REPUBLIC OF TURKEY
MINISTRY OF HEALTH

Standards of Accreditation in Health
Outpatient Health Services Kit

Outpatient Health Services Kit – v.1.0/2020

Directorate of Healthcare Services
Department of Productivity, Quality and Accreditation in Health

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Department of Productivity, Quality and Accreditation in Health

CONTENTS

PROLOGUE

Introduction

Nowadays, rapid advances in medical technology and applications have brought significant changes in physical and functional construction of the health services. Emerging success rates of diagnosis and treatment applications, corresponding increases in number of patients and patient beds turnover, people being more careful about health of themselves and their families can be listed as the cause of the physical and functional changes. These changes affect structural, administrative and designative practices of health institutions and emphasize the need to provide quality health care for patients who need medical care as soon as possible. In this context, activities to deliver quality health services gave birth to the need for an external evaluation of a different structure and have brought up the concept of accreditation. So far, a few patient and organizational structure focused accreditation systems have been established for the purpose of development of patient care in the world at an optimal level of quality, creation of a safe patient care environment, minimizing risks concerning patients and employees, a number of quality improvement and patient safety, and performance of healthcare institutions started to be evaluated within these systems.

In Republic of Turkey, foundations of accreditaion in health have been laid in 2005 with the quality of healthcare evaluations and service standards of evaluations have been determined. These standards which are developed over time in the terms of number and structure have been implemented in four different versions. By 2013, "Standards of Accreditation in Health" got restructured in the terms of four basic principles of accreditation and ten goals.

“Outpatient Health Services Kit” which sheds light on "Republic of Turkey Accreditation System of Health” has been prepared using a common

language that is understandable and interpretable among primarily health institutions and all other stakeholders.

In the first part of SAS-Outpatient Health Services Kit which contains standards, assessment criteria and guidelines, basic policies and principles for accreditation of health have been demonstrated. In the second part historical development process and general information about the accreditation standards are included. Third part includes guidelines containing standard requirements prepared in a way that helps understanding and implementation of the standards and evaluation criteria.

SAS-Outpatient Health Services Kit which contains basic information about accreditation process and requirements for becoming accredited is presented for the benefit of health institutions and all stakeholders to improve the quality of health care.

With the establishment of national accreditation structure in the axis of Standards of Accreditation in Health, three main elements of Transformation of Health Program has been completed. Developed quality of health structure specific for Republic of Turkey consists of two parts:

» Turkey Health Quality System

» Turkey Health Accreditation System

Turkey Health Quality System: The system is created by the Ministry of Health to raise the quality of health services in our country to the highest level within the scope of Health Transformation Program and to ensure patient and employee safety and patient and employee satisfaction

Turkey Health Accreditation System: It is a system based on SAS, which health care organizations will apply on a voluntary basis and become accredited according to their success. Accreditation of Health System is a program that will be applied to, for organizations that want to go beyond the current national quality state and put forth the difference in their quality level. It's organized as incentive for domestic and overseas health tourism because of including a document approved internationally.

In Turkey, this structure which is established in the field of health quality by Ministry of Health has significant importance for rising on a sturdy foundation in the framework of an awareness of a service that continuously improves and is sustainable.

First of all, The SAS Outpatient Health Services Kit aims to determine the standards that define success targets in Outpatient Health Care Services. Standards of Accreditation in Health-Outpatient Health Services Kit was developed for medical centers, polyclinics, physical therapy institutions and radiology institutions.

The Standards are designed for serving all public and private health instituations.

Department of Productivity, Quality and Accreditation in Health

Development of Standards

Foundations of quality studies carried out within the Ministry of Health in Turkey started on 2003 and since then concepts of quality and accreditation terms gained significance among priorities of health policies determined by Transformation of Health Program.

planning and supervisory roles of Ministry of Health at Transformation of Health Program, meaning a Ministry of Health structure and practice which determines service standards, rules, sets the framework of studies and assesses implementation level of these standards. The accreditation system is established with the principle of “quality and accreditation for qualified and effective health care service” in accordance of the sixth component of the program.

On the basis of the necessity of quality studies having international identity, first steps have been taken for establishment of the Health Accreditation System in Turkey in May, 2012. As a result of studies official co-operation have been initiated by negotiations with ISQua-the accreditor of accreditors on 20.03.2013. In the framework of negotiations and the agreement signed with ISQua, “ISQua International Principles for Healthcare Standards” have been analyzed in detail. On the basis of Presidential Decree No. 4, Standards of Accreditation in Health (SAS) are prepared by the Ministry of Health. Doing surveys and giving the certificate of accreditation for voluntary organizations is carried out by Institute of Turkey Quality and Accreditation in Health (TUSKA), which is established within the body of Turkish Health Institutes Presidency (TUSEB), on the basis of SAS.

Outpatient Health Services Kit of Standards of Accreditation in Health is prepared considering international and national quality studies, principles of World Health Organization and ISQua. (Appendix: Information Note) This kit has been created taking into account international developments, coverage of all service sections and compability for teleological interpretation. Also properties such as service and outcome-oriented approach, encouraging innovation in organizations, highlighting of applicability, being easy to use and inclusive were considered.

Objective and Scope Accreditation Standards for Health

Standards of Accreditation in Health is structured within the framework of principles of World Health Organization and ISQua such as patient safety, quality improvement, patient and service user focus, corporate planning and performance in accordance with basis of minimum risk, optimum quality, maximum security.

Health Accreditation Standards- Outpatient Health Services Kit aims to establish success targets primarily to meet the standards in health institutions.

SAS Outpatient Health Services Set is prepared for medical centers, polyclinics, physical therapy institutions and radiology institutions. The standards are specific to organizations providing outpatient health care in all public and private status.

Goals of Standards of Accreditation in Health

Standards of Accreditation in Health is prepared to accomplish quality goals shown below for ensuring quality of health institutions in the terms of needs and priorities of Turkey considering WHO Patient Safety goals, principles of ISQua, accreditation programs around the world across the globe.

Goals mentioned above must be achieved in order to accept that services provided by health institutions are in high quality.

These objectives can be addressed in two categories in general, goals contained in the first category defines the methods of service provision of institutions. In other words, it means organizational goals related to how

good institutions provide services. (Effectiveness, Efficiency, Productivity, and Healthy Work Life)

Goals contained in the second category directly concerns service users. (Patient Safety, Fairness, Patient Focused, Relevance, Timeliness, Continuity).

Intention of categorization of targets presented here is only for clearance. For example, in an institution which cannot provide a healthy working environment it will be impossible to ensure a patient-focused approach. Besides goals not having priority relations between, achieving goals in accordance with each other is a significant point emphasized by the Standards of Accreditation in Health.

Definitions of SAS goals are shown below:

» **Effectiveness:** Measure of achieving planned objectives

» **Efficiency:** Ability to perform tasks in a right way

- **Productivity:** Relationship between provided service and the amount of resources used, use of minimum resources to achieve planned goals.
- **Healthy Work Life:** Providing an ideal and safe working environment for health employees.
- **Patient Safety:** Comprises improvement activities carried out in order to prevent, or maintain at an acceptable level of risk, all hazards that may cause harm to all service users and are foreseeable.
- **Fairness/Equity:** Is to ensure that service users enjoy equal rights, without discrimination, as determined by their treatment and care needs.
- **Patient Focused:** Is the planning and implementation of the healthcare service considering the patient's safety, satisfaction and preferences while ensuring adherence to evidence-based medical practices.
- **Convenience:** Is the choice and implementation, in healthcare service processes, of options which will better benefit the patient's health.
- **Timeliness:** Providing diagnosis, treatment and care services according to the needs of the patient in the most appropriate and in an acceptable period of time
- **Continuity/Sustainability:** Is the provision of diagnosis, treatment and care services needed by the patient in such a way as not to omit interdisciplinary transfers or post treatment.

Structure of the Outpatient Health Services Kit - Standards of Accreditation in Health

Standards of Accreditation in Health includes 7 aspects, 31 chapters, 57 standards and 217 assesment criteria.

SAS Outpatient Health Services Kit consists of standards, assessment criteria and related guidelines. In guidelines, goals, objectives and requirements of standards can be found.

Standards must be interpreted and implemented as a whole including assessment criteria and related guidelines.

Aspect Structure of the Standards of Accreditation in Health

Seven aspects of Standards of Accreditation in Health are as follows:

» Management and Organization
» Performance Measurement and Quality Improvement
» Healthy Work Life
» Patient Experience
» Health Services
» Support Services
» Emergency Management

General Objectives and Scope of Aspects

The aspects of Standards of Accreditation in Health are determined on the basis of provided services in health institutions, management activities and people involved in service in a way that cover all sections of of health institutions .

» **Management and Organization**

In the aspect of management and organization, aim is to ensure a management structure which will maintain the continuity of functioning of health institution, along with creating an efficient corporate quality management structure consisting both executive management and employees.

To achieve this goal, health institution need to establish an organizational structure, determine basic policies and values, create a structure of quality management, maintain document management, install safety reporting system, implement risk management and training management, study for the development and improvement of health promotion, and establish a good corporate communication.

» **Performance Measurement and Quality Improvement**

Main aim of this aspect is to detect problems in time related to provision of services about especially administrative, financial and medical processes, correct them and conduction interventions for quality improvement. Achievement of this aim can be done by using determined corporate and SAS indicators.

» **Healthy Work Life**

In this aspect, for the provision of quality health service it's aimed to provide employees a healthy work environment and inspecting health institution organizations in employees' perspective.

For this purpose, health institutions need to create a structure for management of human resources, take precautions for factors threatening employee health and security and determine requirements to improve work life.

» **Patient Experience**

Patient experience aspect aims to examine services in perspective of patient for ensuring basic patient rights, patient safety and satisfaction.

To achieve this objective, health institution services provided need to be regulated in a way that protects the rights of patients and their caretakers, implements service accessibility in time, ensures comfort, safety and security of patient.

» **Health Services**

Ensuring all provision of services in health institutions in the scope of SAS goals is the aim of this aspect. For this purpose, health institutions need to implement studies related to prevention of infections, sterilization services, drug management, transfusion management, radiation safety, patient care, laboratory services, safe surgery and emergency healthcare chapters.

» **Support Services**

In support services aspect, it's aimed to establish required infrastructure for safety and continuity of medical service processes. For this purpose, health institutions need to planning about regulations for health institutionity services, facility management, waste management, information management, materials and devices management and outsourcing.

» **Emergency Management**

This aspect aims health institutions to interfere in fastest and efficient way to prevent dangers and damage in situations such as natural disasters (earthquake, flood, etc.), emergencies (fire, explosion, etc.),

baby or child abduction, sudden respiratory or cardiac arrest cases and violence to the employees.

Coding of Standards of Accreditation in Health

Coding system was developed in order to ensure the traceability of standards by providing them an identity.

Coding System

» Code of standard consists of four parts.

» First two parts consists of letters and last two parts consists of numbers.

» Alphabetical parts include two letters, and are abbreviations of related aspect and chapter.

» Numbers at last two parts(3rd and 4th parts) include two-digit numbers.

- Third part corresponds to standard number in chapter.
- Fourth part corresponds to assessment criterion number of standard.
- In fourth part, “00” corresponds to standard itself, increasing digits like “01” and so on corresponds to order of assessment criteria.

