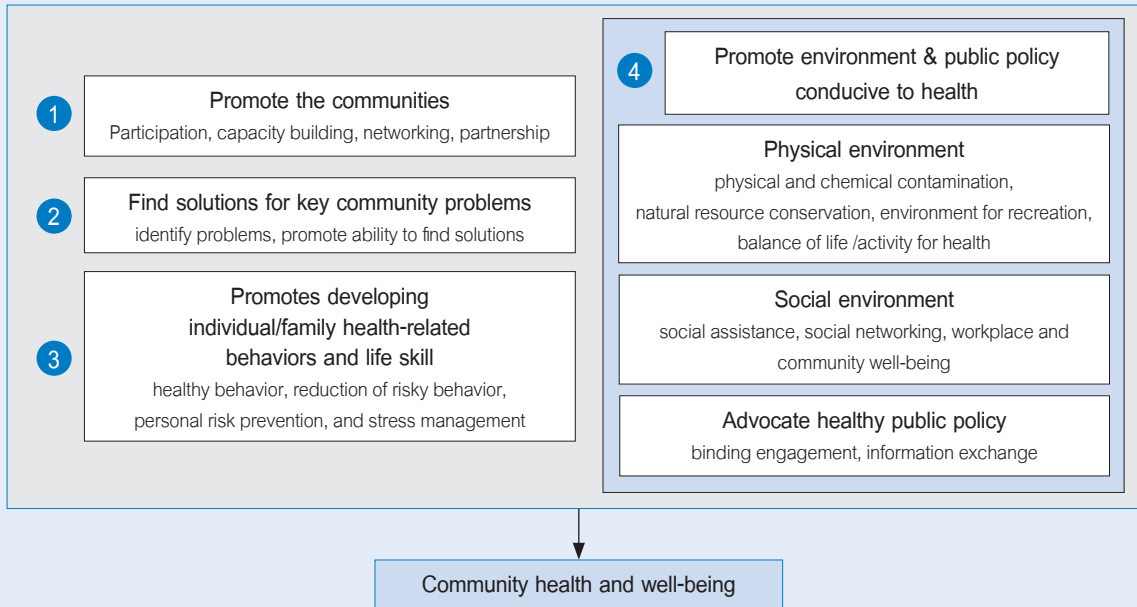
The healthcare team, in collaboration with the communities, provides health promotion program to meet the need of the communities it serves.



PART II Key Hospital Systems

II-9.2 Community Empowerment

The healthcare team works with the communities to support the development of the communities' capacities to improve its own health and well-being.



II-9.1 Health Promotion for the Communities (COM.1)

The organization, in collaboration with the communities⁶², provides a health promotion program to meet the need of the communities it serves.

- (1) The organization defines the communities and understands the context; assesses health needs and capabilities of the communities⁶³; and identifies key target groups and essential health promotion programs.
- (2) The organization, in collaboration with the communities, plans and designs its health promotion services⁶⁴ to meet the needs and problems of the communities.
- (3) The organization, in collaboration with relevant stakeholders, carries out health promotion programs for the communities.
- (4) The organization evaluates results, shares information and collaborates with the communities in improving health promotion programs for the communities.

⁶² **Community** may refer to a geographical community or a community formed by relationship of people having a common interest.

⁶³ **Health needs cover** collection of information related to community health, such as factors that are influential to health, health status, capability and risk of the community.

⁶⁴ **Health promotion for the community** may include care, help and support, skill development on health, suggestion on the issues that should become a public policy, and social networking.

II-9.2 Community Empowerment (COM.2)

The organization works with the communities to support the development of the communities' capacity to improve their own health and well-being.

- (1) The organization promotes participation, capacity building, and networking of the communities; and strengthens partnership⁶⁵ with the communities.
- (2) The organization, in collaboration with the communities, promotes the ability of population groups to find solutions for key problems identified by the communities.
- (3) The organization, in collaboration with the communities, promotes developing individual/family health-related behaviors and life skill⁶⁶.

⁶⁵ **Strengthen partnership** through information, knowledge, skill, and resource sharing.

⁶⁶ **Key personal behavior and skills are:** healthy behavior (physical activities, relaxation, food), reduction of risky behavior, personal risk prevention, and stress management in daily life.

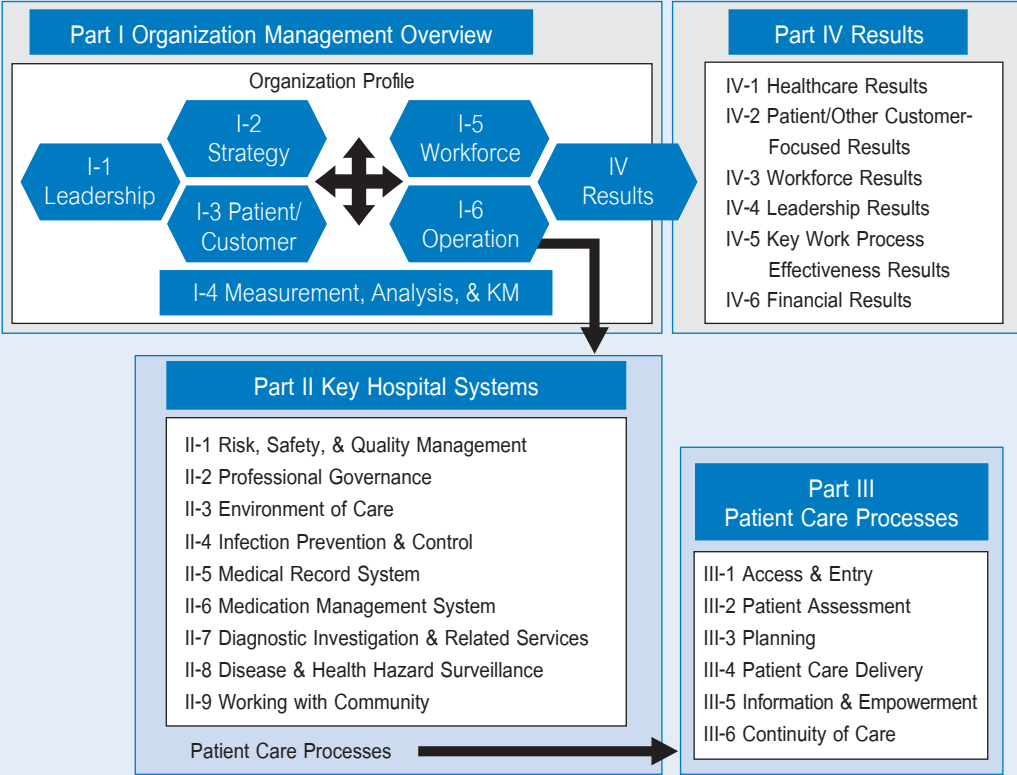
PART II Key Hospital Systems

(4) The organization promotes creating physical environment⁶⁷ and social environment⁶⁸ that are conducive to health of individuals in the communities; and advocates healthy public policy through building engagement and sharing information with key persons.

⁶⁷ **Physical environment conducive to health:** reduction of physical and chemical contamination, e.g. dust, toxins or residues in food, noise; natural resource conservation; environment for recreation, balance of life and activities for health.

⁶⁸ **Social environment conducive to health:** social assistance for the target group (e.g. the socially underprivileged); social networking; social interaction to promote workplace and community well-being.

Part III Patient Care Processes

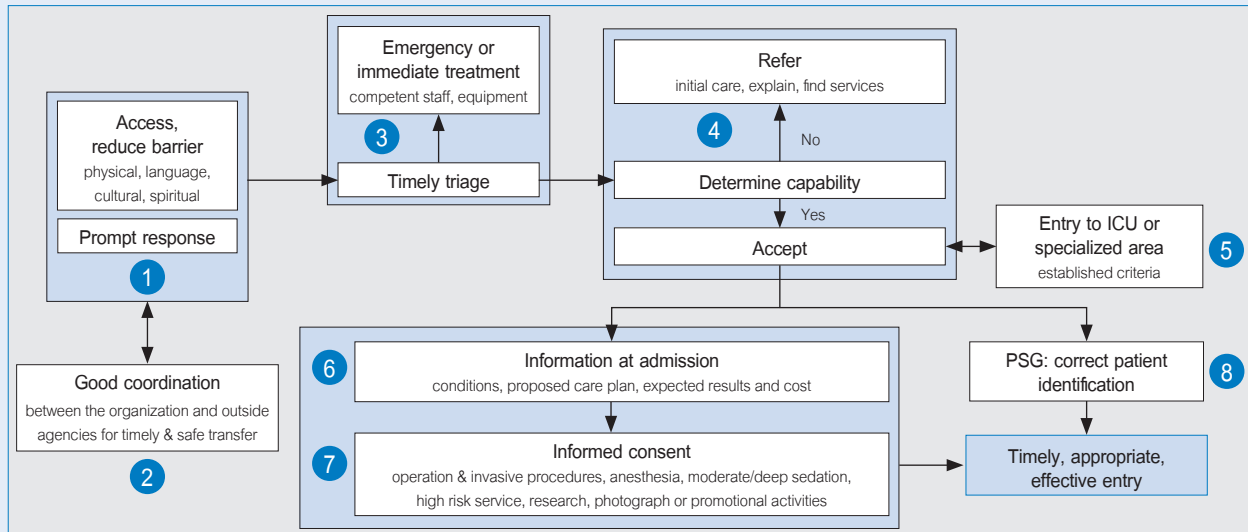


Part III Patient Care Processes

III-1 Access and Entry (ACN)

III-1 Access & Entry

The healthcare team ensures access to essential services with minimal barrier, ensures that an entry process is timely, meets patient problems/needs, is coordinated and supported by suitable and effective systems and environment.



III-1 Access and Entry (ACN)

The healthcare team ensures access to essential services with minimum barriers, ensures that an entry process is timely, responds to patient problems/needs, is coordinated and supported by suitable and effective systems and environment.

(1) Communities are able to access a range of services that are appropriate to their needs.

The healthcare team tries to reduce physical, language, cultural, spiritual and other barriers to access of services. The healthcare team responds promptly to those who ask for services.

Waiting times for services are acceptable to the communities that the organization serves.

(2) There is good coordination between the organization and outside agencies⁶⁹ that transfer patients to the organization to ensure timely and safe transfer results.

(3) Patients are triaged in a timely way. Patients with emergency or immediate needs are given priority for treatment. The treatment is provided by competent staff with appropriate equipment.

⁶⁹ The outside agencies such as another hospital, police station, emergency medical service agency

Part III Patient Care Processes

- (4) Capability to offer services or accept patient is determined, using the established criteria. If the healthcare team cannot provide services to the patient, it provides appropriate initial care, explains the limitations, and helps patients to find other more appropriate healthcare organizations.
- (5) Transfer to or entry to units providing intensive or specialized services is determined by established criteria.
- (6) At admission, patients/families are given clear, understandable and appropriate information about:
- their conditions;
 - the proposed care plan;
 - expected results of that care and expected cost.

The organization should ensure that patients/families receive and understand necessary information and have enough time to consider before making a decision.

