

2022

Accreditation Framework for

CORE SAFETY STANDARDS

OF MEDICAL
TEACHING
INSTITUTIONS

Policy Board
Government of KPK



TABLE OF CONTENTS

Introduction	3
Standards	4
Core Safety Standards	6
Accreditation Methodology	16
Annex-1	19



INTRODUCTION

Patient Safety is core component of care delivery processes. It ensures reduction in medical errors that are among the top causes of death where majority of the errors are preventable. Statistics have shown that failures in basic day-to-day processes like patient identification, appropriate medication management, handover of care between healthcare practitioners etc. are major contributors to medical error.

Medical Teaching Institutions (MTIs) are leading care providers in public sector, and the MTI Act necessitates delivery of safe quality care. The Khyber Pakhtunkhwa Policy Board of Medical Teaching Institutions highly values patient safety and quality of healthcare delivery in the MTIs. It recognizes the importance of structures regulating delivery of care to its community.

For this purpose, the Policy Board is notifying the Accreditation Framework for Core Safety Standards for Medical Teaching Institutions. This framework provides an expectation of minimum performance level by the governance, leadership, staff and students in all MTIs. The expectations are documented in this framework in the form of standards and measurable elements.

This framework has the following sections:

1. **Standards:** This section describes the minimum performance level expected from the MTI. For each standard, measurable elements are identified – specifying the evaluation mechanism for each standard.
2. **Accreditation Methodology:** This section describes how the standards are evaluated in an MTI.
3. **Scoring:** This section describes how standards are scored during the accreditation process.
4. **Baseline Evaluation:** This section identifies how an MTI can perform baseline evaluation for identifying its standing against the standards.
5. **Training and Orientation:** This section identifies the different types of trainings that each level of governance and leadership must have gone through to understand the requirements of the standards and their effective implementation
6. **Planning for Compliance:** This section identifies how planning process can be performed for ensuring that gaps identified during baseline evaluation are addressed.

Section 1

STANDARDS



For any medical teaching institute, compliance to core safety requirements reflects its commitment to quality and patient safety which is the ultimate responsibility of the Governing body of the MTI. Effective leadership, led by the Board of Governors and management, including hospital director, medical director, dean, nursing director, finance director and other departmental heads ensure planning, execution and continuous monitoring of its care processes to ensure safe delivery of care.

The following are a list of minimum standards to be complied by all MTIs



CORE SAFETY STANDARDS

Patient Identification:

CSS.1 MTI implements a uniform process to ensure correct identification of patients that involves using at least two identifiers.

CSS.1.1: MTI has a documented standardized process that utilizes at least two identifiers in all patient transactions.

CSS.1.2: MTI ensures patient or representative's active involvement in the patient identification process.

CSS.1.3: According to its scope of services, MTI has defined special circumstances where patient identification might be challenging. All such circumstances are addressed through standardized mechanisms and staff are appropriately trained.

Communication:

CSS.2: The MTI implements a standardized communication process to improve the effectiveness of verbal or telephone communication among the healthcare staff.

CSS.2.1: MTI defines the circumstances where verbal and telephonic orders are allowed.

CSS.2.2: MTI ensures utilization of appropriate protocols in identified circumstances where read-back or repeat-back process is followed as per the situation.

CSS.2.3: MTI has defined critical values for its diagnostic tests which include point of care tests, laboratory, radiology, cardiology and other areas as per their scope of services.

CSS.2.4: MTI has defined mechanism for reporting of critical results that includes the documentation of such results in clinical file, along with documentation of the time, reporting staff, the receiving staff and measures taken.

CSS.2.5: MTI has identifies staff allowed to communicate, receive and document critical results.

Handover Communications:

Handover refers to transition of patient care provided by one practitioner to the next during shift changes, or transfer from one unit to the next.

CSS.3: MTI has a standardized and documented process to ensure safe transition of care among healthcare practitioners.

CSS.3.1: MTI defines minimum information shared between healthcare practitioners during handover.

CSS.3.2: The form or process for transfer of information is standardized and staff are trained.

CSS.3.3: MTI monitors for any untoward events related to patient transfer and such data is used for improvement process



Safe Surgery Protocols:

CSS.4: MTI has a defined process to ensure safe surgical practices.