Codes related to aspects are as following:

Aspect	Code
Management and Organization	YO
Performance Measurement an Quality Improvement	PÖ
Healthy Work Life	SÇ
Patient Experience	HD
Health Services	SH
Support Services	DH
Emergency Management	AD

Codes related to each chapter are as following:

CHAPTER CODE	CHAPTER NAME
YO.OY	Organization Structure
YO.PD	Basic Policies and Values
YO.KY	Quality Management Structure
YO.DY	Document Management
YO.OB	Adverse Event Reporting System
YO.RY	Risk Management
YO.EY	Training Management
YO.SS	Social Responsibilities
YO.Kİ	Corporate Communication
PÖ.Gİ	Monitoring of Indicators
SÇ.İK	Human Resources Management
SÇ.ÇG	Health and Safety of Employees
HD.HH	Basic Patient Rights
HD.HG	Patient Safety
HD.GB	Patient Feedbacks
HD.HE	Accessibility to Services
SH.EÖ	Prevention of Infections
SH.SY	Sterilization Management
SH.İY	Drug Administration
SH.HB	Patient Care
SH.RG	Radiation Safety
SH.LH	Laboratory Services
SH.GC	Safe Surgery
SH.AS	Emergency Health Services
DH.OH	Hospitality Services
DH.TY	Facility Management
DH.AY	Waste Management
DH.BY	Information Management
DH.MC	Material and Device Management
DH.DK	Outsourcing
AD.AD	Emergency Management

A coding example of a standard is given below:

STANDARD CODE	STANDARD	AC CODE	ASSESSMENT CRITERION (AC)
YO.OY.01.00	An organizational structure that covers all health institutions activities must be formed.	YO.OY.01.01	Organisational structure must be defined in a way that covers responsibilities related to governance, clinical governance and financal stewardship
		YO.OY.01.02	All vertical and horizontal relations from the top management to sub-units in the organizational structure must be defined.
		YO.OY.01.03	Duties, authorities and responsibilities of all units and personnel in the organizational structure must be defined.
		YO.OY.01.04	Individual responsible for the units defined in organizational structure must be determined.
		YO.OY.01.05	An institutional plan should be established for the activities carried out in line with the organization's aims and objectives
		YO.OY.01.06	Implementation of health institution policies, procedures, processes and plans should be provided in all units within the organization structure.

STANDARDS AND GUIDES

SAS Health institution Kit

Aspects and Chapters

GOALS

- Efficiency
- Efficacy
- Productivity
- Healthy Work Life
- Patient Safety
- Fairness/Equity
- Patient Focused
- Convenience
- Timeliness
- Continuity

Management and Organization

- Organizational Structure
- Basic Policies and Values
- Quality Management Structure
- Document Management
- Adverse Event Reporting System
- Risk Management
- Training Management
- Social Responsibilities
- Corporate Communication

Performance Measurement and Quality Improvement

- Monitoring of Indicators

Healthy Work Life

- Human Resources Management
- Health and Safety of Employees

Emergency Management

- Emergency Management

Patient Experience

- Basic Patient Rights
- Patient Safety
- Patient Feedbacks
- Accessibility to service

Healthcare Services

- Prevention of Infections
- Sterilization Management
- Drug Administration
- Patient Care
- Radiation Safety
- Laboratory Services
- Safe Surgery
- Emergency Healthcare Services

Support Services

- Health institutionity Services
- Facility Management
- Waste Management
- Information Management
- Material and Device Management
- Outsourcing