Part III Patient Care Processes

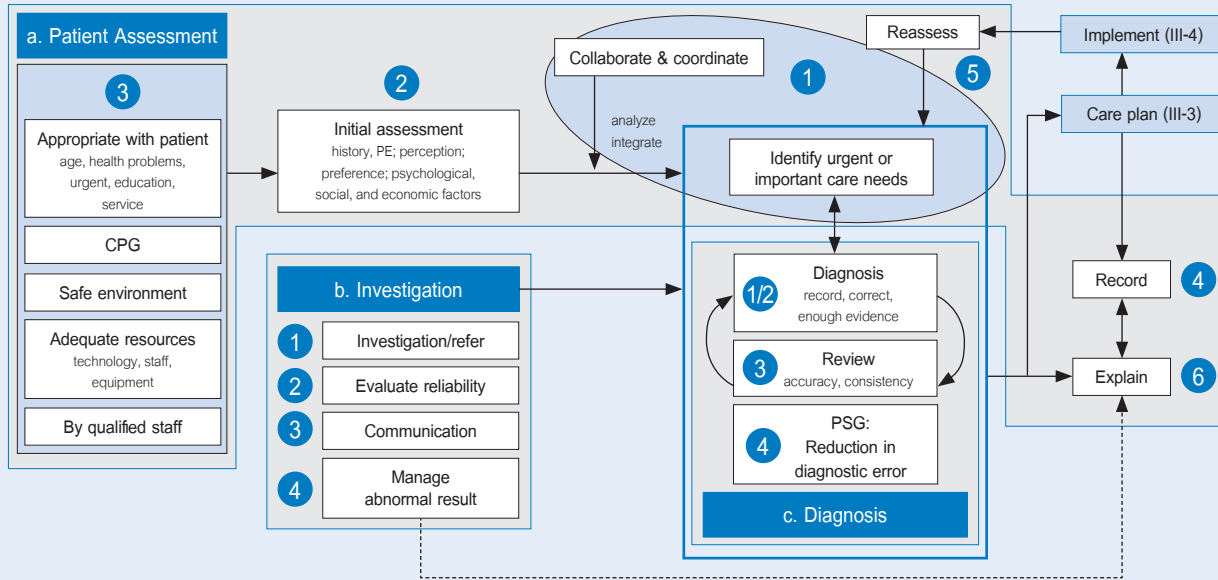
- (7) Written consent is obtained and documented in the record of care before starting any service or activity. Such services or activities could include:
- all operative and invasive procedures, anesthesia and moderate/deep sedation;
 - a service with a significant risk of adverse effects;
 - participation in research or experimental procedures;
 - photographs or promotional activities, for which the consent should be for a specific time or purpose.
- (8) The organization develops and implements procedures for correct patient identification as one of its Patient Safety Goals.

Part III Patient Care Processes

III-2 Patient Assessment (ASM)

III-2 Patient Assessment

All patients have their healthcare needs and problems identified accurately in a comprehensive and appropriate manner.



III-2 Patient Assessment (ASM)

All patients have their healthcare needs and problems accurately identified, in a comprehensive and appropriate manner.

a. Patients Assessment

(1) A comprehensive patient assessment is coordinated to reduce unnecessary repetition.

Relevant professionals responsible for patient care collaborate to analyze and integrate patient assessment. The most urgent or important care needs are identified.

(2) Each patient's initial assessment includes:

- health history;
- physical examination;
- patient's perception of his/her needs;
- patient's preferences⁷⁰;
- an evaluation of psychological, social, cultural, spiritual and economic factors.

⁷⁰ such as how individuals are addressed, their personal effects, their clothing and self-care routines, food/drink and meals, their activities/interests/privacy/visitors.

Part III Patient Care Processes

- (3) Assessment of patients is performed by qualified individuals. The assessment method is appropriate with each patient, under a safe environment and adequate resources⁷¹. When available, clinical practice guidelines that are appropriate to the patients and resources are used to guide patient assessment.
- (4) Patients are assessed within a proper timeframe determined by the organization. Assessment findings are documented in the patient's record and readily available to those responsible for patient's care.
- (5) All patients are reassessed at appropriate intervals to determine their response to treatment.
- (6) The healthcare team shares the assessment results with the patients and families in a clear and easy-to-understand way.

b. Diagnostic Investigation

- (1) Essential diagnostic investigation is provided according to capability of the organization, or referred to other facilities in a timely manner.

⁷¹ **Resource for patient assessment.** The physician should consider technology, personnel, equipment and device for data collection.

Part III Patient Care Processes

- (2) The reliability of diagnostic investigation results is evaluated and compared with patient's conditions.
- (3) The diagnostic investigation results are effectively communicated and documented in such a way that physicians get results in a timely manner. Results are easily retrieved with no data loss and managed with a proper confidential precaution.
- (4) The diagnostic investigation results are explained to the patient. Further investigation is considered if the investigation results are abnormal.

c. Diagnosis

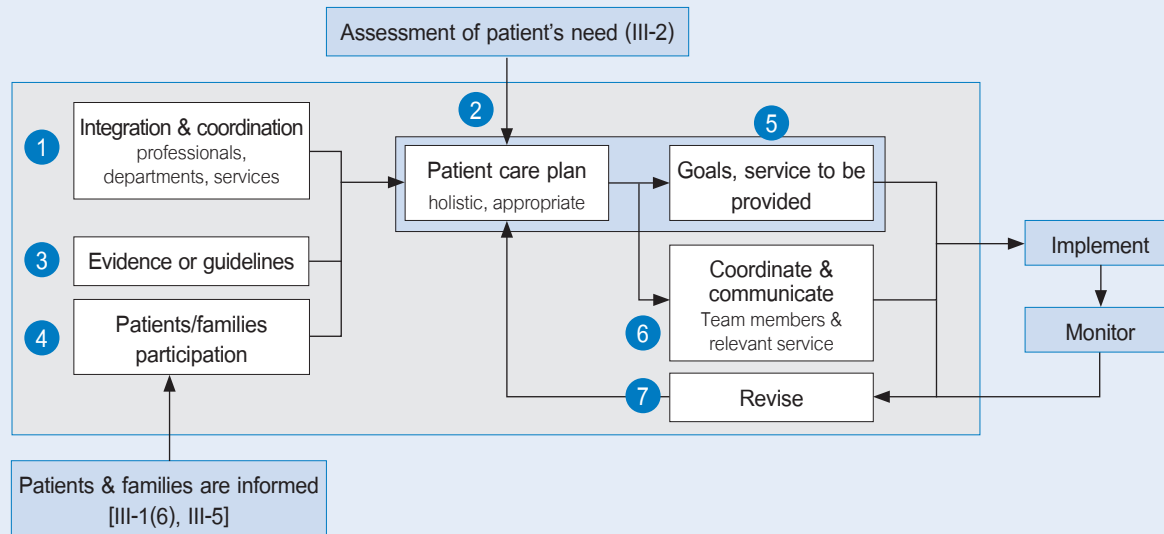
- (1) The patient receives a correct diagnosis with enough documented evidences to support the diagnosis.
- (2) The diagnosis is recorded in the determined period, and is changed when there is additional information.
- (3) The accuracy of diagnosis and consistency of diagnosis between each profession in the healthcare team are regularly reviewed.
- (4) Reduction in diagnostic error is set as one of the organization's Patient Safety Goal with robust data analysis, continuous improvement and monitoring.

Part III Patient Care Processes

III-3 Planning (PLN)

III-3.1 Planning of Care

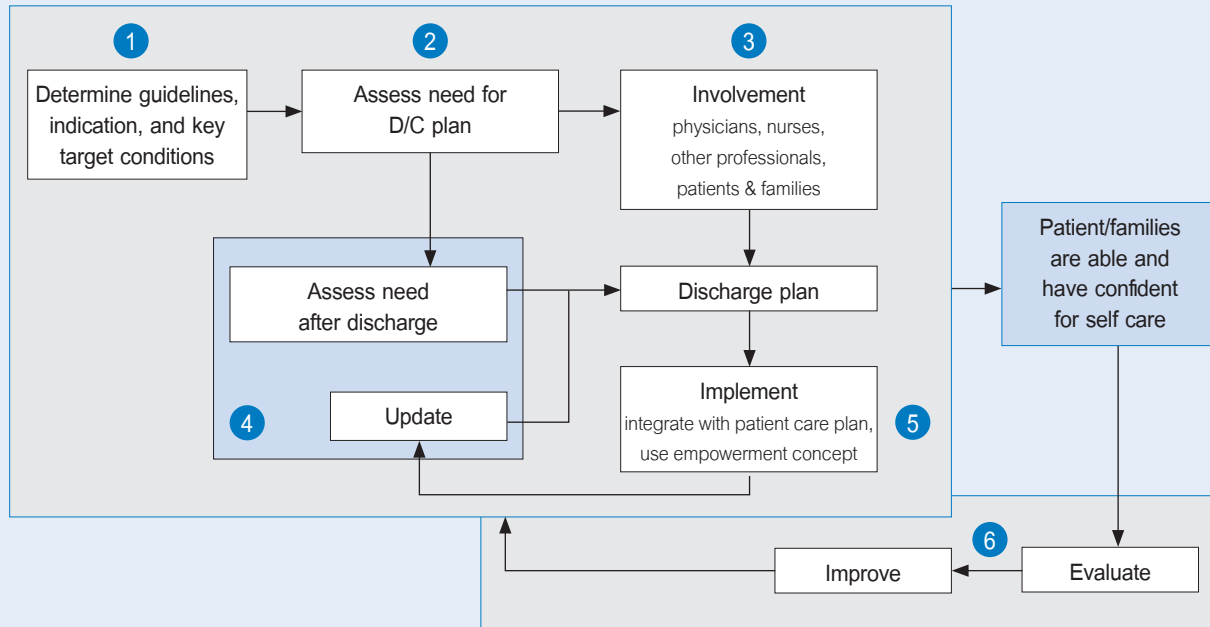
The healthcare team ensures a coordinated patient care plan with goals developed in response to health problems /needs of the patient.



Part III Patient Care Processes

III-3.2 การวางแผนจำหน่าย (Discharge Planning)

มีการวางแผนจำหน่ายผู้ป่วยเพื่อให้ผู้ป่วยสามารถดูแลตนเอง และได้รับการดูแลอย่างเหมาะสมกับสภาพปัญหาและความต้องการหลังจากจำหน่ายจากโรงพยาบาล.



III-3.1 Planning of Care (PLN.1)

The healthcare team ensures a coordinated patient care plan and sets a goal which responds to health problems/needs of the patient.

- (1) Patient care planning is integrated and coordinated among professionals, departments, and services.
- (2) The patient care plan is holistically responsive to patient's needs.
- (3) Appropriate evidences or guidelines are used to guide the patient care plan.
- (4) Patients and families are adequately informed and have opportunities to participate in decision making on choices of treatment and developing a care plan.
- (5) The care plan includes the goals to be achieved (cover short-term and long-term goal) and services to be provided.
- (6) The care plan is effectively coordinated and communicated to all team members and relevant services in a timely basis. Team members understand the role of each other.
- (7) The care plan is revised when there is change in patient's conditions or symptoms.

III-3.2 Discharge Planning (PLN.2)

Discharge planning process enables self-care of patients and ensures that patient's ongoing needs after discharge are met.