- CSS.4.1: MTI has a defined pre-operative verification process, which includes patient identification, name and site of procedure(s) to be performed. The process includes verification of appropriate documentation, consents, laboratory tests and imaging. The availability and functionality of implants, prosthesis, blood products and/or other necessary equipment is ensured.
- CSS.4.2: MTI ensures documentation of pre-operative process which is made part of the medical record of the patient.
- CSS.4.3: MTI has a defined process for site-marking prior to procedures. The process defines the sign to be used uniformly, procedures where special site-marking techniques are to be used e.g. spinal surgeries, dental procedures etc., and the types of procedures where no marking is required.
- CSS.4.4: The site-marking is done by the person performing the procedure.
- CSS.4.5: MTI ensure ensures active involvement of the patient/representative in the site-marking process.
- CSS.4.6: MTI ensures pre-operative verification and site-marking processes in all areas including those out-side the operating room.

CSS.5: MTI ensures time-out process is employed before start of each procedure and sign-out is performed before the patient leaves the operating/procedure room.

- CSS.5.1: MTI has a standardized time-out process which involves full team and is carried immediately prior to start of the procedure (e.g. incision). The process includes at-least correct patient identification, procedure(s) about to start and correct site (s) of the procedure. The process is uniform in all locations including outside the operating room.
- CSS.5.2: MTI ensures that the person documenting the time-out process is identified and appropriate documentation including date and time is complete.
- CSS.5.3: MTI has a standardized sign-out process which is done prior to the patient leaving the operating/procedure room and includes name of the procedure(s); completion of instruments, needle and sponge counts as applicable; specimens (labels are to be announced during the sign-out process); and equipment issues faced during the procedure.
- CSS.5.4: MTI ensures sign-out process is documented and is made part of the medical record of the patient. The process is uniform in all locations including outside the operating room.
- CSS.5.5: MTI ensures Brief Operating Note is documented for each procedure performed, before the person performing the procedure leaves the procedure/operating room.



Anesthesia and Sedation Safety

CSS.6: MTI ensures only the qualified staff are involved in anesthesia and sedation services delivery.

- CSS.6.1: MTI ensures qualified anesthesiologist provides anesthesia services to the patient who is physically available throughout the procedure in the room where procedure is being performed.
- CSS.6.2: MTI has defined its high-risk surgical population for major and high-risk procedures according to its scope of services that include at least the following (where applicable):
- Pediatric surgery.
 - Cardio-pulmonary surgery.
 - Neurosurgery.
 - Transplant surgery.
- CSS.6.3: MTI has identified and privileged anesthesia consultant(s) who administers and supervises anesthesia for major/specialized operations or high-risk patients.
- CSS.6.4: MTI ensures presence of anesthesia staff who are trained and certified in Advanced Life Support while providing care to patients receiving anesthesia and the certifications are appropriate to the age of patients being served.

CSS.7: MTI ensures only qualified healthcare staff provide moderate and deep sedation/analgesia to the patient.

- CSS.7.1: MTI has standardized process of competency based privileging for physicians who may provide moderate and deep sedation/analgesia
- CSS.7.2: MTI ensures presence of staff with training and certification in advanced life support while providing care to patients receiving moderate or deep sedation and such training and certifications are appropriate to the age of the patients served.
- CSS.7.3: MTI ensures standardized process that allows only the trained staff who have successfully completed education/training to provide moderate and deep sedation.

Infection Prevention and Control:

CSS.8: MTI has nominated a multi-disciplinary oversight committee for its infection prevention and control program.

- CSS.8.1: MTI committee is chaired by an individual with appropriate credentials, the hospital or medical director.
- CSS.8.2: MTI ensures multi-disciplinary engagement in nomination of its Infection Prevention and Control (IPC) Committee, which includes at least the following representations (as applicable);
- Medical Specialty Physician
 - Surgical Specialty Physician
 - Nursing staff
 - Microbiologist



- Operating Room Management staff
- Central sterilization service
- Pharmaceutical care
- Housekeeping
- Infection prevention and control staff,
- Others as per need

CSS.8.3: MTI leadership reviews minutes of the infection prevention and control committee and ensures that it meets on a regular basis (at least quarterly).

CSS.8.4: MTI's IPC committee reviews at least the following functions:

- MTI's IPC practices are evidence-based and current.
- MTI's infection prevention and control policies and procedures.
- MTI's monthly reports of healthcare-associated infections and implementation status of their management strategies.
- MTI's annual infection prevention and control plan, and updates on infection control risk assessment matrix.
- MTI's key performance indicators related to its IPC practices are reviewed, trends are analyzed and appropriate measures taken.