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
YO	Management and Organization	YO.OY	Organizational Structure	YO.OY.01.00	An organizational structure that covers all health institutions activities must be formed.	YO.OY.01.01	Organisational structure must be defined in a way that covers responsibilities related to governance. clinical governance and financal stewardship
						YO.OY.01.02	All vertical and horizontal relations from the top management to sub-units in the organizational structure must be defined.
						YO.OY.01.03	Duties, authorities and responsibilities of all units and personnel in the organizational structure must be defined.
						YO.OY.01.04	Individual responsible for the units defined in organizational structure must be determined.
						YO.OY.01.05	An institutional plan should be established for the activities carried out in line with the organization's aims and objectives
						YO.OY.01.06	Implementation of health institution policies, procedures, processes and plans should be provided in all units within the organization structure
				YO.OY.02.00	Health institution must have all necessary authorization and permission documents including all activities.	YO.OY.02.01	Health institution must have all necessary authorization and permission documents related to corporate services and personal work states including all activities.
						YO.OY.02.02	The current and valid status of the necessary authorization and authorization documents for all services and personnel must be reviewed at least once a year and regularly when necessary.
		YO.PD	Basic Policies and Values	YO.PD.01.00	Health institution's basic policies, ethics and values must be determined.	YO.PD.01.01	Health institution's mission, vision, ethics and values must be clearly and understandably determined.
						YO.PD.01.02	Health institution must share their mission, vision, ethics and values with public.
						YO.PD.01.03	Corporate goals and objectives must be determined in accordance with mission, vision and values, the objectives of the medical and administrative departments should be compatible with the basic policies and values of the health institution's.
						YO.PD.01.04	A service planning regarding implementation of corporate aims and objectives must be done in health institution considering environmental and financial factors.
						YO.PD.01.05	An effective budgeting income/expense budget must be implemented regarding achievement of planned aims and objectives.
						YO.PD.01.06	Health institutions must review and assess its institutional resources at regular intervals by taking into consideration plans prepared and budgets drafted with the aim of realising such plans.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
YO	Management and Organization	YO.KY	Quality Management Structure	YO.KY.01.00	Planning, implementation, coordination and continuity of quality improvement activities must be ensured.	YO.KY.01.01	An administrative structure must be established to provide planning, implementation, coordination and continuity of quality improvement activities.
						YO.KY.01.02	The duties, powers and responsibilities of those involved in the management structure must be defined.
						YO.KY.01.03	The managerial structure should ensure the planning, execution and coordination of quality improvement activities.
						YO.KY.01.04	Committees must be established in quality improvement works for at least the following issues: • Employee safety • Patient safety • Training • Facility management • Radiation safety
		YO.DY	Document Management	YO.DY.01.00	Management of documents at health intitutions must be ensured.	YO.DY.01.01	Policies, procedures, processes and plans for all main functions covered by the SAS Oupatient Health Services Kit should be documented
						YO.DY.01.02	Format of documents should be determined.
						YO.DY.01.03	Preparation, control, approval and being kept up to date and storage of documents must be ensured.
						YO.DY.01.04	Rules that will ensure delivery of the documents must be determined.
						YO.DY.01.05	Process related to monitoring of external documents to be followed by health institutions must be defined.
		YO.OB	Adverse Event Reporting System	YO.OB.01.00	Reporting of adverse events that may (near miss) or does (adverse) affect the safety of patients and employees negatively must be ensured and necessary measures must be taken.	YO.OB.01.01	A system must be established for reporting adverse event affecting the safety of patients and employees.
						YO.OB.01.02	Analyzing of events case by case, and improvement actions must be conducted.
						YO.OB.01.03	Submissions on the system must be analyzed in a general, reported, and evaluated.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
YO	Management and Organization	YO.RY	Risk Management	YO.RY.01.00	Risks related to health institution and services provided in the health institution must be identified and managed.	YO.RY.01.01	There must be a regulation related to managing the risks that may occur in the health institution.
						YO.RY.01.02	A risk management plan must be created to provide the management of risks related to health institution and services provided in the health institution.
						YO.RY.01.03	Risk management plan must entail the following issues: • Patients • Relatives • Carers • Visitors • Staff • Facility safety • Environmental safety • Administrative and financial processes. • Strategic risks • Comminucation processes with stakeholders
						YO.RY.01.04	Taking the scope of risk management into consideration, risks must be identified, analyzed, and risk levels must also be identified.
						YO.RY.01.05	Necessary measures must be taken according to the identified risk levels and improvement activities must be carried out.
						YO.RY.01.06	Risks identified and effectiveness of improvement actions must be continuously monitored and reviewed periodically.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
YO	Management and Organization	YO.EY	Training Management	YO.EY.01.00	Training necessities of patient, patient relative and employees must be determined, health institutions must ensure effective implementation of the necessary training.	YO.EY.01.01	A committee responsible for ensuring the planning and coordination of training activities must be established.
						YO.EY.01.02	Training needs must be determined based on patients, patient relatives and employees.
						YO.EY.01.03	Training plans must be created and implicated in the scope of training needs.
						YO.EY.01.04	The effectiveness of training plans and training programs must be monitored and necessary improvement activities must be carried out.
		YO.SS	Social Responsibilities	YO.SS.01.00	Health institutions must organize programs about promoting and improving health by taking health structure and general health problems of the society into account.	YO.SS.01.01	Health institution must organize programs about promoting and improving health by taking service capacity into account within the scope of health structure of the population and region where it provides healthcare and national and global health problems.
		YO.Kİ	Corporate Communication	YO.Kİ.01.00	Corporate communication activities must be carried out effectively.	YO.Kİ.01.01	Intended population must be determined taking into account health institution structure, basic policies and values within the scope of corporate communications.
						YO.Kİ.01.02	Intended population must be informed about health institution activities and organization.
						YO.Kİ.01.03	Necessary actions must be constituted to create a positive public opinion for the intended population.
PÖ	Performance Measurement and Quality Improvement	PÖ.Gİ	Monitoring of Indicators	PÖ.Gİ.01.00	Performance measurements must be conducted for continuous improvement of processes related primarily to administrative, financial and medical steps.	PÖ.Gİ.01.01	Indicators must be determined to include processes for service provisions primarily of administrative, financial and medical steps.
						PÖ.Gİ.01.02	Indicator cards must be created consisting of issues related to determination of data to be collected, collection, evaluation and monitoring.
						PÖ.Gİ.01.03	Monitoring, evaluating and reporting of indicators must be carried out through information management systems.
						PÖ.Gİ.01.04	Considering the results of the analysis related to indicators, necessary improvements must be conducted.
						PÖ.Gİ.01.05	Results regarding indicators should be shared with relevant stakeholders and the public.
						PÖ.Gİ.01.06	The results of the SAS indicators must be submitted to the SAS Indicator Data System.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
SÇ	Healthy Work Life	SÇ.İK	Human Resources Management	SÇ.İK.01.00	A management structure that will perform the necessities regarding planning of human resources and improving work life must be established.	SÇ.İK.01.01	Relation of management structure with other management levels must be defined.
						SÇ.İK.01.02	Duty, authority and responsibility of the ones in the management structure and which qualifications those ones must have must be defined.
						SÇ.İK.01.03	Annual targets and work plans must be created.
						SÇ.İK.01.04	Feedback processes that will show satisfaction rates and opinions and suggestions of employees about their work lives must be defined.
				SÇ.İK.02.00	Necessities for hiring and orientation processes of employees and continual improving of their work lives must be defined and implemented.	SÇ.İK.02.01	Hiring plan in accordance with health institution's human resource needs must be formed.
						SÇ.İK.02.02	Employee hiring processes must be defined.
						SÇ.İK.02.03	Orientation processes of hired employee must be determined.
						SÇ.İK.02.04	Employees' duties, authorities, responsibilities, required qualifications and performance criteria regarding these duties must be determined.
						SÇ.İK.02.05	Performance of employees must be measured, needs for trainings regarding increasing the performance must be determined and required trainings must be provided.
						SÇ.İK.02.06	How good and with which methods employees apply current standards, protocols and evidence based clinic guides accepted by the health institution must be monitored and trainings regarding the efficient use of these standards and guides must be provided.
SÇ	Healthy Work Life	SÇ.ÇG	Health and Safety of Employees	SÇ.ÇG.01.00	Factors threatening the health and safety of employees should be identified and necessary precautions should be taken to establish a healthy and safe working environment.	SÇ.ÇG.01.01	A committee for managing the threats for personnel health and safety must be formed.
						SÇ.ÇG.01.02	Risk analysis regarding threatening elements for personnel health and safety must be performed and precautions regarding avoiding these risks must be taken.
						SÇ.ÇG.01.03	Employees must use personal safety equipment for the defined risks.
						SÇ.ÇG.01.04	Quality improving activities regarding sustaining personnel safety must be ensured.
						SÇ.ÇG.01.05	Necessary physical and social means for improving work environment and work life must be provided and individual needs for work life must be met.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
HD	Patient Experience	HD.HH	Basic Patient Rights	HD.HH.01.00	Provided services at the health institution must be arranged in a way to protect patients and patients caretakers rights.	HD.HH.01.01	A management structure must be established in order to protect, implement and improve the rights of the patients and their caretakers.
						HD.HH.01.02	Information about all the services which are provided by the health institution, quality and how to access them must be declared.
						HD.HH.01.03	Patient and/or caretakers must be informed about diagnosis, treatment, care services, patient responsibilities and other services.
						HD.HH.01.04	During the health care process, consideration must be given to the choices and preferences of the patient.
						HD.HH.01.05	Activities must be planned in all processes for patient to get respect and get services carefully.
						HD.HH.01.06	Before the medical treatments which will be administered, patient must be informed and before risky procedures their consent must be taken in to consideration then documented.
						HD.HH.01.07	Patient must be able to checkup his/her medical documents, and must be able to get a copy of the documents.
						HD.HH.01.08	Arrangements must be made for the spiritual and cultural needs of the patient.
						HD.HH.01.09	All the precaution must be taken to ensure the privacy of the patient.
						HD.HH.01.10	Arrangements must be made for receiving, investigating and resolving complaints of patients and their relatives.
						HD.HH.01.11	For the participation in any research, experimental activity or another reason to use the data, information or the material of the patient, the patient's consent should be taken.
						HD.HH.01.12	Ethical dilemmas such as not treating the patient, withdrawal of the treatment or discontinuing the treatment must be addressed and settled in time.
						HD.HH.01.13	Processes regarding to inform patients and their caretakers about the adverse events that negatively affects patient safety, must be defined.
		HD.HG	Patient Safety	HD.HG.01.00	The services provided at the health institution must be arranged in a way to protect the safety of the patient and their caretakers.	HD.HG.01.01	A committee must be established to ensure patient safety.
						HD.HG.01.02	Risk analyses must be performed for the determination of threats to patient safety and measures must be taken to reduce or eliminate risks that threaten the safety.
						HD.HG.01.03	Quality improvement activities must be planned to ensure continuity of the safety of patients.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
HD	Patient Experience	HD.GB	Patient Feedbacks	HD.GB.01.00	A system must be established to receive feedback opinions suggestions and complaints etc.) from patients and their carers about the services that are provided.	HD.GB.01.01	The system's scope, methods and tools must be defined including receiving, investigating and resolving of all feedbacks
						HD.GB.01.02	Patients and their caretakers must be informed about in how they will be able to provide feedback.
						HD.GB.01.03	Feedbacks must be evaluated.
						HD.GB.01.04	Necessary improvement activities must be planned in regard to the results obtained from feedbacks.
		HD.HE	Access to Services	HD.HE.01.00	Necessary precautions must be taken in order to provide patient able to reach services in time.	HD.HE.01.01	Reception, guidance and counseling services including all type of information that the patient will need in the process of admission must be provided in a way that makes the admission process easier.
						HD.HE.01.02	Necessary precautions regarding to minimize waiting times of patients in the process of polyclinics must be planned, the patient must be informed about how long she/he will wait and when she/he will be examined.
						HD.HE.01.03	Considering age, disease and disability conditions, facilitative precautions about getting service and waiting areas must be taken.
						HD.HE.01.04	Service processes must be arranged in a way that it ensures patient's diagnosis and treatment to be in time.
SH	Health Services	SH.EÖ	Prevention of Infections	SH.EÖ.01.00	Required measures must be taken for prevention of infections.	SH.EÖ.01.01	Responsibles and responsibilities should be determined for the prevention of infections in the health institution.
						SH.EÖ.01.02	A program must be created for prevention of infections.
						SH.EÖ.01.03	The efficacy of prevention of infections must be monitored.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
SH	Health Services	SH.SY	Sterilization Management	SH.SY.01.00	The processes for the sterilization must be identified and controlled.	SH.SY.01.01	Physical areas and conditions in sterilization unit must be planned according to the process steps.
						SH.SY.01.02	Sterilization, storage, transfer of materials and related processes must be kept under control.
						SH.SY.01.03	At every stage of the sterilization procedures, in the scope of time, device, method, user and evidence based on control parameters, traceability must be ensured.
		SH.İY	Drug Administration	SH.İY.01.00	Institutions must ensure an efficient and safe drug administration.	SH.İY.01.01	A drug management structure that will provide an effective implementation of drug administration and coordination must be created..
						SH.İY.01.02	The basic and critical stages of all processes in the institution related to drugs, must be identified and their methods and rules must be determined.
						SH.İY.01.03	The right drug must be provided at the right time and an effective stock management for drugs must be provided..
						SH.İY.01.04	Drugs must be prepared and preserved in appropriate physical conditions.
						SH.İY.01.05	In the drug preparation and implementation stages, precautions for the patient and worker safety must be taken.
						SH.İY.01.06	Traceability of drug processes must be provided by using reporting infrastructures and related improvements must be done.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
SH	Health Services	SH.HB	Patient Care	SH.HB.01.00	Patient care processes must be implemented in accordance with patient needs and in a way that ensures patient safety.	SH.HB.01.01	Process in regard to patient care practices should be planned.
						SH.HB.01.02	The patient must be evaluated in terms of care needs.
						SH.HB.01.03	In accordance with evaluation results, care plan regarding inpatients should be prepared.
						SH.HB.01.04	Care plan must be revised considering the patient's clinical presentation and updated when required.
						SH.HB.01.05	Processes related to transfer to another healthcare institution or discharge of patient must be planned in a way that ensures continuity of care.
						SH.HB.01.06	Records which are relevant to patient care process must be complete, accurate and shall include required notes/warnings for patient's clinical trial.
				SH.HB.02.00	In the patient care process, implementation of right procedure for right patient must be ensured.	SH.HB.02.01	In all procedures to be made in patient care process, patient's identity must be verified.
						SH.HB.02.02	Identification methods must be used for implementation of identity validation.
						SH.HB.02.03	Patients and medical staff must be trained about verification of identity of patients.
				SH.HB.03.00	Precaution must be taken in order to prevent falls of patient.	SH.HB.03.01	The process in regard to prevention of falls must be planned.
						SH.HB.03.02	Inpatients must be evaluated in regard to risk level of falls.
						SH.HB.03.03	Precautions must be taken for the risk level of patients.
						SH.HB.03.04	Fall events must be monitored.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
SH	Health Services	SH.HB	Patient Care	SH.HB.04.00	Effective communication between medical staff in terms of medical information flow must be implemented.	SH.HB.04.01	The process of personnel's turnovers must be defined.
						SH.HB.04.02	Panic values notification process related to diagnostic procedures must be defined.
						SH.HB.04.03	Regulations in regard to verbal drug requests must be implemented
						SH.HB.04.04	Regulations must be implemented for abbreviations, icons, symbols, and drug dose that should not be used.
						SH.HB.04.05	During patient transfer, transmitting of patient's information accurately and completely must be ensured.
						SH.HB.04.06	Process in regard to implementation of internal and external consultations must be planned.
				SH.HB.05.00	Control of patients who have the risk of giving harm to self or others must be ensured.	SH.HB.05.01	Patients must be evaluated for risk of giving harm to self or others.
						SH.HB.05.02	Precautions must be taken for determined patients.
						SH.HB.05.03	Process in regard to implementation of restriction of patients must be defined.
				SH.HB.06.00	Standardization of care practices for patient groups with specific conditions must be implemented.	SH.HB.06.01	Process in regard to patient groups with specific conditions and implementation of care service for these groups must be defined.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
SH	Health Services	SH.RG	Radiation Safety	SH.RG.01.00	Measures must be taken in order to provide radiation safety for patients, caretakers and employees.	SH.RG.01.01	A committee related to radiation safety must be established.
						SH.RG.01.02	The areas where there are radiation-emitting devices must be determined and protective measures regarding these areas must be taken.
						SH.RG.01.03	Rules of practice must be determined for procedures involving radiation.
		SH.LH	Laboratory Services	SH.LH.01.00	Laboratory physical environment must be established in a way that ensures test and employee safety.	SH.LH.01.01	In laboratory, designated areas for acceptance of samples, preparation prior to analysis, reporting of results after analysis must be arranged in a way that ensures safety of samples and tests.
						SH.LH.01.02	In all areas of laboratory, a healthy work environment must be ensured.
				SH.LH.02.00	A test guide must be prepared for informing of healthcare workers responsible with out of laboratory processes.	SH.LH.02.01	A guide including general information on tests being performed in laboratory, rules about extraction, transfer, acceptance of samples, test methods, reporting of results and interpretation must be prepared.
						SH.LH.02.02	Guide must be accessible by health care professionals.
						SH.LH.02.03	Related healthcare staff must be informed about the use of guide..
				SH.LH.03.00	Check of pre-analysis laboratory processes must be implemented.	SH.LH.03.01	Rules and procedures between test request and analysis must be defined.
						SH.LH.03.02	Rules regarding test requests must be determined and information and guidance provision for related physicians must be ensured.
						SH.LH.03.03	Training must be provided for related healthcare staff about extraction, transfer, acceptance of samples and pre-analysis preparation.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
SH	Health Services	SH.LH	Laboratory Services	SH.LH.04.00	Check of analytic processes related to laboratory tests must be ensured.	SH.LH.04.01	Rules and procedures between analysis and verification of result must be defined.
						SH.LH.04.02	Rules must be determined for the safe and effective use of devices in laboratory.
						SH.LH.04.03	Quality control studies related to reliability of test results must be implemented.
				SH.LH.05.00	Check of post-analysis processes related to laboratory tests must be ensured.	SH.LH.05.01	Information which is required to be in result reports must be determined.
						SH.LH.05.02	Reporting of test results timely and accurate must be ensured.
						SH.LH.05.03	Rules for interpretation of test results and clinical suggestions in reports must be determined.
						SH.LH.05.04	Process of safe and effective reporting panic/critical values must be defined.
						SH.LH.05.05	Rules related to preservation and archiving of leftover biological materials, uncompleted analysis samples and reports must be determined.
				SH.LH.06.00	Traceability of the processes related to laboratory tests must be ensured.	SH.LH.06.01	Records must be kept in regards to ensure traceability of samples and tests in all processes.
				SH.LH.07.00	Use of Bedside Test Devices (BSTD) must be regulated.		