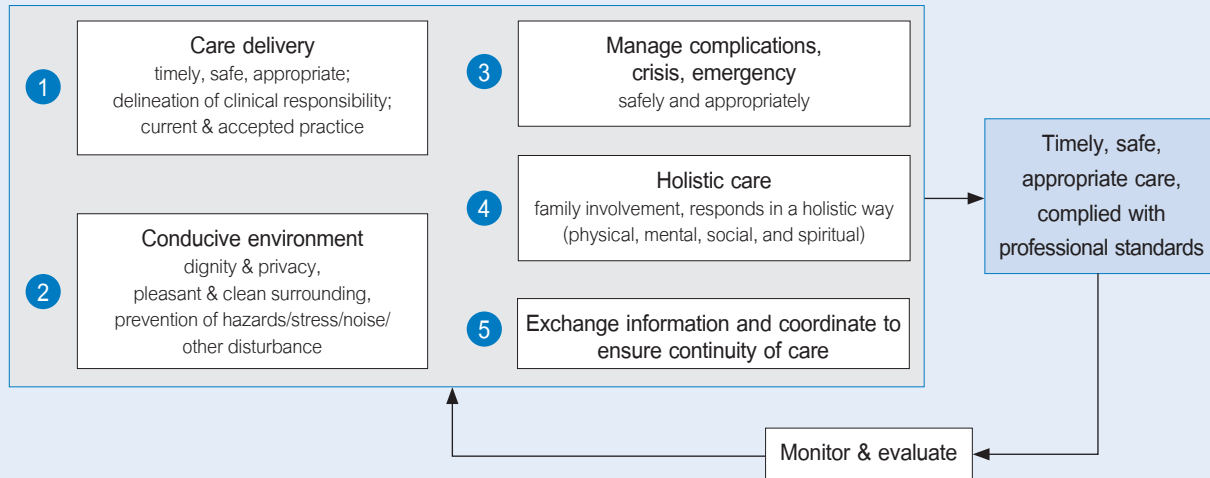
- (1) Guidelines, indications, and key target diseases for discharge planning are determined.
- (2) Needs for discharge planning of individual patients are earlier determined in the care process.
- (3) Physicians, nurses, other relevant professionals, including patients and their families, are involved in discharge planning.
- (4) Patient's needs after discharge are assessed and updated throughout the hospital stays.
- (5) The discharge plan is implemented in an integrated manner with the patient care plan, using the empowerment concept to ensure that patients and families have capability and confidence in management of self-care.
- (6) The discharge planning process is evaluated and improved using information from patients' follow up and feedbacks from other relevant health service providers.

Part III Patient Care Processes

III-4 Patient Care Delivery (PCD)

III-4.1 General Care Delivery

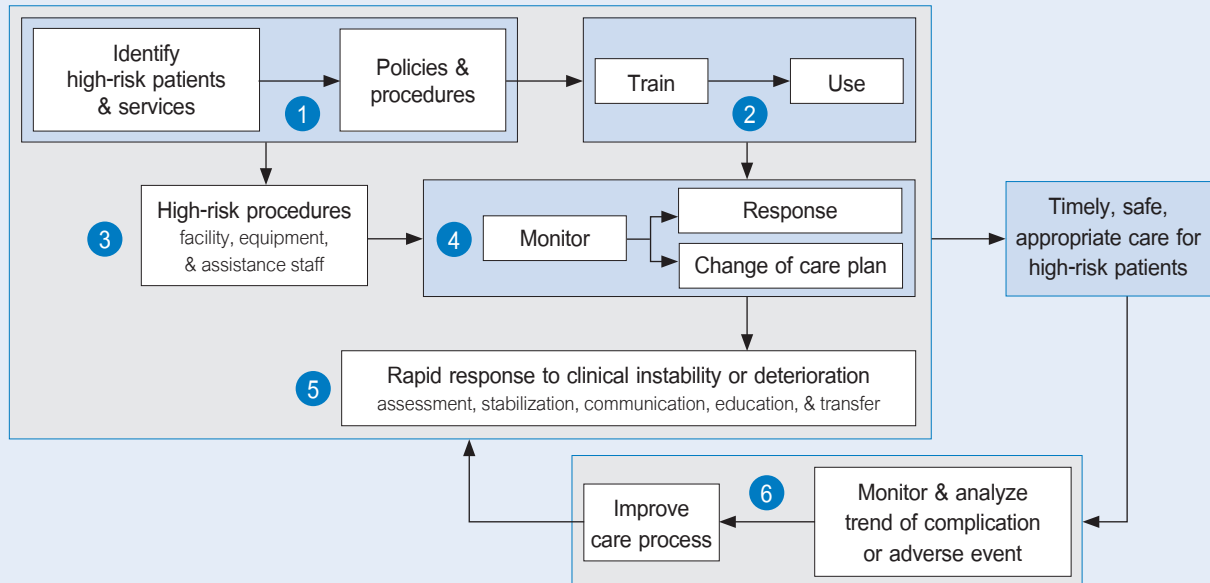
The healthcare team ensures that care is delivered in a timely, safe, and appropriate manner according to professional standards.



Part III Patient Care Processes

III-4.2 Care of High-Risk Patients and Provision of High-Risk Services

The healthcare team ensures that care of high-risk patients and high-risk services is delivered in a timely, safe, and appropriate manner according to professional standards.



Part III Patient Care Processes

III-4.3 Specific Care

The healthcare team ensures that key specific services are delivered in a timely, safe, and appropriate manner according to professional standards.

a. Anesthetic Care

- 1** **Pre-anesthetic assessment**
identify risk, plan, consult
- 2** **Patient/family preparation**
being informed, participate in making choice,
physical & mental preparation
- 3** **Anesthetic process**
smooth, safe, professional standards by qualified staff
- 4** **Support Process**
monitor physiological status during and after anesthesia,
prepare for emergency,
care & discharge from recovery area
- 5** **Equipment, supplies, medications**
as recommended by professional organization

b. Surgical Care

- 1** **Surgical care plan**
preop diag & surgical care plan recorded,
assess risk & coordinate for a safe care
- 2** **Discuss with patient/family**
rational, options, risk & potential complications
- 3** **Preoperative preparation**
physical & psychological readiness reduction of surgical risks & infection
- 4** **Prevent wrong surgery**
wrong patient, wrong site, wrong position, wrong procedure
- 5** **Environment of surgical care**
well-prepared, efficient, safe
- 6** **Surgical record**
timely, support communication & care
- 7** **Postoperative Care**
appropriate to patient's condition & procedure

Part III Patient Care Processes

III-4.3 Specific Care

The healthcare team ensures that key specific services are delivered in a timely, safe, and appropriate manner according to professional standards.

c. Food & Nutrition Therapy

- 1 **Appropriate food**
adequate nutritional value, good service, risk prevention
- 2 **Patient with nutritional problem**
nutritional assessment, planning, therapy
- 3 **Food & nutritional education**
for behavioral change, appropriate food preparation & consumption
- 4 **Food preparation, storage, delivery**
Handling of dishes, equipment, waste
safe, acceptable practices, reduce risk

e. Pain Management

- 1 **Pain screening & assessment**
pain intensity & quality
- 2 **Pain from treatment, procedure, examination**
inform, collaborative determined method
- 3 **Pain management**
proper to patient's condition & guideline monitor for side effect

d. End-of-Life Care

- 1 **Aware of patient's unique need**
- 2 **Assess & reassess**
symptoms, responses to symptom management,
psychological, social and spiritual needs
- 3 **Care of the dying**
manage symptoms; address psychological, social,
and spiritual needs; involve patient/family in care decisions

f. Rehabilitation

- 1 **Assessment → plan**
physical, mental, social, and spiritual status
- 2 **Rehabilitation**
restores, improves, maintains optimal level of functioning, self-care,
self-responsibility, independence, and quality of life.
- 3 **Comply with relevant standards, rules and regulations**

g. Chronic Kidney Disease

- 1 **meets relevant standards accredited hemodialysis service**

III-4.1 General Care Delivery (PCD.1)

The healthcare team ensures that care is delivered in a timely, safe, and appropriate manner according to professional standards.

- (1) Care is delivered in a timely, safe, and appropriate manner with appropriate delineation of clinical responsibility. The care meets current and accepted practices throughout the organization.
- (2) Care environment is conducive to the provision of quality care, considering patient dignity and privacy, pleasant and clean surroundings, prevention of hazards/stress/noise/other disturbance.
- (3) The care team has a process for safely and appropriately dealing with complications, a crisis, or an emergency.
- (4) The care team clarifies an expectation of the family in involvement in patient's care and responds to these needs in a holistic way (covering physical, mental, social, and spiritual dimension).
- (5) The care team exchanges information and coordinates to ensure continuity of care.

III-4.2 Care of High-Risk Patients and Provision of High-Risk Services (PCD.2)

The healthcare team ensures that care of high-risk patients and provision of high-risk services are delivered in a timely, safe, and appropriate manner according to professional standards.

- (1) The healthcare team identifies high-risk patients⁷² and high-risk services⁷³, and collaboratively develops applicable policies and procedures for caring of these high-risk conditions.
- (2) Staff have been trained and use policies and procedures for high-risk conditions to guide patient care.
- (3) High-risk procedures must be performed in an appropriate facility, with available essential equipment and assistance staff.

⁷² **High risk patients** such as infant, the elderly, emergency patient with confusion or unconsciousness, patient with multiple organ injuries, patient with an immune-deficiency condition.

⁷³ **High risk services** may be services which require sophisticated equipment in order to treat life-threatening conditions; nature of some treatments which contain some degrees of risk; services that may induce harms to patients, such as hemodialysis, resuscitation, transfusion of blood and blood components; using restraining materials; administering a drug with a deep sedation effect.

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- (4) High-risk patients or patients receiving high-risk services are monitored⁷⁴ as appropriate to the patients' conditions, with timely response or change of care plan.
- (5) When there is a sign of clinical instability or deterioration, assistance by a more expert staff or health care team⁷⁵ can be made in a timely manner for patient assessment, stabilization, communication, education, and transfer (if necessary).
- (6) The care team monitors and analyzes trends of complication or adverse events in these patients to improve the patient care processes.

⁷⁴ **The monitoring tool** may be a graph record of vital signs with color zones, indicating the situation needs reviewing (yellow color) or rapid response (red color). See example of SAGO (Standard Adult General Observation) chart from Australia.

⁷⁵ This may be called a **Rapid Response System**, which the key component is a Rapid Response Team (RRT) or a Medical Emergency Team which will bring their expertise in caring critical patients to the bedside immediately they are asked for help from the responsible staff of that patient.

III-4.3 Specific Care (PCD.3)

The healthcare team ensures that key specific services are delivered in a timely, safe, and appropriate manner according to professional standards.

a. Anesthesia Care

- (1) A pre-anesthesia assessment is performed to identify any potential risk that may occur during anesthesia. This information is used for planning of appropriate anesthesia and consultation with relevant specialists.
- (2) Patients/families receive essential information about anesthesia, participate in decision making on choices of anesthesia (if possible). Pre-anesthesia preparation, both physical and mental, is performed.
- (3) The anesthetic process is carried out smoothly and safely, based on professional standards that best fit for the hospital situation, by qualified staff.
- (4) During anesthesia and post-anesthesia, the patient's physiological status is monitored and documented. Staff are well prepared to deal with emergency situations⁷⁶ during

⁷⁶ **Emergency situation** such as difficult intubation, malignant hyperthermia, drug allergy.

Part III Patient Care Processes

anesthesia and recovery. A qualified staff discharges the patient from the recovery area using established criteria.

- (5) Equipment, supplies, and medications recommended by the anesthesia professional organization are used.

b. Surgical Care

- (1) Each patient's surgical care is planned. The planning process considers all available assessment information. The surgical care plan is documented in the patient's record, including a preoperative diagnosis. The care team assesses patient's risks and coordinated with relevant professionals for a safe care.
- (2) The rational, options of surgical procedures and blood use, risks, and potential complications are discussed with the patient, family, or those who make decisions for the patient.
- (3) The elective and emergency patients receive preoperative preparation, both physically and psychologically, for patient readiness, and reduction of surgical risks and infection.
- (4) There is an appropriate measure to prevent wrong patient, wrong site, wrong position, or wrong procedure surgery.