CSS.9: MTI has identified and managed care processes to improve patient outcomes and reduce the risk of hospital-associated infections.

CSS.9.1: MTI has identified high-risk care processes to improve its rate of healthcare-associated infections in context of its scope.

CSS.9.2: MTI implements evidence-based interventions to reduce the risk of infection where applicable.

CSS.9.3: MTI has standardized process for collection of data related to hospital acquired infections as well as interventions in place to reduce them (e.g. use of bundles data). The data is analyzed and appropriate measures are taken to address the issues identified.

CSS.10: MTI ensures implementation of evidence-based hand-hygiene guidelines to reduce the risk of health care-associated infections.

CSS.10.1: MTI has adopted current evidence-based hand-hygiene practices that are implemented throughout the organization.

CSS.10.2: MTI ensures availability of accessible and appropriate facilities for hand hygiene in all patient-care areas.

CSS.10.3: MTI ensures its staff are trained on the guidelines and compliance monitoring data is collected and shared with stakeholders for appropriate interventions.



Medication Safety:

Safety of High-Alert Medications:

CSS.11: MTI takes measures to monitor and improve safety of high-alert medications.

CSS.11.1: MTI utilizes its formulary and literature to identify its list of high-alert medications and the list is updated at least annually or earlier as per need. The list includes at least the following (as applicable):

- Controlled and narcotics medications.
- Neuromuscular blockers.
- Chemotherapeutic agents.
- Concentrated electrolytes (e.g., hypertonic sodium chloride, concentrated potassium salts).
- Antithrombotic medications (e.g., heparin, warfarin).
- Insulins.
- Anesthetic medications (e.g., propofol, ketamine).
- Investigational (research) drugs, as applicable.
- Other medications as identified by the hospital.

CSS.11.2: MTI develops and implements a plan for reducing the risk and harm associated with use of high-alert medications that is uniform throughout the organization. The documented plan includes identification, location, labeling, storage, dispensing, and administration of high-alert medications.

CSS.12: MTI take measures to monitor and improve the safety of look-alike and/or sound-alike medications.

CSS.12.1: MTI utilizes its formulary, literature and other sources to identify and update its list of look-alike/sound-alike medications and the list is updated annually or earlier as needed.

CSS.12.2: MTI has a uniform and structured plan for managing look-alike and/or sound-alike medications.

CSS13: MTI takes measures to monitor and improve safety of concentrated electrolytes.

CSS.13.1: MTI identifies minimum qualification and training required for staff to access concentrated electrolytes.

CSS.13.2: MTI has standardized mechanism to label concentrated electrolytes with appropriate warnings and it ensures that they are safely stored in separately from other medications.

CSS.13.3: MTI has defined areas where vials of concentrated electrolytes can be stored outside the pharmacy while confirming their need for such areas and mechanisms to ensure monitoring and safety.

CSS.13.4: MTI has adopted and implemented guidelines for management of hypokalemia, hyponatremia and hypophosphatemia in neonatal, pediatric and adult population.



Safety of LASA medications:

CSS14: The hospital takes actions to prevent errors involving LASA medications including the following, as applicable:

- CSS.14.1. Providing education on LASA medications to healthcare professionals at orientation and as part of continuing education.
- CSS.14.2. Checking the purpose/indication of the medication on the prescription prior to dispensing and administering.
- CSS.14.3. Reading carefully the label each time a medication is accessed, and/or prior to administration.
- CSS.14.4. Minimizing the use of verbal and telephonic orders.
- CSS.14.5. Placing LASA medications in locations separate from each other or in non-alphabetical order.

Medication Safety:

CSS.15: MTI has a defined process for monitoring, identifying, and reporting significant medication errors, including near misses, hazardous conditions, and at-risk behaviors that have the potential to cause patient harm.

- CSS.15.1. MTI has a documented and implemented process to ensure monitoring, identifying and reporting of medication errors and near misses.
- CSS.15.2. MTI has defined medication error (including significant medication error), near misses, and hazardous situations.
- CSS.15.3. MTI has identified timeframes in which the treating physician and other stakeholders are notified, investigation completed, and corrective and preventive measures are implemented (as applicable).
- CSS.15.4. Depending upon the severity of medication error, MTI conducts standardized extensive root-cause or intense analysis for all significant medication errors.
- CSS.15.5. MTI utilizes reported data to improve the medication use process, prevent medication errors, and improve patient safety.