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
SH	Health Services	SH.GC	Safe Surgery	SH.GC.01.00	Patient safety must be ensured in surgical interventions.	SH.GC.01.01	Precautions regarding patient safety before, during and after the surgical intervention must be taken.
				SH.GC.02.00	Operation room conditions must be proper for safe surgery.	SH.GC.02.01	Rules regarding operation rooms must be determined.
						SH.GC.02.02	Operation rooms must be organized in a way that ensures patient and employee safety.
						SH.GC.02.03	Management of drugs, materials and devices must be implemented.
						SH.GC.02.04	Precautions regarding continuous electricity must be taken.
		SH.AS	Emergency Health Services	SH.AS.01.00	Facilitating structural arrangements for service in emergency units must be implemented.	SH.AS.01.01	Emergency unit processes and the rules for these processes must be identified.
						SH.AS.01.02	Precautions regarding facilitating access to emergency unit must be taken.
						SH.AS.01.03	Physical areas of emergency units must be organized in a way that ensure patient and employee safety conditions and effective service provision.
						SH.AS.01.04	Precautions regarding security in emergency units must be planned.
				SH.AS.02.00	All steps between admission and discharge of patient must be defined and necessary regulations must be made.	SH.AS.02.01	Fast and safe acceptance of patient must be ensured, information and guidance services must be provided efficiently.
						SH.AS.02.02	Plans related to examination, intervention, consultation and emergency observation processes must be prepared.
						SH.AS.02.03	Plans related to transfer, tracking or discharge of patient must be prepared.
						SH.AS.02.04	In emergency unit processes, accurate flow of information must be ensured.
						SH.AS.02.05	Procedures related to poisoning or judicial cases must be determined.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
DH	Support Services	DH.OH	Health institutionity Services	DH.OH.01.00	Cleaning of all areas of the health institution must be provided for safety and satisfaction of patient, caretakers and staff.	DH.OH.01.01	In terms of cleaning and infection control, levels of risk must be identified in all areas of the health institution.
						DH.OH.01.02	Cleaning rules must be determined in regard to levels of risk and health institution cleaning schedule must be made.
				DH.OH.02.00	Processes related to food services to be provided for patients, caretakers and staff must be defined.	DH.OH.02.01	Safe supply and storage of foods must be provided.
						DH.OH.02.02	Processes must be defined for the preparation of the foods under appropriate conditions.
						DH.OH.02.03	Foods must be distributed according to the rules determined.
						DH.OH.02.04	Health screenings of employees involved in food service must be implemented.
				DH.OH.03.00	Provision of laundry service must be implemented in an efficient way for patient and employee safety.	DH.OH.03.01	Processes related to provision of laundry services must be defined.
						DH.OH.03.02	Laundry environment must be arranged to ensure that the service processes progress effectively.
						DH.OH.03.03	Rules must be determined for the use of laundry equipment.
				DH.OH.04.00	All departments providing service must be designed in a way that ensures comfort and safety of the patient.	DH.OH.04.01	Patient rooms and areas used by caretakers must be safe and ergonomic
						DH.OH.04.02	The patient must have easy access to the relevant health personnel.
				DH.OH.05.00	Security service to ensure the security of life and property of patients, caretakers and employees must be provided at the health institution.	DH.OH.05.01	Processes for security service must be defined.
						DH.OH.05.02	Health and security of patients, caretakers and employees must be ensured at the health institution.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
DH	Support Services	DH.TY	Facility Management	DH.TY.01.00	A qualified facility management structure and process must be established in a way that ensures the safety and quality of health services.	DH.TY.01.01	A committee which is responsible for planning and coordination of the activities related to facility management must be established.
						DH.TY.01.02	Risks originating from facility must be determined and necessary precautions must be taken.
						DH.TY.01.03	Continuity and safety of primary facility resources must be provided .
						DH.TY.01.04	Issues related to physical conditions and processes must be reviewed at certain periods.
						DH.TY.01.05	Facilitating arrangements for access to departments in the health institution must be implemented.
						DH.TY.01.06	Measures must be taken to facilitate access to services by patients/staffs who are disabled, old or in need of help due to illness.
						DH.TY.01.07	Physical arrangements providing comfort of service users must be implemented.
		DH.AY	Waste Management	DH.AY.01.00	In the scope of protecting human health and environment, safe and efficient management of wastes produced at health institutions must be maintained.	DH.AY.01.01	Waste management plan must be prepared.
						DH.AY.01.02	Waste must be separated at the source.
						DH.AY.01.03	Necessary steps must be taken for the disposal, handling waste in appropriate conditions and temporary storage must be provided
						DH.AY.01.04	Training must be provided to employees related to waste management.
		DH.BY	Information Management	DH.BY.01.00	A safe and effective information management system must be present in the health institution.	DH.BY.01.01	Responsible staff for carrying out and coordination of activities related to the management of information must be identified.
						DH.BY.01.02	The necessary technical and supporting infrastructure must be established for the efficiency of knowledge management.
						DH.BY.01.03	Measures must be taken for the security of medical records which are physically stored.
						DH.BY.01.04	Measures must be taken to ensure the security and confidentiality of information.
						DH.BY.01.05	Continuity and timeliness of the information must be provided.
						DH.BY.01.06	Employees must be trained to maintain efficient usage of information management.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
DH	Support Services	DH.MC	Material and Device Management	DH.MC.01.00	Effective, efficient and safe use of materials and devices must be implemented.	DH.MC.01.01	Responsible staff must be determined for managing material and equipment.
						DH.MC.01.02	Materials and devices must be obtained according to the needs of institution.
						DH.MC.01.03	Materials must be stored in appropriate conditions.
						DH.MC.01.04	Necessary physical conditions must be met for devices to work properly.
						DH.MC.01.05	Staff must be trained about topics related to material and device management.
						DH.MC.01.06	Maintenance, calibration, adjustment and tests must be done for required devices.
						DH.MC.01.07	Rules for the safe and efficient use of material and devices must be determined, required protective equipment and information must be accessible.
						DH.MC.01.08	Management of hazardous substances must be regulated.
		DH.DK	Outsourcing	DH.DK.01.00	Outsourced services must be provided to be in accordance with the health institution's core policies and values and Standards of Accreditation in Health.	DH.DK.01.01	Services to be provided by way of outsourcing must be determined to be appropriate for the health institution's policies and values.
						DH.DK.01.02	The scope and processes of the services provided by outsourcing must be defined.
						DH.DK.01.03	It must be ensured that outsourced services will comply with Health Accreditation Standards

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
AD	Emergency Management	AD.AD	Emergency Management	AD.AD.01.00	Measures must be taken for the natural disasters or events which require emergency response, striving, first aid or evacuation.	AD.AD.01.01	Necessary measures must be determined by risk analysis for the events that require emergency response, striving, first aid or evacuation.
						AD.AD.01.02	Institutions must create their plans related to the determined precautions and emergency situations that may occur.
						AD.AD.01.03	All staff must be theoretically and practically trained about emergency management..
				AD.AD.02.00	Intervention must be done on time in cases of cardiac arrest or respiratory arrest.	AD.AD.02.01	A warning system, identified by a code blue emergency, must be established for intervention on time in cases of respiratory arrest and cardiac arrest emergency
						AD.AD.02.02	Persons who responsible for the management of the emergency warning system must be determined.
						AD.AD.02.03	Intervention team / teams must be determined.
						AD.AD.02.04	Medicine and equipment, which will be used in applications, must be defined.
						AD.AD.02.05	Intervention records must be kept.
						AD.AD.02.06	Training and practices must be done related to code blue.
				AD.AD.03.00	Intervention must be provided in the cases of risk of infant / child abduction or action in time.	AD.AD.03.01	The emergency warning system, defined by code pink, must be created when the cases of risk infant/ child abduction or action in time.
						AD.AD.03.02	Persons, who responsible for the management of the emergency warning system, must be determined,
						AD.AD.03.03	Response team / teams must be determined.
						AD.AD.03.04	Records must be kept of the intervention.
						AD.AD.03.05	Training must be provided about the code pink and the practices must be performed.

STANDARDS OF ACCREDITATION IN HEALTH - OUTPATİENT HEALTH SERVİCES							
Aspect Code	Aspect	Chapter Code	Chapter	S Code	Standard (S)	AS Code	Assessment Criterion (AS)
AD	Emergency Management	AD.AD	Emergency Management	AD.AD.04.00	Timely intervention in the case of the risk of violence/acts of violence against healthcare workers must be provided.	AD.AD.04.01	An emergency warning system defined by the code white must be created for the purpose of timely intervention in the case of the risk of violence/ acts of violence against healthcare workers.
						AD.AD.04.02	People responsible for the management of the emergency warning system must be determined.
						AD.AD.04.03	Intervention team / teams must be determined.
						AD.AD.04.04	Trainings related to code white must be provided, practices related to it must be done.
				AD.AD.05.00	There must be a regulation to ensure timely intervention for the fire.	AD.AD.05.01	Fire detection system must be available.
						AD.AD.05.02	For timely intervention in the event of a fire emergency alert system defined with code red must be created.
						AD.AD.05.03	People responsible for the management of the emergency warning system must be determined.
						AD.AD.05.04	Equipment used during fire-fighting, the rules for the safe use of this equipment, fire signs and directions for the event of fire must be defined.
						AD.AD.05.05	Education related to code red must be given, practices must be done.

Management and Organization

Organizational Structure

Standard 1

Code	Standard	Code	Assessment Criteria
Y0.OY.01.00	An organizational structure that covers all health institutions activities must be formed.	Y0.OY.01.01	Organisational structure must be defined in a way that covers responsibilities related to governance, clinical governance and financal stewardship.
		Y0.OY.01.02	All vertical and horizontal relations from the top management to sub-units in the organizational structure must be defined.
		Y0.OY.01.03	Duties, authorities and responsibilities of all units and personnel in the organizational structure must be defined.
		Y0.OY.01.04	Individual responsible for the units defined in organizational structure must be determined.
		Y0.OY.01.05	An institutional plan should be established for the activities carried out in line with the organization's aims and objectives
		Y0.OY.01.06	Implementation of health institution policies, procedures, processes and plans should be provided in all units within the organization structure.

Goals

To identify duty, authority, responsibilities, liabilities and communication and approval mechanism in order to reach institutional goals, to secure sustainability in health institution management, to secure performing the workflow in an identified organizational structure and to secure inspection.

Objectives

- Efficiency
- Productivity
- Efficacy
- Sustainability

Standard Requirements

Establishment of Organizational Structure

Organizational structure of health institution must be designed in a way that it will lead to the goals and targets defined in the frame of main policy and values. While designing institutional structure in this context, one or several of proper structure types such as Functional, Sectional or Matrix must be approached by evaluating main elements such as size of health institution, service type, target group, other related institutions and their positions, internal and external necessities.

The organizational chart should be defined in one or more documents, illustring the horizontal and vertical relationships among units from the top to the bottom one.

In the organizational scheme, at least topics below must be issued:

- Specialty and division of services
- Responsibility and relations
- Ways of authorization assignment
- Coordination and integration points

» Who has which duty and position

Governance

Responsibilities related to governance must be defined including the basic factors listed below:

- Transparency
- Accountability
- Participation
- Responsiveness
- Rule of law
- Efficiency
- Equality
- Strategic vision

Responsibilities related to clinical governance must be defined including the basic factors listed below:

- Clinical efficiency
- Clinical audit
- Risk management
- Patient and public participation
- Staff and human resources management
- Education and training
- Use of information

Responsibilities related to financial stewardship must be defined including at least the basic factors listed below:

» Defining budget by institution and unit basis

» Ensuring efficient, economical and efficient use of the budget

» Control and monitoring of expenditures and income / outcome balance

For successful implementation of governance, clinical governance and financal stewardship. An efficient leadership, team work and communication must be ensured in political and clinical processes.

Defining Duty, Authorization and Responsibilities of Units and Personnel

Duties of units and personnel in the organizational scheme must be defined and their authority and responsibilities must be clarified. Terms of reference must include relations between units as well and must be arranged in such a way that it will prevent uncertainty and complication. There must be harmony in authorization and responsibility given to the units and personnel.

Determining Unit Supervisors

Supervisors must be determined for the positions from the top management to the sub-units.