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- (5) Surgical care is undertaken under well-prepared, efficient, and safe conditions⁷⁷.
- (6) The performed surgery is written in the patient's record on a timely basis to support communication among the care team and support a continuum of post-surgical care.
- (7) The monitoring and care after surgery are appropriate to the patient's conditions and the procedure performed.

c. Food and Nutrition Therapy

- (1) Patients receive appropriate food with adequate nutritional value for their basic need, through a good food service. [There is an analysis of risks in food and nutrition services](#) ⁷⁸ and a preventive measure is set and implemented.

⁷⁷ **Well-prepared, efficient, and safe surgical care** means zoning; work flow design and preventing contamination in operating rooms; cleaning process in operating rooms and operating tables; cleaning process and sterile process of equipment and devices; preparation of equipment, devices, and aid staff for each patient; pre-operative care; counting numbers of equipment and devices; managing the tissue removed from the patient; preparation and practices to cope with a patient with crisis.

⁷⁸ **Risk in food and nutrition services** such as patients do not receive food in appropriate time, patients receive food that they are allergic to, improper food preparation that may induce suffocation.

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- (2) Patients who have a nutrition problem or a nutrition risk receive nutrition assessment and planning, and receive adequate nutritional therapy.
- (3) Patients and families are educated about food, nutrition, and nutritional therapy to empower them for behavioral change, food preparation and consumption that are appropriate with their illnesses.
- (4) Food preparation, storage, delivery; and handling of dishes/equipment/waste/residual food are safe and complied with acceptable practices to reduce the risk of contamination, spoilage, vectors, and spreading of diseases.

d. End-Of-Life Care

- (1) Staff are aware of patients' unique needs at the end of life.
- (2) Patients/families are assessed/reassessed for symptoms, responses to symptom management, psychological, social and spiritual needs⁷⁹.
- (3) The care team ensures appropriate care of those dying by taking interventions to manage symptoms; taking interventions that address psychological, social, and spiritual needs; involving the patient and family in care decisions.

⁷⁹ **Spiritual need** such as respecting the religious and culture of the patient.

e. Pain Management

- (1) Patients are screened for pain (covering acute and chronic pain). When pain is identified, a comprehensive pain assessment is performed to measure pain intensity and quality.
- (2) When pain is likely to arise from treatments, procedures or special examinations, patients are informed about the likelihood of pain. A proper method of pain management is then collaboratively determined.
- (3) Patients in pain receive proper care according to their conditions and pain management guidelines. Patients are monitored for any side effects that may arise from pain management.

f. Rehabilitation Services

- (1) A rehabilitation plan which is based on assessment of the patient's physical, mental, social, and spiritual status, is developed to guide rehabilitation services.
- (2) Rehabilitation restores, improves, or maintains the patient's optimal level of functioning, self-care, self-responsibility, independence, and quality of life.
- (3) Rehabilitation services comply with relevant standards, rules and regulations.

Part III Patient Care Processes

g. Care of Patients with Chronic Kidney Diseases

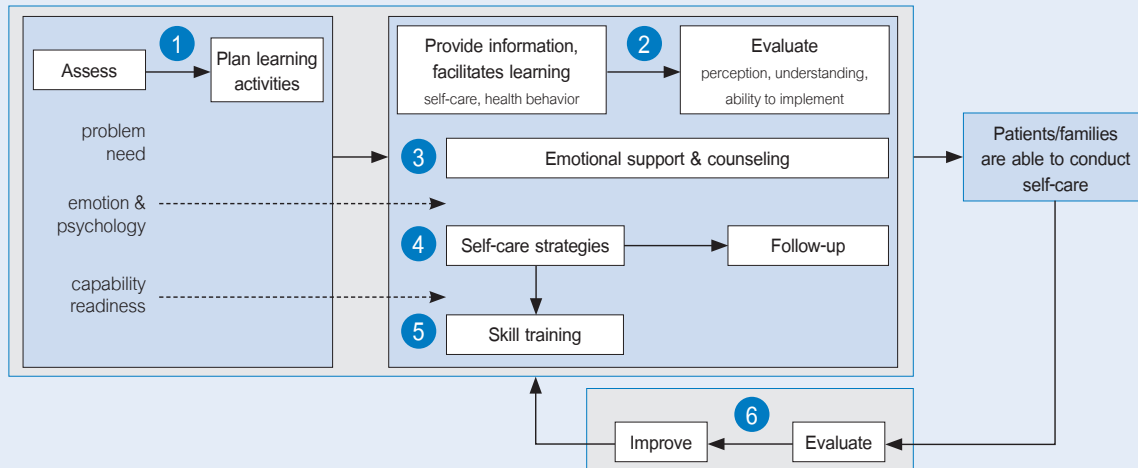
- (1) Care provided to patients with chronic kidney diseases meets relevant standards, resulting in quality and safety of care. In case a hospital provides hemodialysis service, the hospital must apply for assessment and be accredited from Accreditation Subcommittee on Standards of Hemodialysis Service.

Part III Patient Care Processes

III-5 Information and Empowerment for Patients/Families (IMP)

III-5 Information and Empowerment for Patients/Families

The healthcare team provides patients and families with information on their health conditions and plans activities to empower them, encourages them to carry out their responsibilities, and to facilitate integration of health promotion in all patient care.



III-5 Information and Empowerment for Patients/Families (IMP)

The healthcare team provides patients and families with information on their health conditions and plans activities to empower them, encourages them to carry out their responsibilities, and to facilitate integration of health promotion in all patient care.

- (1) The healthcare team assesses patients to plan and determine learning activities. The assessment includes patients' problems and needs, capability, emotional and psychological conditions, readiness for learning and self-care.
- (2) The healthcare team provides essential information and facilitates learning for self-care and good health behaviors to patients and families⁸⁰. Such information and learning are appropriate for patient's problems, timely, clear, and understandable⁸¹. Patient's perception, understanding, and ability to implement are evaluated.

⁸⁰ **Providing essential information** results in learning about nature of diseases, healthy lifestyles, approaches to improve health during illness and at home environment.

⁸¹ **Process of providing information** should be open and flexible; considering patient's and family's belief, value, literacy, language, and physical capacity.

Part III Patient Care Processes

- (3) The healthcare team provides appropriate emotional support and counseling to help patients and families⁸².
- (4) The healthcare team, in collaboration with patients/families, determines appropriate self-care strategies⁸³, including regular follow-up on problems and difficulties in self-care.
- (5) The healthcare team provides essential skill training for patients/families, and ensures that patients/families are able to do by themselves.
- (6) The healthcare team evaluates and improves the effectiveness of health education, learning and empowerment program.

⁸² **Emotional support** start withinformal and friendly atmosphere in every service unit of the hospital, there is a process to assess patient's stress from illness or crisis, and help the patient to solve those problems in a positive approach.

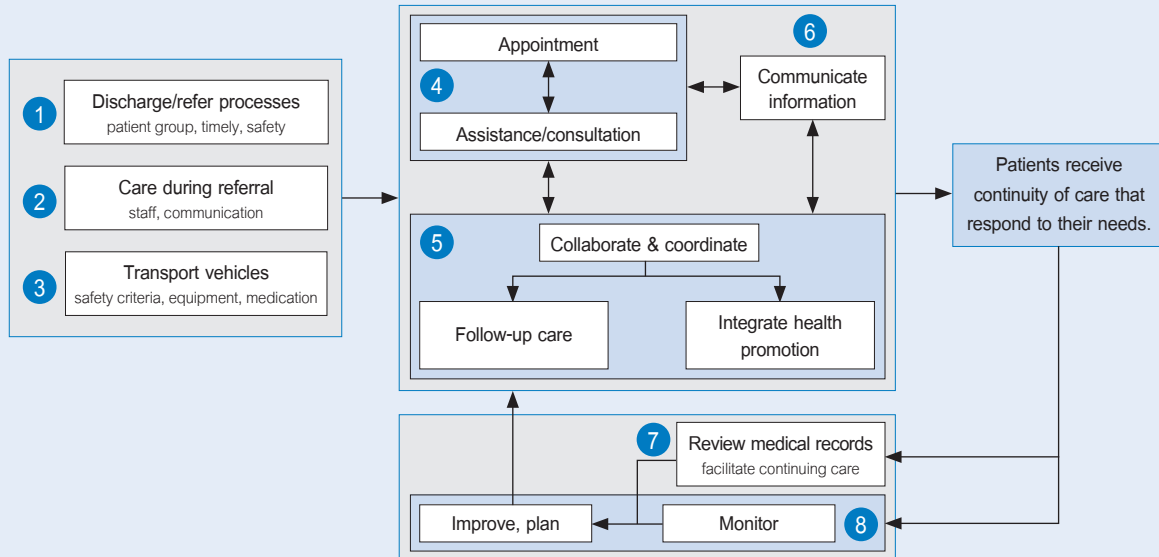
⁸³ **Determining appropriate self-care strategies for a patient** should be done together with encouraging self responsibility for the patient's own health by helping to understand their role, overcoming any obstacles, instructing positive health behaviors and explaining the consequences if they are ignored.

Part III Patient Care Processes

III-6 Continuity of Care (COC)

III-6 Continuity of Care

The Healthcare team collaborates and coordinates for effective follow-up and continuity of care.



III-6 Continuity of Care (COC)

The Healthcare team collaborates and coordinates for effective follow-up and continuity of care.

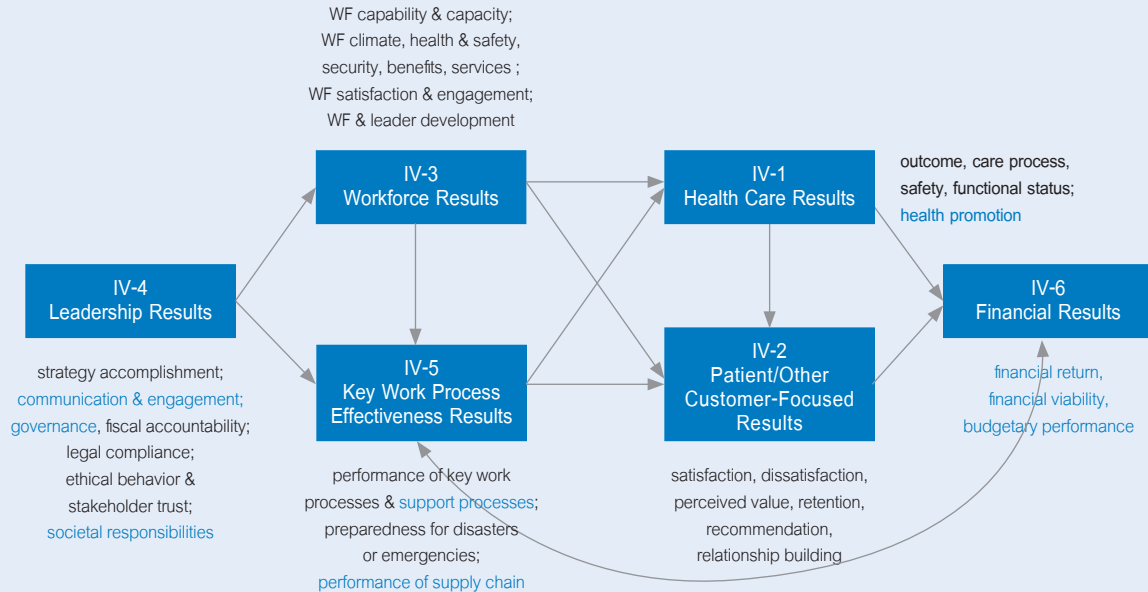
- (1) The hospital determines patient groups that require special processes for patient discharge and referral which ensure timely and safe results.
- (2) Care during referral is provided by competent staff with appropriate communication of information.
- (3) Transport vehicles meet safety criteria and have appropriate medical equipment and medications that meet the needs of patients being transported.
- (4) When indicated, an appointment is made for follow-up care. Assistant and consultation for the discharged patients are arranged as appropriate.
- (5) The organization collaborates and coordinates with other relevant health care providers, organizations, communities, and other sectors to allow continuity of follow-up care and integrate health promotion activities in patient care.
- (6) Patient information is effectively communicated to all relevant health care providers in the continuum of care, both inside and outside the organization, considering confidentiality of patient information.