CSS.16: MTI has documented medication management Program that is aligned with its scope of services and population being served.

- CSS.16.1: MTI has identified list of medications (formulary) appropriate for the patients and as per the scope of the organization's clinical services is developed collaboratively by a multidisciplinary committee.
- CSS.16.2: MTI medication management program ensures that the medications are stored in a clean, safe and secure environment and as per the manufacturer's recommendation(s).
- CSS.16.3: MTI medication management program includes evidence-based adopted and implemented best practices to define its minimum requirements of a medication prescription.
- CSS.16.4: MTI ensures reconciliation of medications takes place at transition points of patient care.

**Blood and Blood Product Safety Transfusion:**

CSS.17: MTI has a documented program to optimize utilization and safety of blood and blood products.

- CSS.17.1. Program ensures adoption and implementation of evidence-based practices to prevent disease transmission by blood or blood product transfusion.
- CSS.17.2. MTI has defined minimum tests required to screen blood products and the screening tests are evidence based and as per requirements of regulatory bodies.
- CSS.17.3. MTI has implemented informed consent for transfusion of blood and blood products. Elements of patient consent include:
- Description of the transfusion process.
 - Identification of the risks and benefits of the transfusion.
 - Identification of alternatives including the consequences of refusing the treatment.
 - Giving the opportunity to ask questions.
 - Giving the right to accept or refuse the transfusion.
- CSS.17.4. MTI has adopted and implemented evidence-based practices to ensure safe transfusion of blood and blood products. This includes monitoring of donors, patients and blood products as per recommendations of recognized professional organizations.
- CSS.17.5. MTI has implemented mechanism to report Transfusion reactions and such events are reported and analyzed for preventive and corrective actions.

Fall Risk:

CSS18: MTI has a structured program to reduce fall risk in its in-patient and outpatient population.

- CSS.18.1: The program includes implementation of a process for assessing all inpatients and screening of all outpatients for fall risk, which is appropriate for the patients being served.
- CSS.18.2: The program addresses re-assessment needs when patient may become at risk for falls due to a change in condition or are already at risk for falls based on the documented assessment.
- CSS.18.3: MTI has identified areas and populations at high risk for fall and has implemented appropriate interventions to reduce their fall risk.



Credentialing, Privileging and Appointment of Staff:

CSS.19: MTI has a structured process for orientation and training of its staff.

CSS.19.1. MTI ensures all its staff are provided induction training.

CSS.19.2. MTI has identified type of life support training required for its various categories of staff involved in direct patient care and the trainings records including successful completion certificates are maintained and updated.

CSS.19.3. MTI trains its staff on its disaster management plan.

CSS.20: MTI has identified medical professionals permitted by law, regulation and the organization to provide patient care without supervision.

CSS.20.1: MTI grants privileges to admit and care for patients in consonance with their qualification, training, experience and registration.

CSS. 20.2: MTI ensures its nursing and allied healthcare staff perform only the duties they are allowed as per regulations.

CSS.20.3: MTI has a process for proper credentialing of staff members licensed to provide patient care, that includes gathering, primary source verification, and evaluation of the credentials (license, education, training, certification and experience) of those medical staff, nursing staff, and other health professionals licensed to provide patient care.

CSS.20.4: MTI ensures job responsibilities and clinical work assignments/ privileges are based on the evaluation of the verified and valid credentials.

CSS.20.5: MTI has a mechanism to ensure that the licensed staff maintains a valid license and practice only within their profession, whereas such record is updated and current.

CSS.21: MTI has a process for delineation of clinical privileges for its Medical staff members.

CSS.21.1. MTI ensures its medical staff members provide care for which privileges have been granted by the credentialing and privileging committee.

CSS.21.2. MTI has a process for periodic review of clinical privileges. The review process is conducted at least every two years or earlier as needed.

CSS.21.3. MTI identifies the circumstances under which temporary or emergency privileges are granted, whereas such privileges are non-renewable and not granted for a period of more than 90 days.



Sentinel Events:

CSS.22: MTI has a structured program to identify, report, investigate, and take corrective and preventive measures to address the sentinel events.