Establishment of the Institutional Plans

An institutional plan should be established for the activities carried out in line with the organization's aims and objectives. The plan should be compatible with and linked to other institutional plans such as human resources, risk, financial plans.

Standard 2

Code	Standard	Code	Assessment Criteria
Y0.0Y.02.00	Health institution must have all necessary authorization and permission documents including all activities.	Y0.0Y.02.01	Health institution must have all necessary authorization and permission documents related to corporate services and personal work states including all activities.
		Y0.0Y.02.02	The current and valid status of the necessary authorization and authorization documents for all services and personnel must be reviewed at least once a year and regularly when necessary.

Goal

To ensure effective control and traceability and implementation of providing health and other services provided by only authorized people and health institution under legislation.

Objectives

» Efficiency » Effectiveness » Productivity

Standard Requirements

In health institution, all the necessary authorizations and permits must be determined covering all sorts of services in scope of the legislation of country.

In this context;

» Health institutions need to obtain required activity permits, licenses etc. at the of health institution and/or services level.

» All activities consisting of traditional, complementary, alternative medicine and others apart from health care services (administrative, technical, etc.) must be performed by people with necessary authorization (diploma, certificate, specialism certificates, etc.) in the framework of all national health policies, legislation and other legal regulations. This authorization requirement covers all staff consisting of permanent, temporary, voluntary and daily employees. Authorisation documents issued to the work area of the employees should be verified.

Basic Policies and Values

Code	Standard	Code	Assessment Criteria
YO.PD.01.00	Health institution's basic policies, ethics and values must be determined.	YO.PD.01.01	Health institution's mission, vision, ethics and values must be clearly and understandably determined.
		YO.PD.01.02	Health institution must share their mission, vision, ethics and values with public.
		YO.PD.01.03	Corporate goals and objectives must be determined in accordance with mission, vision and values, the objectives of the medical and administrative departments should be compatible with the basic policies and values of the health institution's.
		YO.PD.01.04	A strategic planning regarding implementation of corporate aims and objectives must be done in health institution considering environmental and financial factors.
		YO.PD.01.05	An effective budgeting (income/ expense budget) must be implemented regarding achievement of planned aims and objectives.
		YO.PD.01.06	Health institutions must review and assess its institutional resources at regular intervals by taking into consideration plans prepared and budgets drafted with the aim of realising such plans.

Goal

Definition of corporate functions and principles which will guide executives and employess at strategic decision points.

Objectives

» Efficacy » Efficiency » Productivity

Standard Requirements

Determination of Mission, Vision and Values

» Mission and vision of institution must be determined based on information obtained with analysis of internal and external environmental conditions, and conditions that health institution wishes to implement.

» Health institution must identify values which includes principles and rules that will be taken as basis of all activities. Issues such as ethical principles and rules of conducts, principles which highlights the focus of patient and staff, can be evaluated within the scope of health institution values.

» Health institution must take care of compability between basic policies, values and minimum vaules of employees and service users.

Sharing Basic Policy and Values with Public

» Health institution's mission, vision and values must be declared to public using several means of communication (web site, billboards, promotional activities, etc.) which are determined by the health institution.

Determination of Goals and Objectives

» Health institution must identify its major(institution) and minor(units) goals and objectives in parallel with basic policies and values. The

objectives of the medical and administrative departments should be in line with the objectives of the institution.

» Goals and objectives determined in minor and major scales must be used as basis of planning and implementation of health institution activities.

Planning of Services

» Goals and objectives determined in minor and major scales must be used as basis of planning and implementation of health institution activities.

» During planning, internal factors (human resources, financial status, size of health institution, service variety, structural conditions etc.), external factors (legal environment, corporate relations, public health structure, suppliers, rivals etc.), feedbacks, profiles of service users, employees and public must be taken into account.

Quality Management Structure

Code	Standard	Code	Assessment Criteria
YO.KY.01.00	Planning, implementation, coordination and continuity of quality improvement works must be ensured.	YO.KY.01.01	An administrative structure must be established to provide planning, implementation, coordination and continuity of quality improvement activities.
		YO.KY.01.02	The duties, authorities and responsibilities of those involved in the management structure must be defined.
		YO.KY.01.03	The managerial structure should ensure the planning, execution and coordination of quality improvement activities.
		YO.KY.01.04	Committees must be established in quality improvement works for at least the following issues: » Employee safety » Patient safety » Training » Facility management » Radiation safety

Goal

Establishment of quality management structure by defining the roles and responsibilities of all of the staff from senior management to unit employees at the health institution in quality improvement activities; ensuring of planning, implementation and coordination of continuous quality improvement in the framework of this scructure

Objectives

» Efficacy
» Productivity
» Efficiency
» Continuity

Standard Requirements

Management Structure Related to Quality

» An management structure must be established to ensure planning, implementation, coordination and continuity of quality improvement activities in the health institution.
» The duties, authorities and responsibilities of people involved in management structure and vertical and horizontal relations of this structure must be defined.
» Staff that will be working with management structure and responsible with quality activities, must be determined on the basis of section and/or processes.
» The health institutions should establish a plan for quality improvement activities. Activities should be regularly monitored, updated and shared with relevant stakeholders through this plan.

The Planning, Execution and Coordination of Quality Improvement Activities

» Within the framework of Standards of Accreditation in Health, at least the following terms must be carried out to ensure planning, implementation and coordination of quality improvement activities:
  - Ensuring planning and implementation of measurement, assessment, improvement and monitoring of activities
  √ Definition and implementation of processes related to self-assessment (at least twice a year consisting of the whole processes and sections)

- √ Definition and implementation of scope and processes for patient/employee satisfaction surveys (at least twice a year and in the manner of including different service areas (outpatient, emergency services, patients of daily-interventional procedures, etc.) in a way that reflects specific expectations and perception for service areas
- √ Definition and implementation of obtaining patient/staff opinions and suggesstions
- √ Monitoring performance for quality improvement activities by using indicators, planning and monitoring of use of results obtained here on the purpose of improvement
- √ Periodic sharing of performance and quality improvement data with governing body
- √ Monitoring the results of the external evaluations carried out in health institution and identification and implementation of processes for institution's sake

- Monitoring committee activities and coordination of relevant committees
- Identification of documentation processes for quality activities, establishing documentation system and ensuring implementation under rules that system requires
- Monitoring and coordination of quality activities which are carried out in basis of department and/or process, in cooperation with the ones who are responsible for department and/or process quality

Establishing Quality Committees

» Within the scope of Standards for Accreditation in Health, committees must be established for at least following issues (Committees can be combined according to the health institution’s size and conditions):

- Employee Safety
- Patient Safety
- Training
- Facility Management
- Radiation Safety

» Processes for ensuring committees’ cooperateration and coordination with each other must be defined.

Document Management

Code	Standard	Code	Assessment Criteria
YO.DY.01.00	Management of documents at health intitutions must be ensured.	YO.DY.01.01	Policies, procedures, processes and plans for all main functions covered by the SAS Oupatient Health Services Kit should be documented.
		YO.DY.01.02	Formats of documents must be determined.
		YO.DY.01.03	Preparation, control, approval and being kept up to date and storage of documents must be ensured.
		YO.DY.01.04	Rules that will ensure delivery of the documents must be determined.
		YO.DY.01.05	Process related to monitoring of external documents to be followed by health institutions must be defined.

Goal

To manage quality activities efficiently by planning and putting into writing practice-related procedures and by conducting practices in line with written rules.

Objectives

» Efficacy
» Efficiency

Standard Requirements

Establishing Document Management System

» Processes for document management and rules of these processes must be defined

» The definition must include at least the following processes:

- Determination of documents that need to be prepared
- Determination of documents' format
- Documents';
  - √ Preparation
  - √ Control and Approval
  - √ Conveying to relevant employees
  - √ Conservation
  - √ Revision
  - √ Archiving and Disposal
- External Document Tracking

Determination of Documents that Need to Be Prepared

» Documents that need to be prepared must be determined taking into account Standards of Accreditation in Health, size of health institution, areas of service provision and processes.

» Policies, procedures, processes and plans related to all basic functions of the Health institution must be documented

» Document types that can be prepared in the scope of SAS are as following:

- Procedure

- Instruction
- Guideline
- Form
- Plan
- Consent Document
- List
- Support Document:
  - √ Policy
  - √ Protocol
  - √ Targets
  - √ Task-Authority-Responsibilities
  - √ Work-flow
  - √ Report of Medicine Disposal
  - √ Report Of Meeting

Determination of Documents' Format

» All documents must have at least the following information:

- Document's
  - √ Name
  - √ Code
  - √ Date of Publish
  - √ Revision Date
  - √ Revision Number
  - √ Page No/Page Number
  - √ Information of employees for preparation, control and approval processes

» Original copies of the documents must include name, title and signature of people for "Prepared by", "Controlled by" and "Approved by" sections of document.

Preparation of Document

» Documents must be prepared in accordance with the SAS Outpatient Health Service Kit form.

» Document must be prepared by related department/commitee/team employees.

» Documents must be understandable, must contain clear and precise information.

Control and Approval of Document

» Documents must be checked by quality management department and approved by senior management.

Conveying of Documents to Relevant Personnel

» Sharing of updated documents with related employees must be ensured efficiently.

» Necessary employee training for prepared documents must be provided.

» Hanging up documents must be avoided unless necessary. When there are documents that must be hanged up, not to create visual pollution must be taken into account.

Conservation of Document

» All original documents with wet signs must be conserved by the quality management unit. Original Documents, must be stored in framework of a systematic filing plan and necessary measures must be taken to keep contents of document readable.

» SAS study records (corrective/preventative activity forms, meeting reports etc.) must also be conserved in an appropirate way.

Revision of Document

» In the case of a change in any process, document must be updated immediately.

» All the rules for the preparation of the document must be followed during update. After approval of management, document must be

published, conveyed to relevant employees and document must be explained to relevant people in context of a training activity.

» Updated document must include revision number and date. At the first publication of document, revision number is zero(0) and revision date is left blank. In terms of tracking old version replacements, documents must be archived by Quality Management Unit.

» There must be a list of all the documents used in the health institution and monitoring of updates must be available on this list. The list must include following information:

- Document Name
- Document Code
- Publish Date
- Revision Date
- Revision Number

External Document Tracking

Tracking and update of external documents must be implemented by using a method determined by health institution. Health institution must determine employees who are responsible with tracking of external documents.

Document Archiving and Disposal

Rules for archiving and destruction of documents should be specified.

Adverse Event Reporting System

Code	Standard	Code	Assessment Criteria
YO.OB.01.00	Reporting of adverse events that may (near miss) or does (adverse) affect the safety of patients and employees negatively must be ensured and necessary measures must be taken.	YO.OB.01.01	A system must be established for reporting adverse event affecting the safety of patients and employees.
		YO.OB.01.02	Submissions on the system must be analyzed in a general, reported, and evaluated.

Goal

Taking the necessary measures to monitor adverse events and near misses about patient and employee safety.

Objectives

» Patient Safety

» Healthy Work Life

Standard Requirements

Adverse Event Reporting System

» A reporting system must be established in order to analyze events, take required precautions and prevent error repetition by ensuring submission of adverse events and near misses that can or does give harm to employees and patients.

» In the scope of adverse event reporting system, submission, analysis and reporting processes must be defined and people who are responsible with these processes must be determined.