Part III Patient Care Processes

- (7) Medical records are reviewed to ensure the documentation facilitate continuing care.
- (8) Patient results are continuously monitored to ensure that patients' needs are met and the information is used for improvement and planning future services.

Part IV Results

The organization demonstrates good performance and improvement in key areas, i.e. health care results (including health promotion), patient and other customer-focused results, human resource results, leadership results, process effectiveness results, and financial results.



Part IV Results

IV-1 Health Care Results (HCR)

- (1) The organization demonstrates current levels and trends in key indicators of patient care⁸⁴ and other customer service outcome, care process, safety and functional status.
- (2) The organization demonstrates current levels and trends in key indicators of health behaviors and health status of key client groups, people in the communities, and its staff.

IV-2 Patient and Other Customer-Focused Results (CFR)

The organization demonstrates current levels and trends in key indicators of patient and other customer's satisfaction; dissatisfaction; perceived value; retention, recommendation, and building relationship with patient/other customers.

⁸⁴ Patient care results were derived from an analysis of diseases treated in that hospital. Each disease should have a set of indicators that comprehensively reflect important aspects of that disease.

IV-3 Workforce Results (WFR)

- (1) The organization demonstrates current levels and trends in key indicators of staff capability, staffing level, retention and appropriate skill.
- (2) The organization demonstrates current levels and trends in key indicators of workforce climate, health, safety, security, benefits and services.
- (3) The organization demonstrates current levels and trends in key indicators of workforce satisfaction and workforce engagement.
- (4) The organization demonstrates current levels and trends in key indicators of workforce and leader development.

IV-4 Leadership Results (LDR)

- (1) The organization demonstrates current levels and trends in key indicators of accomplishment of organization strategy and action plans.
- (2) The organization demonstrate results of senior leaders' communication and engagement with the workforce and customers.

Part IV Results

- (3) The organization demonstrate results of **governance** and internal and external fiscal accountability⁸⁵.
- (4) The organization demonstrates results of meeting and **surpassing** regulatory and legal requirement.
- (5) The organization demonstrates results of ethical behavior and stakeholder trust in its senior leaders and governance.
- (6) The organization demonstrates results of its fulfilment of **societal responsibilities** and support of its key communities.

IV-5 Key Work Process Effectiveness Results (WPR)

- (1) The organization demonstrates current levels and trends in key indicators of the performance of its key work processes (in Standards part I and II) and support processes, including measures of productivity, cycle time, effectiveness, efficiency, and other quality relevant dimensions.

⁸⁵ **Result of fiscal accountability** such as audit report, recommendation from the auditor, response from the hospital's administrators.

Part IV Results

(2) The organization demonstrates current levels and trends in key indicators of the effectiveness of the organization's safety system, its preparedness for disaster or emergencies, and performance of its supply chain.

IV-6 Financial Results (FNR)

The organization demonstrates current levels and trends in key indicators of financial performance, including measures of financial return, financial viability, and budgetary performance.

Appendix 1

Scoring Guideline

Score	Process	Result
1	Design & early implementation	Measure
2	Partial implementation	Valid measures
3	Effective implementation	Get use of measures
4	Continuous improvement	Good results (better than average)
5	Role model, good practices	Very good results (top quartile)

The HA scoring guideline determine compliance of standard implementation to 5 levels. The expected level which reflects the use of HA Standards in producing value to the organization and customers is score 3 and above (the decision criteria to give accreditation to a hospital will be determined by the HAI Board as appropriate for each time period). When the PDSA cycle is continuously moved, work processes and results will gradually be improved.

Scoring of the organization's results will emphasis the important of analysis and utilization of key performance indicators. Although the result may not be good, it can reach the accepted level of score 3 if the analysis results in identification of opportunities for improvement and

Appendix 1 Scoring Guideline

implement the improvements, the development and development of the problem. Then, if the results are better from the improvements, the score will increase from 3 to 4.

The use of this Scoring Guideline for HA Standards to be truly beneficial should aim to continuously raise the maturity level of work systems in the organization, not just having a scoring level that is enough for passing accreditation.

Appendix 2

Core Values and Concepts of Hospital Accreditation

HA-Thailand's core values and concepts were developed from integrating quality concepts in various dimensions together: patient care quality improvement, health promotion, development toward excellent organization, total quality management, HA-Thailand's experiences in promoting quality improvement in hospitals, and lessons learned from studying best practices in excellent organizations awarded by Malcolm Baldrige National Quality Award (MBNOA).

These core values and concepts can be generally applied for decision-making processes and promoting staff's behavioral change from the current level to a more satisfactory one.

Concepts and philosophy of total quality management that have been applied in the early phase of hospital quality improvement in Thailand include: customer focus, common vision, teamwork, process focus, problem solving, visionary leadership, and continuous improvement.

During the implementation of the first edition of the Standards, main concepts that have been used for stimulating result-based practices include: individual commitment, teamwork, and customer focus.

Appendix 2 Core Values and Concepts of Hospital Accreditation

According to HA-Thailand's 3 steps for hospital quality improvement, concepts of step one cover: do best at routine work, regular discussion about things that happened, active in review. For step two the concepts include: clear and measurable targets, focus on results, giving value, and avoid fixed idea.

Combining all these concepts, they can then be categorized into 5 groups as follow:

1. Direction: visionary leadership, system perspective, agility.
2. Customer: patient & customer focus, focus on health, community responsibility.
3. Staff: value on staff, individual commitment, teamwork, ethic & professional standards.
4. Improvement: creativity & innovation, management by fact, continuous process improvement, focus on results, evidence-based approach.
5. Learning and empowerment.

1. Direction

1.1 Visionary Leadership

What

Leaders with vision and broad horizon, looking at big picture, aim for social change, think strategically.

Leaders who take action by presenting challenges, attracting talent to work together for better performance.

Why

Leaders is a person who give direction, being a role model, encourage and allow changes.

How

- Set the direction, values, & expectations.
- Define strategies, work systems, approaches, foster innovation.
- Bring values and strategies to action and decision.
- See opportunities in difficulties.
- Motivate, inspire, and encourage people in the organization to have innovator's DNA.
- Be a role model in using a new paradigm, e.g. living organization.

1.2 Systems Perspective

What

A holistic overview of all elements and aware of linkage in between. Consideration of causal relationship among relevant factors.

The cycle of input, output, process, and feed back.

Why

Fragmented style of management and improvement does make a successful achievement, but bring confusion and fatigue.

How

- Synthesis: look at the organization as a whole, considering key requirement of the organization, strategic objectives and plans.
- Alignment: make goals, plans, processes, indicators, and activities align in the same direction.
- Integration: integrate various concepts, components, and systems of the organization together.

Appendix 2 Core Values and Concepts of Hospital Accreditation

1.3 Agility

What

Ability to adapt quickly and flexibly.

Fast and flexible patient and service response.

Why

Society expects to receive service quickly.

Timely adaptability is to move ahead of others.

How

- Reduce complexity of the processes, discard unnecessary rules.
- Use information technology to provide fast and flexible response according to needs of service users.
- Staff are empowered to make decision under relevant guidelines as necessary.
- Good and cost-effective design of the service system to meet the need and give value to each individuals.
- Focus on measurement and reduction of cycle time together with other improvements.

2. Patient and Customer

2.1 Patient and Customer Focus

What

Patient and customer focus is to meet patient and customer requirements with professional standards for good results.

Customers may be internal and external customers (patients, families, and other service users.)

Why

The main function of the health service system is health and well-being of the individuals, families, and communities.

How

- Recognize problems and needs of individuals, clinical populations, public and communities.
- Response or provide services in an effective approach, safe, respect to people right and dignity, using professional standards, with caution, full attempts, and compassion.
- Willing to receive feed back.

Appendix 2 Core Values and Concepts of Hospital Accreditation

2.2 Focus on Health

What

The concept of health as a balance of life and the use of healthy component of life for healing oneself.

Why

We cannot identify etiology of many illnesses, but we can provide care for their well-being.

A patient can have well-being while being sick or dying. A patient has components of health and illness at the same time in the same person.

How

- Use the concept of “focus on health” with patients and healthy individuals.
- Seek opportunities to promote health in every patient.
- Determine a comprehensive set of health determinants.
- Create a balance of well-being and curative.
- Use the concept of salutogenesis.
- Practice to stay with present, share positive energy with patients.

2.3 Community Responsibility

What

Meeting legal requirement, rules and regulations; prevention of adverse effects to the environment, ethical practices, giving assistance to communities and responsible for community health.

Why

Healthcare service may create side effects to society and environment.

Healthcare organizations should be responsible for community health outside the facilities.

How

- Follow all the relevant legal requirements, rules and regulations, and standards.
- Resource preservation and waste reduction from upstream.
- Anticipate risks and develop prevention plan, e.g. radiation, chemical agent, biological hazards.
- Openness in response to the problems.
- Healthcare provision to the communities, identify capability of communities and empower communities to solve their problems.

3. Staff

3.1 Value on Staff

What

To promote development and use of staff capability, motivation for high performance, and happiness.

Why

Human resource is valuable asset of the organization, with continual increment. Systems approach yield better result than blaming.

How

- Using friendly approach and logical thinking.
- Leadership demonstrate their commitment, recognize the staff, and encourage self-development of staff.
- Promote knowledge sharing and environment that encourage change.
- Arrange varieties of flexible and effective working methods.
- Use systems approach to deal with errors or mistakes.
- Ask staff “What is your concern? What is the most important things that should be improved?”, and response.

3.2 Individual Commitment

What

Each individual staff demonstrate commitment for the assigned responsibilities, focus on the purpose and organization achievement as the basis for working.

Why

The organization success is a result of collective effort of all staff.

Quality starts with each individual, act immediately and continuously with one's day-to-day works.

How

- Each individual does a good job for day-to-day operation with caution and compassion.
- Each individual improve one's work and collectively team's works with the others.
- Leaders determine appropriate expectation, support, empower, and be a role model.

3.3 Teamwork

What

Listening, collaborative thinking and action within each department, between various department/professional, between management and staff, and partnership between organizations.

Why

Healthcare is complex and need extensive cooperation.

How

- Create a network of relationships with flexibility, responsive, and knowledge sharing.
- Promote good cooperation and coordination in routine work.
- Work as a team in quality improvement projects according to the opportunities identified.
- Set up multidisciplinary team or cross-functional team to oversee, set direction, and monitor key systems and patient care delivery.
- Extends to external cooperation.