CSS.22.1: MTI leadership has implemented a sentinel event management program that includes its definition of sentinel events. The definition includes patient safety event, the outcomes of which are not related to natural course of the patient's disease and had caused any of the following:

- Death of the patient
- Permanent harm
- Hemolytic Transfusion Reaction due to major blood group incompatibilities involving administration of blood or blood products
- Unintended retention of foreign object in a patient following a procedure
- Invasive procedure on the wrong patient, at the wrong site or a wrong procedure
- Intra-partum maternal death (birth process related only)
- Unanticipated death of a full-term infant
- Infant handed over to a wrong family
- Abduction of a patient receiving care
- Suicide of a patient
- Rape, assault or homicide of patient, staff, visitor or contracted staff while on MTI premises

CSS.22.3: MTI leadership is informed within 24 hours of such events when identified.

CSS.22.3: MTI leadership ensures an unbiased and comprehensive root-cause analysis of sentinel event completed within 45 days of the event or when made aware of the event.

CSS.22.4: MTI leadership addresses all identified contributing factors to prevent or reduce of such events in future through implementation and monitoring of its corrective and preventive action plan.

CSS.22.5: MTI leadership shares sentinel event report with the policy board.

Section 2

METHODOLOGY



ACCREDITATION METHODOLOGY

In order to evaluate an MTI on this framework, the policy board shall appoint inspectors who would evaluate the MTI based on a pre-defined checklist through an online electronic application.

However, before the actual accreditation, following steps are to be taken to provide support to the MTIs for effective implementation of the standards:

Baseline Evaluation

The standards will be shared with all the Board of Governors of MTIs. The Board of Governors and the management of MTIs shall perform a baseline self-evaluation. The baseline evaluation shall also include collection of evidence of compliance with each of the standard.

Training and Orientation

The Policy Board shall arrange for training and orientation for members of the Board of Governors and management of MTIs. The training shall focus on various means that can be adopted for compliance with the standards based on international best practices. Pertinent audience for the training shall include the members Boards of Governors, Deans, Medical Directors, Hospital Directors and Nursing Directors. Secretaries to the Board of Governors shall also be part of the training program.

Plan for Compliance

Once the leadership of the MTI are trained on the requirements and approaches to compliance, the MTIs shall be required to update the baseline evaluation performed. Moreover, a plan for compliance is to be required to be submitted to the Policy Board. The plan shall have to identify concrete steps that the MTI is planning to take, including the timelines for each of the step. This would give a clear timeline to the Policy Board for 100% compliance by the MTIs. A template for such plan is attached in Annexure A.

At the receipt of the plans, the Policy Board shall issue a calendar of the evaluation of the MTIs.

Evaluation Methodology




In order to evaluate an MTI on the standards, Policy Board shall nominate inspectors who will verify compliance. For the evaluation, the inspector will evaluate:

1. **Self-Assessment:** The inspector will identify whether the self-assessment done was comprehensive to encompass all the standards identified in the accreditation framework. Moreover, the inspector will identify whether the self-evaluation exercise was an effective and collaborative exercise where system gaps are identified.
2. **Plan:** The inspector will identify whether the plan for compliance is indeed based on the self-assessment. Moreover, the inspector will identify whether the tasks identified in the plan are completed in a timely fashion.
3. **Inspection:** The inspector will evaluate the compliance level of the MTI against each of the standard. The inspector, after going through the evidence of compliance for each of the standard, shall mark each standard as either:
 - a. *Met:* When all the requirements of the standard are met



- b. *Partially Met*: When few of the requirements of the standard are met, but not all
- c. *Not Met*: When the requirements of the standards are not met.

Based on the results of the MTIs, each of the MTI shall be classified into the following categories:

Category	Description
 Green	MTI scores more than 90% on the evaluation by the inspector and is meeting timelines in the strategies identified in the improvement plan
 Yellow	MTI scores more than 60% on the evaluation but less than 90% by the inspectors and is meeting timelines in the strategies identified in the improvement plan. OR MTI scores more than 90% on the evaluation by the inspectors but is <u>not</u> meeting timelines in the strategies identified in the improvement plan.
 Red	MTI scores less than 60% on the evaluation by the inspectors.

ANNEXURE

Accreditation Framework for Core Safety Standards

#	Accreditation Standard	Deficiency Identified	Action(s)	Completion Date
1.	CSS.5	Operating Room Staff were engaged in different activities during timeout process	<ul style="list-style-type: none"> - Refresher training of operating room staff - Monitoring Report to be shared with leadership - Monthly report shared with KP Policy Board Secretariat 	19 th February 2022
2.
3.				