» Safety Reporting System must be addressed in two modules:

- Patient Safety Module (threatening safety issues related to patient, caretakers and visitors must be submitted in this module)
- Employee Safety Module

» For the purpose of increasing submission usage efficiency, creating a reporting culture at health institution, learning from errors, learning process and solution development and promoting conduction of solutions, the system must be;

- designed in a way that employees feel confident, provide information such as name and location when needed,
- voluntary based,
- accessible,
- easy to use,
- simple and understandable.

» Patient safety module must be based on privacy, this module must be designed to collect at least the following information:

- Event subject
- Event explanation
- Comments and suggestions related to event

Analysis and Improvements

» Submissions must be analyzed in case by case basis, improvement activities must be planned and implemented after analysis.

» General submission analysis must be repeated at regular intervals, reported and evaluated. According to evaluation as a result of general analysis, necessity of unit/process based improvement activities must be determined.

» All employees must be informed about importance of event submission, how to do it and improvement activities carried out as a result of submissions.

Risk Management

Code	Standard	Code	Assessment Criteria
YO.RY.01.00	Risks related to health institution and services provided in the health institution must be identified and managed.	YO.RY.01.01	There must be a regulation related to managing the risks that may occur in the health institution.
		YO.RY.01.02	A risk management plan must be created to provide the manegement of risks related to health institution and services provided in the health institution.
		YO.RY.01.03	Risk management plan must entail the following issues: » Patients » Relatives » Carers » Visitors » Staff » Facility safety » Environmental safety » Administrative and financial processes. » Strategic risks » Comminucation processes with stakeholders
		YO.RY.01.04	Taking the scope of risk management into consideration, risks must be identified, analyzed and risk levels must also be identified.

YO.RY.01.00	Risks related to health institution and services provided in the health institution must be managed.	YO.RY.01.05	Necessary measures must be taken according to the identified risk level and improvement activities must be carried out.
		YO.RY.01.06	Risks identified and effectiveness of improvement actions must be continuously monitored and reviewed periodically.

Goal

To prevent or lower risks to a minimum degree related to health institution and services provided within the scope of patient, caretaker, visitor, employee, facility, environment safety and administrative/financial processes.

Objectives

- Patient Safety
- Efficacy
- Healthy Work Life
- Efficiency

Standard Requirements

Scope of the Risk Management

Risk management must cover patient, caretaker and employee, facility and environmental safety including administrative and financial processes.

Risk management must include all physical, chemical, biological, ergonomic, psychosocial factor and service based risks that may be faced in the health institution.

Policies, processes and methods regarding risk management must be defined in relevant documents.

In risk management procedure, at least the following terms must be defined:

- Goals and objectives
- Scope
- Risk management method
- Obtaining opinions of the relevant employees
- Reporting of the defined risks
- Analysis of the defined risks, risk level detection and keeping records
- Management of processes regarding required improvement actions

Risk Management Plan

Risk management plan aims reviewing and observation of the risks. The plan must cover at least the following topics:

- Process, action or factor in which the risk is evaluated
- Detected risks relevant to processes, actions or factors mentioned at the previous article
- Designated risk levels
- Precautions against the risks
- Responsible staff
- Designated time period for precautions

All defined risks must be registered in scope of the risk management plan. Risk register is a live document which needs to be updated regularly.

Determination and Analysis of Risks

» Considering risk management scope, risks must be identified on the basis of unit, person and/or process.

» Risk evaluations must be conducted for protecting patients against adverse results (allergy, fall risks, risks arising from devices etc.)

» Risks must be analyzed according to the method specified by institution.

» Risk analysis method must be simple, understandable and applicable.

» Risk levels must be rated in at least three categories (Low, medium, high) considering the possibility to occur and potential effects.

Improvement Activities

» According to identified risk levels, measures must be taken on the basis of unit, person and/or process and improvement activities must be carried out.

Monitoring the Effectiveness of Risk Management

» Risks identified within the framework of risk management and improvement activity effectiveness must be continuously monitored and reviewed at regular intervals.

» Indicators for monitoring risk management effectiveness must be determined and used.

» Continuity of measures taken must be ensured to maintain risk management effectiveness.

» Risk analysis must be updated periodically (at least once a year) or when necessary.

Training Management

Code	Standard	Code	Assessment Criteria
YO.EY.01.00	Training necessities of patient, patient relative and employees must be determined, health institutions must ensure effective implementation of the necessary training.	YO.EY.01.01	A committee responsible for ensuring the planning and coordination of training activities must be established.
		YO.EY.01.02	Training needs must be determined based on patients, patient relatives and employees.
		YO.EY.01.03	Training plans must be created and implicated in the scope of training needs.
		YO.EY.01.04	The effectiveness of training plans and training programs must be monitored and necessary improvement activities must be carried out.

Goal

In accordance with the health institution's quality improvement activities, ensuring efficient and effective training programs for patient/patient relatives and employees.

Objectives

- » Efficacy
- » Efficiency
- » Sustainability
- » Convenience
- » Continuity
- » Productivity

Standard Requirements

Training Management

» In accordance to the quality improvement activities, a committee which will do decision-making, planning, coordination, communication and evaluation must be established for ensuring efficient and effective implementation of the necessary trainings.

» Processes related to training and rules of these processes' functionality must be determined by committee. Minimum processes that need to be addressed in this context are as follows:

- Designating training needs
- Creation of training plans
- Implementation of planned training activities
- Monitoring and improving the efficiency of training plans and implementation

» The committee, which is responsible from trainings, must work in coordination with other units and committees which operates in the scope of quality improvement.

Designating Training Needs

» In accordance with the objectives of quality improvement; who, about which subjects, what level and capacity the education needs to be, must be designated. During determining the scope of issues and training context these must be considered:

- The results of performance evaluation within the scope of health institution quality improvement (self-evaluation, the data obtained from the indicators etc.)
- Efficiency evaluation results of previous trainings
- Feedbacks of training activities, requests and observations

» Training issues must be categorized considering depending on stats like minimum hierarchical level, occupation group, having unit specific or general capacity. Which education will be given to which occupation group about what context must be designated. Training topics should be given in 2 categories on a patient and employee basis and as a minimum to include the following general topics.

Employee Trainings

- Quality management
- Patient rights
- Patient and employee safety
- Patient-centered care process and philosophy
- Risk management
- Employee orientation
- Device usage and safety
- Unit-based vocational trainings
- Trainings involving scientific new developments
- Social training
- Personal development trainings

Trainings for Patient and Patient Relatives

- Trainings for health promotion and improvement
- Trainings deemed necessary within the scope of patient care needs
- Discharge training
- Use of medicines and medical devices
- Training for patient relatives

Planning and Implementation of Training Programs

» Training plans must be designated to regulate processes of creating content for educational activities, designating methods, implementation and evaluation in a systematic way.

» Training plans must be created as short, medium and long term plans in the scope of health institution's organizational policy, goal and objectives of innovation, training needs, training priorities, and estimated times.

» Training plans must at least include the following issues:

- Goals and objectives of trainings
- When, by whom and to whom the trainings will be given

- Training method
- If there are any, levels of training (i.e. basic, advanced, theoretical, practical training)
- Place of training
- Duration of training
- General topics of training
- Training materials needed
- Methods of evaluating the effectiveness of training

» Trainings must be implemented according to the plan.

» Guidelines for general and unit employee orientation training must be established and this training must be given to employee as soon as they start working at health institution.

» During the training season, in situations like need of an education outside the plan, or a change in present educational content or training method, education plan must be revised in a way that it can be traced back. The committee, which is responsible from trainings, must take measures and regulate sharing of training materials and resources with related staff.

Evaluation of Training

» Training plan's level of compliance should be monitored; measures that will increase the compliance must be taken.

» Efficacy and efficiency of implemented training programs must be evaluated in accordance with the goals and objectives.

» Evaluation of efficacy must also include performance of the trainers.

» Some of the methods that can be used to assess the efficacy and efficiency of implemented training programs are listed below:

- Pre and post-tests
- self-assessments
- observations
- Interviews with people
- Evaluations with department chiefs
- Surveys
- Measurement methods based on training related change of behavior (like accepted international or national scales)

Social Responsibility

Code	Standard	Code	Assessment Criteria
YO.SS.01.00	Health institutions must organize programs about promoting and improving health by taking health structure and general health problems of the society into account.	YO.SS.01.01	Health institution must organize programs about promoting and improving health by taking service capacity into account within the scope of health structure of the population and region where it provides healthcare and national and global health problems.

Goal

To enable health institution to provide services that promotes and improves health within the frame of social responsibility and to increase the health level of the society that it provides healthcare services.

Objectives

- Patient Oriented
- Convenience
- Equity
- Effectiveness
- Continuity

Standard Requirements

» Health institution must have a research on the health structure of the population and region and on national and global health problems In this context, there must be an assessment regarding the elements below:
  - Demographical data such as population, age, gender, education level
  - Health statistics including morbidity, mortality and epidemiological
  - Clothing, food, cultural and physical activity habits and social and cultural structure

» Promotional and enhancement activities aimed at the population must be planned within a program by an assessment. Health institution must create at least two plans.

» Program results must be evaluated by the health institution and a success point must be defined for reaching the goals planned for efficacy of the application.

» Evaluation and the efficacy of the program must be defined with the analysis of the change of main data and information according to the program whether it must be a short, mid or long term.

» In order to reach the program goals there must be improvement in the program activities and sustainability must be secured according to evaluation results.

Programs that are to be improved within standards can be organized according to the topics listed or similar below:

» War against tobacco

» War against obesity

» Awareness of dental health in society and increasing the information level

» Educational and preventive activities developed for the fight against chronic diseases

» Promotion of organ donation

» Health diet for healthy life

» Promoting the young population to sport activities for healthy life

» Promotion of breast feeding

» Educational activities for pregnant patients

» Collaboration with local authorities within the context of fighting against regional elements that threaten the health of society

Corporate Communication

Code	Standard	Code	Assessment Criteria
YO.Kİ.01.00	Corporate communication activities must be carried out effectively.	YO.Kİ.01.01	Intended population must be determined taking into account health institution structure, basic policies and values within the scope of corporate communications.
		YO.Kİ.01.02	Intended population must be informed about health institution activities and organization.
		YO.Kİ.01.03	Necessary actions must be constituted to create a positive public opinion for the intended population.

Goal

To create public awareness which contains positive attitude towards health institution and activities, establishing good relations with intended population constantly to ensure the adoption of policies and activities of health institution, and to improve the efficiency and quality of services provided using feedbacks of intended population.

Objectives

- » Patient Focused
- » Efficacy
- » Fairness
- » Continuity

Standard Requirements

Determination of Intended Population and Communication Strategies

» Within the scope of corporate communications intended population must be determined taking into account health institution type, size, patient profiles, regional characteristics, people and institutions in contact with institution, main policies and values. Communication strategies for the intended population must be defined.

» The intended population must be determined on the basis of both internal and external communication stakeholders.

» Protocols for the intended population must be determined within the framework of the communication strategy. In this context, at least the following issues must be addressed:

- The flow of information and decision between the health institution departments and elements
- The flow of information and decision for evaluation and audit functions
- Communication of training and information activities
- Communication for high motivation and internalization of corporate identity activities

Informing the Intended Population

» Informative activities that are specific for intended population must be carried out.

» Activities must be done regarding on-line representation and promotion of the institution. Institutional website must be managed effectively, The website should include adequate and actual information, also should be made easy to use, accessible and available.The intended population must be informed of at least the following issues:

- Basic policies and values
- Organizational structure
- Range of provided services

- Activities carried out within the scope of social responsibility
- Human resources
- Public relations activities
- Emergency services
- Making appointments and test results
- Communication and contact information
- Accessibility to health institution services

» A training activity must be organized since health institution employees are significant representatives of corporate communication.