3.4 Ethical and Professional Practice

What

A decision based on professional ethics and standards. Professional autonomy to control professional ethics and standards among members.

Why

Professional decision is important to patient outcome.

The society has high expectation to professionals and will not accept adverse event from ignorance or lower than standard practices.

Professionals need autonomy to make decision, of which also need accountability.

Professionals need to act as a patient agent in giving advice or considering proper alternative options.

How

- Each practitioner is aware of the ethical and professional standards of practice, participate in self development of necessary knowledge and skills.
- Practice with simple principle of compassion can prevent a lot of problems.
- There is a mechanism by which the practitioner controls themselves in terms of prevention and taking action when problems arise to make confidence for service users and other professionals working together.

4. Improvement

4.1 Creativity and Innovation

What

Change that use new approached and concepts.

Why

Key concept of innovatin is imagination.

Improvement with old approached will not work.

Fuzzy situation will nurture imagination and innovation.

How

- Manage innovation to be part of organizational culture and daily operation.
- Management encourage staff to test new idea, support training for creativity and innovation.
- Management encourage innovation in delivery.

4.2 Management by Fact

What

Decision on the basis of properly analyzed information

Why

Good information let us know real level of problems, priorities, cause, advantage and disadvantage of various solutions.

How

- Selection and use of indicators which reflex key clinical issues, community health, and organization management in a balance manner.
- Analysis of data to identify trends, projection, and causal relationship.
- Assess and adapt measures or indicators to match the goals better.
- Create a culture of using information as a basis for decision making at all level.

4.3 Continuous Process Improvement

What

Identification of opportunities for improvement and implementation of continuous process improvement. The targets are continually raised to challenge in a realistic range.

Why

Situations are always changed, customer expectations are increasing, and there are always opportunities for simplicity and more efficiency.

How

- Develop a culture of continuous improvement at all level: individuals, projects, units, and organization.
- Use various strategies to identify opportunities for improvement, e.g, performance review, listen to customers, comparing with requirements/standards, overview review by multidisciplinary team.
- Encourage and motivate for continuous improvement.
- Create learning process along with improvement activities.

4.4 Focus on Results

What

The determination of purpose of work or improvement at the result and value for patients and stakeholders.

Why

Focus on results makes clear on common purpose and linkage with plan and activities.

Focus on results facilitate priority setting and make best use of resource.

Create value to stakeholders results in trust and confidence to the organization.

How

- Measure organization performance focusing on key areas.
- Use both process and outcome indicator in a balance manner to communicate priorities, monitoring, and performance improvement.
- Keep balance of value for stakeholders, i.e. patients, families, staff, payers, businesses, students, suppliers and partners, investors, and public.

4.5 Evidence-based Approach

What

A decision based on scientific evidence.

The use of scientific evidence for patient care.

Why

Safe, effective, efficient, and appropriate healthcare must be based on scientific evidence demonstrating effectiveness of healthcare interventions.

Healthcare faces a lot of uncertainty, the use of professional judgment together with scientific evidence is necessary.

The knowledge of healthcare technology effectiveness is rapidly changing, though knowledge in the text may be obsolete faster than we think.

How

- Apply accepted CPG in patient care.
- Gap analysis.
- Use clinical epidemiology and clinical economic to assist decision making.
- Use scientific evidence together with other concepts and tools for quality improvement, based on key requirements of those clinical populations.

5. Learning

5.1 Learning

What

Learning is an interaction between living organism and environment to response, adjust, and improve efficiency.

Who

Living organisms have to adjust themselves for survival. An organization is like a living organism.

How

- Education, training, giving opportunities for improvement, and motivation.
- Learning from participation.
- Seek opportunities to make change and improvement.
- Embed learning into daily operation.
- Use patient care processes, services, facility and environment to promote learning.

5.2 Empowerment

What

Empower everyone to take care of their own health.

Empower staff to solve problems and improve works by themselves.

Why

Empowerment will promote responsibility, validity, efficiency, independence, and expansion.

How

- The authorities see benefits of self-less and give their power to the others.
- Management empower the staff to make decision.
- Professionals empower patients and public to take care of themselves.
- Good communication, proper information, assessment and feed-back.

Appendix 3

Comparison of 4th and 3rd Edition Standards References

Where the area is new to the 4th Edition, the reference to the 3rd Edition is noted as “New”

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
PART I ORGANIZATION MANAGEMENT OVERVIEW		
I-1 Leadership (LED)		
Vision, Mission, Values and Ethic	LED.1 a.	LED.1 a.
Communication	LED.1 b.	LED.1 b.
Organization Performance	LED.1 c.	LED.1 a., LED.1 b.
Organization Governance	LED.2 a.	LED.2 a.
Legal and Ethical Behaviors	LED.2 b.	LED.2 b.
Social Responsibility	LED.2 c.	New
I-2 Strategy (STG)		
Strategy Development Process	STG.1 a.	STM.1 a.
Strategic Objectives	STG.1 b.	STM.1 b.
Action Plan Development and Deployment	STG.2 a.	STM.2 a.
Action Plan Modification	STG.2 b.	STM.2 a.

Appendix 3 Comparison of 4th and 3rd Edition Standards References

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
I-3 Patients/Customers (PCM)		
Listening to Patients and Other Customers	PCM.1 a.	PCF.1 a.
Determination of Patient/Customer's Satisfaction and Engagement	PCM.1 b.	PCF.2 b.
Service Offering and Patient/Customer Support	PCM.2 a.	PCF.1 a. PCF.2 b.
Patient/Customer Relationship	PCM.2 b.	PCF.2 a.
Patient Charter	PCM.3 a.	PCF.3 a.
Patient's Right Protection Process	PCM.3 b.	PCF.3 b.
Care for Patients with Specific Needs	PCM.3 c.	PCF.3 c.
I-4 Measurement, Analysis and Knowledge Management (MAK)		
Performance Measurement	MAK.1 a.	MAK.1 a., STM.2 b.
Performance Analysis and Review	MAK.1 b.	MAK.1 b.
Using Data for Performance Improvement	MAK.1 c.	MAK.1 b.
Data and Information	MAK.2 a.	MAK.2 a., MAK.2 c.
Information System Management	MAK.2 b.	MAK.2 a.
Organization Knowledge	MAK.2 c.	MAK.2 b.

Appendix 3 Comparison of 4th and 3rd Edition Standards References

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
I-5 Workforce (WKF)		
Workforce Capability and Capacity	WKF.1 a.	HRF.2 a.
Workplace Climate	WKF.1 b.	HRF.2 b.
Workforce Health and Safety	WKF.1 c.	HRF.2 c.
Workforce Engagement and Performance	WKF.2 a.	HRF.1 a., HRF.1 c.
Workforce and Leader Development	WKF.2 b.	HRF.1 b.
1-6 Operation (OPT)		
Service and Process Design	OPT.1 a.	PCM.1 b.
Process Management and Improvement	OPT.1 b.	PCM.2 a., PCM.2 b.
Supply Chain Management	OPT.1 c.	New
Innovation Management	OPT.1 d.	New
Clinical Education Management	OPT.1 e.	New
Process Efficiency and Effectiveness	OPT.2 a.	PCM.2 a.
Emergency Preparedness	OPT.2 b.	PCM.1 c.

Appendix 3 Comparison of 4th and 3rd Edition Standards References

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
PART II KEY HOSPITAL SYSTEMS		
II-1 Risk, Safety, and Quality Management (RSQ)		
Quality Management System	RSQ.1 a.	RSQ.1a. b. c. and d.
Patient Care Quality	RSQ.1 b.	RSQ.2 b.
Risk Management System - General requirements	RSQ.2 a.	RSQ.2 a.
Risk Management System - Specific requirements	RSQ.2 b.	New
II-2 Professional Governance (PFG)		
Nursing Administration	PFG.1 a.	PFG.1 a.
Nursing Practices	PFG.1 b.	PFG.1 b.
Medical Staff	PFG.2	PFG.2
II-3 Environment of Care (ENV)		
Safety and Security	ENV.1 a.	ENV.1 a.
Hazardous Materials and Waste	ENV.1 b.	ENV.1 b.
Emergency Management	ENV.1 c.	ENV.1 c.
Fire Safety	ENV.1 d.	ENV.1 d.
Equipment	ENV.2 a.	ENV.2 a.

Appendix 3 Comparison of 4th and 3rd Edition Standards References

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
Utility Systems	ENV.2 b.	ENV.2 b.
Health Promotion	ENV.3 a.	ENV.3 a.
Environment Protection	ENV.3 b.	ENV.3 b.
II-4 Infection Prevention and Control (IC)		
Infection Prevention and Control Program	IC.1 a.	IC.1 a., IC.1 b.
Infection Surveillance and Control	IC.1 b.	IC.3 a., IC.3 b.
Infection Prevention Practices	IC.2	IC.2 a.
II-5 Medical Record System (MRS)		
Planning and Design	MRS.1 a.	MRS.1 a.
Security and Confidentiality	MRS.1 b.	MRS.1 b.
Patient Medical Record	MRS.2	MRS.2
II-6 Medication Management System (MMS)		
Medication Management Oversight	MMS.1 a.	MMS.1 a.
Supportive Environment	MMS.1 b.	MMS.2 a.
Medication Procurement and Storage	MMS.1 c.	MMS.1 a., MMS.1 b.
Ordering and Transcribing	MMS.2 a.	MMS.2 a.

Appendix 3 Comparison of 4th and 3rd Edition Standards References

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
Preparing, Labelling, Dispensing, and Delivery	MMS.2 b.	MMS.2 b.
Administration	MMS.2 c.	MMS.2 b.
II-7 Diagnostic Investigation and Related Services (DIN)		
Planning, Resources, and Management (Radiology/Medical Imaging Services)	DIN.1 a.	DIN.1 a.
Radiology Service Provision	DIN.1 b.	DIN.1b., DIN.2 c.
Quality and Safety Management (Radiology/Medical Imaging Services)	DIN.1 c.	New
Planning, Resources, and Management (Medical Laboratory/Clinical Pathology Service)	DIN.2 a.	DIN.1 a
Service Provision (Medical Laboratory/Clinical Pathology Service)	DIN.2 b.	DIN.1 b., DIN.2 a.
Quality and Safety Management (Medical Laboratory/Clinical Pathology Service)	DIN.2 c.	DIN.2 a.
Anatomical Pathology	DIN.3	New
Blood Bank and Transfusion Services	DIN.4	DIN.2 b.
Other Diagnostic Investigation	DIN.5	DIN.1 b.

Appendix 3 Comparison of 4th and 3rd Edition Standards References

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
II-8 Disease and Health Hazard Surveillance (DHS)		
Management and Resources	DHS a.	DHS a.
Data Collection and Analysis for Surveillance	DHS b.	DHS b.
Response to an Epidemic of Diseases and Health Hazards	DHS c.	DHS c.
Information Dissemination and Alert	DHS d.	DHS d.
II-9 Working with Communities (COM)		
Health Promotion for the Communities	COM.1	COM.1
Community Empowerment	COM.2	COM.2, LED.2 c.
PART III PATIENT CARE PROCESSES		
III-1 Access and Entry (ACN)	ACN	ACN
III-2 Patient Assessment (ASM)		
Patients Assessment	ASM a.	ASM a.
Diagnostic Investigation	ASM. b.	ASM. b.
Diagnosis	ASM. c.	ASM. c.