Creating a Positive Public Opinion

Improvements to provide information in accordance with the needs and expectations of the intended population must be carried out about primarily, the activities and services, in order to create a positive public opinion.

Even though these activities can be done using information conduits, it's preferred to accomplish by ensuring a high quality healthcare service including an efficient communication between staff and patients and effective management representatives having good relations with external stakeholders.

Monitoring of Corporate Communication and Perception

Surveys, measuring the intended population's perception of the health institution identity and image and performance of corporate communication activities, must be implemented regularly. The results should be evaluated and necessary improvements should be made within the scope of corporate communication strategies.

Performance Measurement and Quality Improvement

Monitoring of Indicators

Code	Standard	Code	Assessment Criteria
PÖ.Gİ.01.00	Performance measurements must be conducted for continuous improvement of processes related primarily to administrative, financial and medical steps.	PÖ.Gİ.01.01	Indicators must be determined to include processes for service provisions primarily of administrative, financial and medical steps.
		PÖ.Gİ.01.02	Indicator cards must be created consisting of issues related to determination of data to be collected, collection, evaluation and monitoring.
		PÖ.Gİ.01.03	Monitoring, evaluating and reporting of indicators must be carried out through information management systems.
		PÖ.Gİ.01.04	Considering the results of the analysis related to indicators, necessary improvements must be conducted.
		PÖ.Gİ.01.05	Results regarding indicators should be shared with relevant stakeholders and the public.
		PÖ.Gİ.01.06	The results of the SAS indicators must be submitted to the SAS Indicator Data System.

Goal

To detect and correct potential problems related to administrative, financial and medical processes, and also to implement quality improvement interventions.

Objectives

Objectives vary according to indicator features.

Standard Requirements

Determination of Indicators

» Performance measures and monitoring must be implemented related to service provision processes such as primarily administrative, financial, medical services for the purpose of continuous quality improvement, efficient source usage, plans and institution budget accordance.

» In order to continually improve the processes for service delivery, the SAS indicators which has to be monitored according to the type of institution service and patient profile should be determined.

Indicator Cards

Indicator cards must be prepared for determined indicators. At least following information must be included in the cards:

» A brief description of the indicator

» Reason of monitoring

» Related process

» Calculation method/formula

» Minor indicators

» Target Value

» Data Source

» Data Collection Period

- Data Analysis Period
- People who are responsible with data collection, monitoring, evaluation and analysis
- Whom to share results with
- Exceptions to consider for indicator

Information Management System Infrastructure for Indicator Management

Necessary information management system infrastructure must be established in the purpose of indicators' data collection, monitoring and evaluation of results; and must be used effectively.

Analysis and Improvements

As a result of analysis which is conducted regarding to indicators, necessary corrective and preventive activities must be planned and implemented.

SAS Indicator Data System

Results of determined indicators at SAS Indicators List must be submitted to the SAS Indicator Data System.

Appendix 1 – List of SAS Indicators

Healthy Work Life

Human Resources Management

Standard 1

Code	Standard	Code	Assessment Criteria
SÇ.İK.01.00	A management structure that will perform the necessities regarding planning of human resources and improving work life must be established.	SÇ.İK.01.01	Relation of management structure with other management levels must be defined.
		SÇ.İK.01.02	Duty, authority and responsibility of the ones in the management structure and which qualifications those ones must have must be defined.
		SÇ.İK.01.03	Annual targets and work plans must be created.
		SÇ.İK.01.04	Feedback processes that will show satisfaction rates and opinions and suggestions of employees about their work lives must be defined.

Goal

To define a management structure that will perform activities such as assignment, coordination and assessment regarding necessary processes for securing a healthy work life.

Objectives

Healthy Work Life

Standard Requirements

Management Structure and the Relation with Higher Ups

» A management structure that will perform all activity planning and coordination such as hiring, orientation, improving and supporting the personnel, providing the personnel with physical and social opportunities, minimizing safety risks that threaten employees and increasing motivation must be established.

» Administrative relations such as where the new management structure will be in the hierarchy of health institution management or to whom it will be responsible, which authorities it will have, who will be in this structure and who will be responsible to this structure must be defined.

Duty, Authority and Responsibilities

» Terms of reference of the employee in management structure must be defined and their responsibility and span of authority must be defined.

» Which qualifications employees in the structure must have must be defined in order to carry out all the necessary duties and responsibilities.

Targets and Planning

Newly formed management structure must define annual targets in order to secure a healthy work life. Key factors such as which activities will be carried out, which precautions will be taken and how big a budget will be needed in order to reach the targets must be planned.

Employee Opinions and Suggestions

» Needs and expectations of the personnel must be identified and taken into consideration. A system must be established in which how and in what ways the feedbacks will be obtained must be defined.

» Studies regarding determining the needs and expectations of employees must include at least following terms:

- Regular satisfaction surveys
- One on one interviews with the employees
- Collecting opionions and suggestions from the employees

Standard 2

Code	Standard	Code	Assessment Criteria
SÇ.İK.02.00	Necessities for hiring and orientation processes of employees and continual improving of their work lives must be defined and implemented.	SÇ.İK.02.01	Hiring plan in accordance with health institution's human resource needs must be formed.
		SÇ.İK.02.02	Employee hiring processes must be defined.
		SÇ.İK.02.03	Orientation processes of hired employee must be determined.
		SÇ.İK.02.04	Employees' duties, authorities, responsibilities, required qualifications and performance criteria regarding these duties must be determined.
		SÇ.İK.02.05	Performance of employees must be measured, needs for trainings regarding increasing the performance must be determined and required trainings must be provided.
		SÇ.İK.02.06	How good and with which methods employees apply current standards, protocols and evidence based clinic guides accepted by the health institution must be monitored and trainings regarding the efficient use of these standards and guides must be provided.

Goal

To detect the needs regarding continuous improving of work life and the processes of hiring and orientation of employee and to meet these needs.

Objectives

Healthy Work Life

Standard Requirements

Personnel Hiring

» Health institution; must define in which service area and with which qualifications the personnel is needed, must determine the feasibility of personnel that may be hired and must plan main processes such as personnel hiring and training, in advance.

» In the plan, the number and the quality of staff needed (training, knowledge, skills etc.) must be included, considering the needs of different disciplines and professional groups.

» Need of personnel must be regularly checked by defining terms of references in terms of departments and processes and human resources must be planned by taking legal regulations into account. Precautions must be taken regarding how the personnel will be employed and which qualifications they must have and how many personnel will be hired.

» Which documents and information is needed in the process of employing and steps regarding evaluation and confirmation process must be defined.

» Health institution must inform the new employee about which utilities of the health institution the employee may use and employee rigths.

Hiring Processes

Hiring processes in the health institution and how the personnel will be hired for the departments in need must be defined. Principles and processes regarding hiring processes must be announced.

Orientation of Personnel

» Health institution must define the processes that will enable the newly hired personnel to adapt to the new working environment fast and accurately. All kind of information such as main and professional rules, basic working principles, elements that may threaten personnel health and safety, hierarchical order and all utilities that may be used by the personnel must be given to the personnel at the hiring point and regularly, later.

» Adaptation of staff to work and work environment must be assessed, and if needed, activities of adaptation process must be repeated.

Duty, Authority, Responsibilities and Performance Criteria

» Duties, authorities and responsibilities of the personnel that is working or will be hired must be identified in line with employment processes in a way that it will include previously defined works.

» Performance criteria mentioned as the measurement of employees' success or failure in their duties must be defined and employees must be informed about these criteria.

» Employees' performance must be measured based on the performance criteria defined by the health institution. Measurements must be made at determined intervals and at least once a year by the institution.

» In order to increase the employee performance; which trainings will be provided and in what extent these trainings will be must be defined according to different qualifications and expectations of the personnel and there must be plans for the trainings. Goals of the trainings that will be provided in this scope must be define in advance and whether the goals are completed or not must be checked after the trainings.

» Only trained and authorized personnel must use specific and medical devices and in the training plans, the need for training must be taken into account.

» How and how much the current standards, protocols and evidence based clinic guides accepted by the health institution are used must be monitored and trainings on effective use of these standards and guides must be determined.

Health and Safety of Employees

Code	Standard	Code	Assessment Criteria
SÇ.ÇG.01.00	Factors threatening the health and safety of employees should be identified and necessary precautions should be taken to establish a healthy and safe working environment.	SÇ.ÇG.01.01	A committee for managing the threats for personnel health and safety must be formed.
		SÇ.ÇG.01.02	Risk analysis regarding threatening elements for personnel health and safety must be performed and precautions regarding avoiding these risks must be taken.
		SÇ.ÇG.01.03	Employees must use personal safety equipment for the defined risks.
		SÇ.ÇG.01.04	Quality improving activities regarding sustaining personnel safety must be ensured.
		SÇ.ÇG.01.05	Necessary physical and social means for improving work environment and work life must be provided and individual needs for work life must be met.

Goal

To remove the elements that threaten personnel safety in health institution or to establish healthy working life environment by minimizing these risks.

Objectives

Healthy Work Life

Standard Requirements

Committee of Personnel Health and Safety

A committee must be formed to detect threats that exist or may exist for the health institution personnel and to take precautions against those threats. Committee structure must be built in regard with securing the application and coordination of effective, continous and systematic duties according to the size of health institution and risks caused by safety threats.

Risk Analysis

» First of all, assessment must be done by identifying the risk factors that threaten the safety in terms of employee safety on the basis of department and health institution and again by identifying their risk levels. After identifying risk factors, necessary studies must be done in order to remove or minimize the detected threats according to their priorities.

» To secure personnel health and safety in the health institutions, at least following terms must be discussed:

- Forming management policies in the scope of personnel health and safety
- Preventing infections
- Planning and practices regarding health scans
- Chemical materaials and radiation safety
- Food safety
- Noise
- Lightning
- Preventing falls
- Managaging facility based risks

- Reducing needle stick injuries.
- Ergonomic factors
- Preventing violoence against personnnel and intervening in the violence as soon as possible
- Preventing mobbing among personnel
- Managaging wastes that threaten employee safety
- Immunization
- Reducing unnecessary workload
- Stress management

» In the health institution, arrangement must be done in a way that personnel may always benefit from medical, psychological consultancy and support services.

» Information related to occupational accidents and injures and events that threaten employee safety must be collected.

Personal Safety Equipment

» Which personal safety equipment will be used in which deparments must be defined and precautions regarding securing the use of these equiptments must be taken.

» In the working areas, having enough of personal safety equipment which has protective qualities for the employees is required and there must be trainings for the employees regarding the use of these equipments.

Quality Improvement

In order to secure personnel health and safety, health institutions must plan and apply quality improvement activities regarding removing or avoiding the elements that may cause risks.

Improving Working Environment

» Improvement plans on issues such as physical environments of personnel, material and devices they use, chemical, physical and biological materials and working methods must be planned by taking personnel expectations into account.

» Securing harmony between duties and employees physical and mental capacities.

- In order to reach an adequate level of health and safety; activities and trainings regarding encouraging employees' professional improvement or motivation, communication of employees between units and departments and securing collaboration and dialogue effectively must be planned and applied.
- Activities regarding enhancing the working life such as resting, reading and activity areas should be established individual improvement trainings must be organized.
- Necessary physical and functional arrangements must be made at health institutions for disabled or chronic health problems staff.
- Opportunities and utilities provided for personnel must be easy to access, practical and employee oriented.