Appendix 3 Comparison of 4th and 3rd Edition Standards References

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
III-3 Planning (PLN)		
Planning of Care	PLN.1	PLN.1
Discharge Planning	PLN.2	PLN.2
III-4 Patient Care Delivery (PCD)		
General Care Delivery	PCD.1	PCD.1
Care of High-Risk Patients and Provision of High-Risk Services	PCD.2	PCD.2
Anesthesia Care	PCD.3 a.	PCD.3 a.
Surgical Care	PCD.3 b.	PCD.3 b.
Food and Nutrition Therapy	PCD.3 c.	PCD.3 c.
End-Of-Life Care	PCD.3 d.	PCD.3 d.
Pain Management	PCD.3 e.	PCD.3 e.
Rehabilitation Services	PCD.3 f.	PCD.3 f.
Care of Patients with Chronic Kidney Diseases	PCD.3 g.	New
III-5 Information and Empowermentfor Patients/Families (IMP)	IMP	IMP
III-6 Continuity of Care (COC)	COC	COC

Appendix 3 Comparison of 4th and 3rd Edition Standards References

Criterion in HA Standards	4 th Edition reference	3 rd Edition reference
PART IV RESULTS		
IV-1 Health Care Results	HCR	PCR, HPR
IV-2 Patient and Other Customer-Focused Results	CFR	CFR
IV-3 Workforce Results	WFR	HRR
IV-4 Leadership Results	LDR	LDR
IV-5 Key Work Process Effectiveness Results	WPR	SPR
IV-6 Financial Results	FNR	FNR

Appendix 4

Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
I-1 Leadership (LED)	<p data-bbox="483 287 587 309">LED.2 a.</p> <p data-bbox="483 323 1217 348">(1) The governance system reviews and achieves the following:</p> <ul data-bbox="523 361 1273 571" style="list-style-type: none"><li data-bbox="523 361 1015 386">● accountability for senior leaders’ actions;<li data-bbox="523 397 962 422">● accountability for the strategic plan;<li data-bbox="523 433 778 458">● fiscal accountability;<li data-bbox="523 469 842 494">● transparency in operation;<li data-bbox="523 505 1273 530">● independence and effectiveness of internal and external audits;<li data-bbox="523 541 957 566">● protection of stakeholder’s interests. <p data-bbox="483 585 587 607">LED.2 a.</p> <p data-bbox="483 621 1431 721">(2) The organization evaluates the performance of senior leaders, leadership system, and the governance system. The results are used to improve effectiveness of leaders and leadership system.</p> <p data-bbox="483 736 587 757">LED.2 a.</p> <p data-bbox="483 772 1431 947">(3) The organization establishes a clinical governance system which oversees key elements of continuous professional education, educational and training affiliation, clinical audit or review, clinical effectiveness, research and development, openness, risk management, information management, and patient experience. The clinical governance body receives regular reports and is accountable to assure high quality of clinical outcome.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
I-1 Leadership (LED)	<p>LED.2 b. (3) The organization establishes a mechanism to receive and resolve ethical dilemma in a timely way.</p> <p>LED.2 c. (1) The organization contributes to the societal well-being, in environmental, social, and economical aspects..</p>
I-2 Strategy (STG)	<p>STG.1 a. (1) The organization has an appropriate strategy planning process in term of planning horizon, key process steps, and key participants. The process addresses a potential need for transformational change and organization agility.</p> <p>STG.1 a. (2) The organization identifies strategic opportunities, decides which opportunities and risks to be pursued, and promotes innovation.</p> <p>STG.1 a. (4) The organization determines its core competencies that support the accomplishment of its mission.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
I-2 Strategy (STG)	<p>STG.1 a.</p> <p>(5) The organization makes decisions on its work processes: which key work processes will be accomplished by its workforce, and which by external suppliers and partners. The decision should be based on current core competencies of the organization and core competencies of potential suppliers and partners, the accomplishment of strategic objectives, appropriate utilization of resource, and collaboration with strategic partners, for sustainability and efficiency.</p> <p>STG.1 b.</p> <p>(1) The organization develops and documents its key strategic objectives, targets and a timetable for accomplishing them.</p> <p>STG.1 b.</p> <p>(2) Strategic objectives address strategic challenges, and utilize organization's core competency, strategic advantages, and strategic opportunities. Strategic objectives reflect the balance of all organization needs.</p>
I-3 Patients/Customers (PCM)	<p>PCM.2 a.</p> <p>(1) The organization determines healthcare service offering to meet the needs and expectations of patients/other customers.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
I-3 Patients/Customers (PCM)	<p>PCM.3 b. (4) Safety and security of patients/service users are established. Patients/service users are protected from physical, psychological, and social assault.</p> <p>PCM.3 b. (7) The right of the patients participated in clinical research is protected.</p>
I-4 Measurement, Analysis and Knowledge Management (MAK)	<p>MAK.1 a. (3) The organization selects and uses voice of patient/other customer to build a more people-centered culture. (see also I-3.2 a.(1))</p> <p>MAK.2 a. (1) The organization verifies and ensures the accuracy & validity, integrity & reliability, and currency of its data and information.</p> <p>MAK.2 b. (2) The organization ensures the security of sensitive or privileged data and information; ensures confidentiality and only appropriate access; protects the information system from cyber-attacks; detects, responds to, and recovers from cyber-security breaches.</p> <p>MAK.2 b. (3) In case that patient's information is sent through social media for a benefit of patient treatment, the organization should set a process guideline to protect confidentiality of patient's information and, at the same time, support correct identification.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
<p>I-4 Measurement, Analysis and Knowledge Management (MAK)</p>	<p>MAK.2 c. (2) The organization identifies high performing units or operations, identifies their best practices for sharing and implements them across the organization.</p> <p>MAK.2 c. (3) The organization uses its knowledge and resources to embed learning in the way it operates.</p>
<p>I-5 Workforce (WKF)</p>	<p>WKF.1 a. (1) The organization develops a workforce management plan which considers professional councils' requirements and the organization context. The plan specifies requirements of workforce capability and capacity in each unit in order to provide desired services. The plan specifies its staff capability and capacity needs, as well as the level of staffing and skill mix required to meet the needs of the services provided. Job responsibilities are identified and work assignments are based on staff members' credentials and any regulatory requirements. The scope of practice, performance and competency of staff, independent practitioners and where applicable volunteers, are in keeping with their job positions.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
I-5 Workforce (WKF)	<p>WKF.1 a.</p> <p>(2) The organization has an effective process for workforce member recruitment, hiring, placement, and retention. There is an effective process to gather, verify, and evaluate professional workforce members' credentials: license, education, training, and experience. Formal orientation, training programs and knowledge sharing are arranged for new staff, independent practitioners and volunteers to enhance their knowledge, skills and experience. The professional licenses, credentials, and privilege are reviewed regularly at least every three year.</p> <p>WKF.1 c.</p> <p>(1) The organization establishes a health and safety program to protect health and safety of workforce, including:</p> <ul style="list-style-type: none"> ● protective clothing and equipment for workforce; ● workplace assessment on health and safety of workforce; ● workload monitoring and stress management; ● workforce vaccination; ● prevention from manual handling injuries; ● prevention from needle-stick injuries; ● protection from occupational hazards, e.g. radiation, gas, chemical, substances, and infection; ● managing violence, aggression, and harassment; ● managing any relevant government and legal requirements.

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
1-6 Operation (OPT)	<p>OPT.1 b. (2) The organization determines its key support processes. The day-to-day operation of these processes meets key organizational requirements.</p> <p>OPT.1 b. (3) The organization improves its work processes to improve its health care services and performance, enhance its core competencies, and reduce variability.</p> <p>OPT.1 c. (1) The organization manages its supply chain to ensure that procured products and services are in high quality by:</p> <ul style="list-style-type: none"> • proper selection of suppliers (including products and services) that are qualified to meet the organization’s needs; • determining a clear and concise term of reference; • measure and evaluate its suppliers’ performance; • provide feedback to its suppliers to help them improve; • deal with poorly performing suppliers. <p>OPT.1 d. (1) The organization pursues the strategic opportunities for innovation, and provides financial and other necessary resources.</p> <p>All 8 requirements under OPT.1 e. Clinical Education Management</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
1-6 Operation (OPT)	<p>OPT.2 a.</p> <p>(1) The organization controls the overall cost of its operation by preventing adverse events, errors and rework; minimizing the costs of inspections and tests; incorporating cycle time, productivity, and other efficiency and effectiveness factors into its work processes.</p> <p>OPT.2 b.</p> <p>(1) The organization provides a safe operating environment. The safety system addresses accident prevention, inspection, root-cause analysis of failures, and recovery.</p> <p>OPT.2 b.</p> <p>(2) The organization ensures that work systems and workplace are prepared against disasters or emergencies. The preparedness system considers prevention, management, continuity of operations, evacuation, recovery, taking reliance on its workforce, suppliers, and partners into account. The organization ensures that information systems continue to be secure and available to serve.</p>
II-1 Risk, Safety, and Quality Management (RSQ)	<p>Requirement (1), (6), (7), (8), (9) & (10) under RSQ.1 a. Quality Management System</p> <p>Requirement (1), (2), (3), & (5) under II-1.2 a. Risk Management System (RSQ.2)</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
II-2 Professional Governance (PFG)	<p>PFG.2</p> <p>(7) The medical staff organization works collaboratively with organization committees on clinical governance, medication utilization, infection control, health promotion, quality and safety.</p>
II-3 Environment of Care (ENV)	<p>ENV.2 b.</p> <p>(2) The organization provides an emergency electrical power source and an alternate source of medical-used gas to all critical service areas with appropriate and regular maintenance, testing, and inspection.</p>
II-4 Infection Prevention and Control (IC)	<p>IC.1 a.</p> <p>(4) The organization sets written policies and protocols about infection control covering these issues:</p> <ul style="list-style-type: none"> • specific infectious sites and specific device-associated infection such as surgical site infection, respiratory tract infection, urinary tract infection, intravenous line infection and bloodstream infection; • measures to manage and control the spread of multidrug-resistant organisms; • measures to manage emerging/re-emerging infection; • caring of immune-compromised patients; • preventing occupational exposure to blood and body fluid, as well as post exposure management (in case of epidemic diseases); • provision of vaccine for vaccine-preventable diseases as recommended by professional organizations such as the Royal College of Physicians of Thailand.

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
<p>II-4 Infection Prevention and Control (IC)</p>	<p>IC.2 a.</p> <p>(1) The organization develops and implements procedures to reduce infection risk:</p> <ul style="list-style-type: none"> ● standard precautions and isolation precautions; ● sterilization; ● reprocessing of diagnostic/therapeutic scopes; ● manage of expired supplies and accepted practice of reprocessing single-use devices (if permitted). <p>IC.2 a.</p> <p>(2) The organization establishes an environment control to minimize the risk of pathogen transmission and contamination of the environment:</p> <ul style="list-style-type: none"> ● manage building structure, apply appropriate engineering controls, and maintenance of the building to prevent the spread of contaminants and pathogens; ● assess the risk and impact of building construction, renovation, and demolition; then set measures to reduce the risk; ● clean areas are separated from dirty areas.

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
II-4 Infection Prevention and Control (IC)	<p data-bbox="486 223 566 251">IC.2 a.</p> <p data-bbox="486 262 1428 327">(3) Working areas with unique infection control concerns are identified and measures are implemented to reduce infection risk. Targeted areas include:</p> <ul data-bbox="518 338 1428 769" style="list-style-type: none"><li data-bbox="518 338 718 365">● operating room;<li data-bbox="518 376 670 404">● labor room;<li data-bbox="518 414 766 442">● intensive care unit;<li data-bbox="518 453 1428 480">● medical, surgical, and pediatric wards, especially those with crowded environment;<li data-bbox="518 491 813 518">● emergency department;<li data-bbox="518 529 1428 589">● out-patient department, especially for immune-compromised patients, untreated contagious tuberculosis, and pediatric patients;<li data-bbox="518 600 638 627">● laundry;<li data-bbox="518 638 1045 666">● Central Sterile Supplies Department (CSSD);<li data-bbox="518 677 638 704">● kitchen;<li data-bbox="518 715 798 742">● physical therapy area;<li data-bbox="518 753 750 780">● postmortem room.

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
II-5 Medical Record System (MRS)	<p data-bbox="483 227 592 248">MRS.1 a.</p> <p data-bbox="483 265 1430 363">(3) The medical record is to be current, complete, accurate and secure to assist the safety and continuity of care and treatment. The record should comply with the following requirements:</p> <ul data-bbox="520 377 1430 734" style="list-style-type: none"><li data-bbox="520 377 1217 399">● authorization of staff who can record in a medical record;<li data-bbox="520 413 1126 435">● use of only recognized abbreviations and symbols;<li data-bbox="520 449 807 471">● verifying verbal orders;<li data-bbox="520 485 1137 507">● using standard codes for diagnoses and operations;<li data-bbox="520 521 1015 543">● legible, dated, timely and signed entries;<li data-bbox="520 558 715 579">● alert notations;<li data-bbox="520 594 1329 615">● progress notes, observations, consultation reports, diagnostic results;<li data-bbox="520 630 1430 695">● all significant events such as alteration to patients/service users' condition and responses to treatment and care;<li data-bbox="520 709 1070 731">● any near misses, incidents or adverse events.

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
<p>II-5 Medical Record System (MRS)</p>	<p>MRS.1 b.</p> <p>(1) Medical records are:</p> <ul style="list-style-type: none"> • properly stored; • kept confidential; • secure and protected from loss, physical damage, unauthorized adjustment and unauthorized access or use; • retained and destroyed in accordance with law and regulations.
<p>II-6 Medication Management System (MMS)</p>	<p>MMS.1 a.</p> <p>(1) The organization establishes the Pharmaceutical and Therapeutic Committee (PTC), a multidisciplinary team with an oversight function responsible for safety, rational drug use, effectiveness, and efficiency of medication management system.</p> <p>MMS.1 a.</p> <p>(5) The organization (through PTC) implements Rational Drug Use Program and Antimicrobial Stewardship Program through multiple interventions to optimize utilization of antimicrobial drugs and other drugs.</p> <p>MMS.1 b.</p> <p>(4) The organization has a supportive computer system with optimal level of alerts for drug interactions, drug allergies, minimum and maximum doses for high-alert medications; and procedures to override the computer alerts.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
II-6 Medication Management System (MMS)	<p>MMS.1 c.</p> <p>(2) All medications are properly and safely stored to ensure adequacy, quality and stability, ready-to-use, prevention of unauthorized access, tracing to the original sources, with regular inspection of medication storage area throughout the organization. Look-alike, sound-alike medications, different concentrations of the same medication, high-alert medications, and expired or recalled medications are stored separately. Concentrated electrolytes with potential to cause harmful incidents are not stocked the patient care areas. Chemotherapy medications and anesthetic gases and volatile liquid are stored with adequate ventilation.</p> <p>MMS.2 a.</p> <p>(2) There is a work process to assure medication accuracy at the transition of care:</p> <ul style="list-style-type: none">• develop standardized systems to collect and document information about all current medications of each patient;• identify the most accurate list of all medications a patient is taking, and using this list everywhere within the organization;• provide the resulting medication list, including home medication list (if any), to caregiver(s) at each care transition point (admission, transfer, discharge, outpatient visit);

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
<p>II-6 Medication Management System (MMS)</p>	<ul style="list-style-type: none"> • compare the medication list with current physician’s orders to identify omissions, duplications, inconsistencies between the patient’s medications and clinical conditions, dosing errors, and potential interactions) within specified time frames; • According to findings, make a proper clinical decision and communicate the decision with staff and the patient. <p>MMS.2 a.</p> <p>(3) In case the organization use a Computerized Prescriber Order Entry (CPOE) system, the system has an up-to-date database for clinical decision support.</p> <p>MMS.2 b.</p> <p>(1) All medication prescriptions are reviewed for accuracy, appropriateness, and safety prior to the administration of the first dose (or as soon as possible in case of emergency). Dosing calculations for pediatric patients and chemotherapeutic agents are double checked. The pharmacist contacts the prescriber if there is any concern.</p> <p>MMS.2 b.</p> <p>(2) Medications are appropriately and safely prepared in a clean and organized preparation areas with proper ventilation, temperature, and lighting. Extemporaneous preparation or non-manufacturing drug preparation are prepared by the pharmacists and comply with standard practices. The pharmacy team avoids direct contact with the medication during preparation. Sterile products and intravenous admixtures are prepared in a laminar air flow hood.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
II-6 Medication Management System (MMS)	<p>MMS.2 b.</p> <p>(4) Medications are delivered to patient care units in a safe, secure, ready-to-use, and timely manner to meet patient’s needs. Health and safety of staff who contact with chemotherapy medications is protected and hazardous spill kit is readily accessible. Returned medications are checked for integrity and stability, and properly managed.</p> <p>MMS.2 c.</p> <p>(1) Medications are safely and accurately administered by qualified staff and standardized devices, with a review on the correct medication, quality, contraindication, and proper time/dose/route. Independent double check is done before administering high-alert medication at the point of care. Actual time of medication administration is recorded for a delayed or missed dose. Prescribers are notified when an adverse drug reaction or a medication error occurs.</p> <p>MMS.2 c.</p> <p>(4) Medications brought into the organization by patients or their families are managed safely and consistently with the current patient care plan. The healthcare team establishes processes to determine which medication can be self-administered by which patients, to store the medication, to educate, and to document.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
II-7 Diagnostic Investigation and Related Services (DIN)	<p>All 17 requirements under II-7.1 Radiology/Medical Imaging Services (DIN.1) DIN.3</p> <p>(1) The organization implements and complies with the Anatomical Pathology Standards issued by the Royal College of Pathologists of Thailand.</p>
II-8 Disease and Health Hazard Surveillance (DHS)	<p>DHS a.</p> <p>(1) The organization has a disease and health hazard surveillance policy that covers areas in the organization and areas in the communities under responsibility of the organization.</p>
III-1 Access and Entry (ACN)	<p>ACN</p> <p>(2) There is good coordination between the organization and outside agencies that transfer patients to the organization to ensure timely and safe transfer results.</p> <p>ACN</p> <p>(3) Patients are triaged in a timely way. Patients with emergency or immediate needs are given priority for treatment. The treatment is provided by competent staff with appropriate equipment.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
<p>III-1 Access and Entry (ACN)</p>	<p>ACN</p> <p>(7) Written consent is obtained and documented in the record of care before starting any service or activity. Such services or activities could include:</p> <ul style="list-style-type: none"> ● all operative and invasive procedures, anesthesia and moderate/deep sedation; ● a service with a significant risk of adverse effects; ● participation in research or experimental procedures; ● photographs or promotional activities, for which the consent should be for a specific time or purpose. <p>ACN</p> <p>(8) The organization develops and implements procedures for correct patient identification.</p>
<p>III-2 Patient Assessment (ASM)</p>	<p>ASM a.</p> <p>(2) Each patient's initial assessment includes:</p> <ul style="list-style-type: none"> ● health history; ● physical examination; ● patient's perception of his/her needs; ● patient's preferences; ● an evaluation of psychological, social, cultural, spiritual and economic factors.

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
III-2 Patient Assessment (ASM)	<p>ASM c.</p> <p>(4) Reduction in diagnostic error is set as one of the organization's Patient Safety Goal with robust data analysis, continuous improvement and monitoring.</p>
III-4 Patient Care Delivery (PCD)	<p>PCD.3 b.</p> <p>(4) There is an appropriate measure to prevent wrong patient, wrong site, wrong position, or wrong procedure surgery.</p> <p>PCD.3 c.</p> <p>(1) Patients receive appropriate food with adequate nutritional value for their basic need, through a good food service. There is an analysis of risks in food and nutrition services and a preventive measure is set and implemented.</p> <p>PCD.3 e.</p> <p>(1) Patients are screened for pain (covering acute and chronic pain). When pain is identified, a comprehensive pain assessment is performed to measure pain intensity and quality.</p> <p>PCD.3 e.</p> <p>(2) When pain is likely to arise from treatments, procedures or special examinations, patients are informed about the likelihood of pain. A proper method of pain management is then collaboratively determined.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
<p>III-4 Patient Care Delivery (PCD)</p>	<p>PCD.3 e. (3) Patients in pain receive proper care according to their conditions and pain management guidelines. Patients are monitored for any side effects that may arise from pain management.</p> <p>PCD.3 f. (3) Rehabilitation services comply with relevant standards, rules and regulations.</p> <p>PCD.3 g. (1) Care provided to patients with chronic kidney diseases meets relevant standards, resulting in quality and safety of care. In case a hospital provides hemodialysis service, the hospital must apply for assessment and be accredited from Accreditation Subcommittee on Standards of Hemodialysis Service.</p>
<p>III-6 Continuity of Care (COC)</p>	<p>COC (1) The hospital determines patient groups that require special processes for patient discharge and referral which ensure timely and safe results.</p> <p>COC (2) Care during referral is provided by competent staff with appropriate communication of information.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
III-6 Continuity of Care (COC)	<p>COC</p> <p>(3) Transport vehicles meet safety criteria and have appropriate medical equipment and medications that meet the needs of patients being transported.</p>
IV-1 Health Care Results (HCR)	<p>HCR</p> <p>(2) The organization demonstrates current levels and trends in key indicators of health behaviors and health status of key client groups, people in the communities, and its staff.</p>
IV-4 Leadership Results (LDR)	<p>LDR</p> <p>(2) The organization demonstrate results for key indicators of senior leaders' communication and engagement with the workforce and customers.</p> <p>LDR</p> <p>(3) The organization demonstrate current finding and trends in key indicators of governance and internal and external fiscal accountability.</p> <p>LDR</p> <p>(4) The organization demonstrates result for key indicators of meeting and surpassing regulatory and legal requirement.</p> <p>LDR</p> <p>(6) The organization demonstrates results for key indicators of its fulfilment of societal responsibilities and support of its key communities.</p>

Appendix 4 Requirements that are newly added or significantly modified.

Standard	Requirements that are newly added or significantly modified
<p>IV-5 Key Work Process Effectiveness Results (WPR)</p>	<p>WPR</p> <p>(1) The organization demonstrates current levels and trends in key indicators of the performance of its key work processes (in Standards part I and II) and support processes, including measures of productivity, cycle time, effectiveness, efficiency, and other quality relevant dimensions.</p> <p>WPR</p> <p>(2) The organization demonstrates current levels and trends in key indicators of the effectiveness of the organization’s safety system, its preparedness for disaster or emergencies, and performance of its supply chain.</p>
<p>IV-6 Financial Results (FNR)</p>	<p>FNR</p> <p>The organization demonstrates current levels and trends in key indicators of financial performance, including measures of financial return, financial viability, and budgetary performance.</p>

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