SAS

Patient Experience

Basic Patient Rights

Code	Standard	Code	Assessment Criteria
HD.HH.01.00	Provided services at the health institution must be arranged in a way to protect patients and patients caretakers rights.	HD.HH.01.01	A management structure must be established in order to protect, implement and improve the rights of the patients and their caretakers.
		HD.HH.01.02	Information about all the services which are provided by the health institution, quality and how to access them must be declared.
		HD.HH.01.03	Patient and/or caretakers- must be informed about diagnosis, treatment, care services, patient rights, patient responsibilities and other services.
		HD.HH.01.04	During the health care process, consideration must be given to the choices and preferences of the patient.
		HD.HH.01.05	Activities must be planned in all processes for patient to get respect and get services carefully.
		HD.HH.01.06	Before the medical treatments which will be administered, patient must be informed and before risky procedures their consent must be taken in to consideration then documented.
		HD.HH.01.07	Patient must be able to checkup his/her medical documents, and must be able to get a copy of the documents.

Code	Standard	Code	Assessment Criteria
HD.HH.01.00	Provided services at the health institution must be arranged in a way to protect patients and patients caretakers rights.	HD.HH.01.08	Arrangements must be made for the spiritual and cultural needs of the patient.
		HD.HH.01.09	All the precaution must be taken to ensure the privacy of the patient.
		HD.HH.01.10	Arrangements must be made for receiving, investigating and resolving complaints of patients and their relatives.
		HD.HH.01.11	For the participation in any research, experimental activity or another reason to use the data, information or the material of the patient, the patient's consent must be taken.
		HD.HH.01.12	Ethical dilemmas such as not treating the patient, withdrawal of the treatment or discontinuing the treatment must be addressed and settled in time.
		HD.HH.01.13	Processes regarding to inform patients and their caretakers about the adverse events that negatively affects patient safety, must be defined.

Goal

To ensure the rights of the patients and their caretakers and organizing services and processes for this aim.

Objectives

- Patient focused
- Convenience
- Continuity
- Fairness
- Timeliness

Standard Requirements

Management Structure

A management structure should be established for protecting, practicing and improving the rights of patients and their caretakers.

Informing about Services and Patient Rights

» Health institution should declare the information about all the services provided, access and the quality of these services.

» Patients and/or patients' caretakers should be informed about diagnosis, treatment, care services which can be provided, responsibilities of the patient and additional services.

» Patient and/or caretaker must be informed about patient rights. This information must include the following topics:

- Privacy
- Esteem and being respected
- Confidentiality of patient information
- Patient safety and security
- Informative actions about health services which will be provided and consent of the patient
- Right to decline the treatment

» In case adverse events that affect patient's safety negatively occur, processes in relation to informing the patient or his/her carer must be defined.

Resolving Ethical Dilemmas

» How the process is managed should be defined in advance in the case that there are ethical dilemmas related to care which is decided by the doctor as not to treat, to cancel the treatment or not to continue the treatment.

» An ethical committee should be created including the doctor and patient in order to solve the ethical dilemmas.

» In the events that there are ethical dilemmas like this, the ethical committee should meet up, the patient safety should be prioritized and a solution should be taken as soon as possible.

» If there are patients who leave the health institution without the permission of the doctor or if they do not accept the treatment, the procedures required to be performed should be determined.

Patient's Choices and Preferences

» Physicians and healthcare personnel preferences and preferences should be taken into consideration during the healthcare process.

» During medical treatment, the patient should be informed about care, their preferences and demands should be taken into consideration and they should be ensured to participate in the care process.

» If the patient refuses medical treatment or refuses treatment during treatment, he / she should be informed about alternative treatments and their preferences should be evaluated. They should be informed about the risks that may arise from refusing treatment and consent should be obtained.

Patients' Consent

» Patients should be informed prior to any medical procedure to be applied to the patient.

» Patients should be informed about the procedure by the person who will perform the process and a written consent should be taken from patient before the risky operations. This written consent must at least include the following information:

- Person who will perform the operation
- Expected benefits of the procedure
- Results which may be encountered in case of failure to carry out the process
- If available, process alternatives
- Risks and complications of the procedure
- Estimated duration of the operation
- Patient's name, surname and signature (regulatory agencies for Patients who do not have the competence to make decision-making for diagnosis and treatment, such as ill patients, child patients, and emergency situations must be determined)

- Name, surname, title and signature of the person who will perform the operation
- The date and time of consent

Accessibility to Medical Documents

Patients should be provided to access and take a copy of applied procedures, analyses or all the documents containing private information of their own during and after getting service. A policy needs to be determined for sharing of above-mentioned patient records with non-patients.

Spiritual/Cultural Needs

Health institution should provide the patients to get service in accordance with their cultural and spiritual values.

Employees should be informed about related applications and to increase the awareness should be provided.

Complaints

» Patients and their relatives should be informed and guided about where they can submit their complaints, opinions, suggestions etc. and how they can apply for their request and all processes related to the application.

» Health institutions should manage these information processes publicly through information screens, boards, website, etc.

» It should be ensured that patient and patient relatives complaints are received, examined and resolved in a timely and fair manner.

» Applications received should be resolved on the same day if it's possible, if there will be an examination it should be resolved within 15 days, and the applicant should be informed..

» An evaluation commission for the evaluation of complaints should be established.

Patient Safety

Code	Standard	Code	Assessment Criteria
HD.HG.01.00	The services provided at the health institution must be arranged in a way to protect the safety of the patient and their caretakers.	HD.HG.01.01	A committee must be established to ensure patient safety.
		HD.HG.01.02	Risk analyses must be performed for the determination of threats to patient safety and measures must be taken to reduce or eliminate risks that threaten the safety.
		HD.HG.01.03	Quality improvement activities must be planned to ensure continuity of the safety of patients.

Goal

To ensure the safety of the patient and the patient's caretakers, to identify in advance the elements that could threaten their safety and to arrange provided services and processes for this purpose.

Objectives

Patient safety

Standard Requirements

Patient Safety Committee

» A committee should be established that will work regularly and systematically in this field in order to be able to identify existing or possible safety threats in health institutions and take measures.

» The structure and the composition of the committee should be identified in a way that it provides effectiveness, continuity and systematicity of the work considering the size of the health institution and variety of services.

Quality Improvement

» The risks for patient safety should be analyzed and evaluated, levels of risk should be determined and necessary improvement works should be done in regard to the results of the analysis.

» In this context, health institutions should deal with the following issues related to patient safety which is mentioned in various departments of Standards of Accreditation in Health.

- Prevention of infections
- Drug safety
- Radiation safety
- Prevention of falls
- Safe surgery
- Patient identification
- Information safety
- Emergency management
- Facility safety
- Safety of medical devices
- Adverse event reporting system
- Waste management

Patient Feedbacks

Code	Standard	Code	Assessment Criteria
HD.GB.01.00	A system must be established to receive feedback (opinions, suggestions and complaints etc.) from patients and their carers about the services that are provided.	HD.GB.01.01	The system's scope, methods and tools must be defined including receiving, investigating and resolving of all feedbacks.
		HD.GB.01.02	Patients and their caretakers must be informed about in how they will be able to provide feedback.
		HD.GB.01.03	Feedbacks must be evaluated.
		HD.GB.01.04	Necessary improvement activities must be planned in regard to the results obtained from feedbacks.

Goal

To implement improvements in regard to feedbacks of service users

Objectives

Patient focused

Standard Requirements

Feedback System

A feedback system related to services offered for patients and their caretakers should be established. In this system, methods like face-to-face interviews, measuring of pre and post service expectation and satisfaction can be used in addition to regular satisfaction surveys, comments and suggestions of the patients and caretakers.

Informing about Feedback System

» Patients and their caretakers should be informed about how they can give feedback about services which they are offered, problems they face during service processes or issues related to health institution and health institution staff.

Evaluation of Feedbacks

» Feedback obtained from patients and their caretakers should be analyzed in a systematic way and findings should be evaluated.

» Findings obtained from data analysis should be shared with the health institution management and relevant units, feedbacks should be utilized effectively.

Quality Improvements

As a result of the findings obtained from feedbacks, institutions must determine which improvements are necessary, and according to their level of importance must plan how these improvements are to be done.

Access to Services

Code	Standard	Code	Assessment Criteria
HD.HE.01.00	Necessary precautions must be taken in order to provide patient able to reach services in time.	HD.HE.01.01	Reception, guidance and counseling services including all type of information that the patient will need in the process of admission must be provided in a way that makes the admission process easier.
		HD.HE.01.02	Necessary precautions regarding to minimize waiting times of patients in the process of polyclinics must be planned, the patient must be informed about how long she/he will wait and when she/he will be examined.
		HD.HE.01.03	Considering age, disease and disability conditions, facilitative precautions about getting service and waiting areas must be taken.
		HD.HE.01.04	Service processes must be arranged in a way that it ensures patient's diagnosis and treatment to be in time.

Goal

For patients, it is the presentation of measures that should be taken by the institution and providing of the service accessibility in order to reach to the services provided by the health institution timely, efficiently, effectively and adequately.

Objectives

- Patient focused
- Convenience
- Continuity
- Fairness
- Timeliness

Standard Requirements

Reception, Direction, Consultation

- Health institution should provide detailed information to the patient that is needed in the decision process, consistently to the information declared on the services it provides.
- How the patient will be informed about all reception, counselling and guideance (Processes that need to be done by patient or caretakers during admission, information points in health institution to access needed information and documents, waiting zones, etc.) must be planned and applied.

Enabling Regulations

- In all areas of health institution where service is provided, measures for easy access to service depending on age, disability or disease conditions must be taken and regulations about mandatory user zones(ramps, whellchair services, stairs, elevators, toilets, bathrooms, parking lots etc.) must be done.
- Regulations should be made for service priority for elderly, disabled and people who need help because of their disease states.

Providing the service on time

- Processes and steps should be examined in detail to detect system problems and reductions which may pose a risk for patient safety by causing delay in diagnosis and treatment, measures for shortening process intervals to optimum values and improving efficiency must be taken.

» Health institution should evaluate and document its efforts and plans to increase the efficiency, safety, productivity according to service processes.

Health Services

Prevention of Infections

Code	Standard	Code	Evaluation Principles
SH.EÖ.01.00	Required measures must be taken for prevention of infections.	SH.EÖ.01.01	Responsibles and responsibilities should be determined for the prevention of infections in the health institution.
		SH.EÖ.01.02	A program must be created for prevention of infections.
		SH.EÖ.01.03	The efficacy of prevention of infections must be monitored.

Goal

The goal is to identify and prevent risks related infections developed in relation to health services, threatening the employees and patients.

Objectives

- Patient Safety
- Healthy Work Life

Standard Requirements

Creation of the Program for Prevention of Infections

The scope of the studies for prevention of infections and the program will be created and must be inspected in the following topics:

- Assessment of health care processes in terms of infection risk
- Hand hygiene practices
- Isolation precautions
- Rational use of antibiotics
- Cleaning, disinfection, sterilization, asepsis, antisepsis
- Occupational infections
- Prevention of infections in plant-based studies
- Making plans for extraordinary situations (epidemics, rare infections, etc.)
- Prevention of infections in support services such as laundry, catering, waste management and air conditioning systems

Assessment of Health Care Processes in Terms of Infection Risk

In all areas of the health service delivery and processes, the risk of infection for the patient and staff safety must be considered. The necessary measures must be taken for identified risks and the continuity must be ensured.

See for further information on “Management and Organization Dimension -Risk Management Chapter”.

Hand Hygiene

Studies for the development of quality in terms of hand hygiene must include at least the following issues:

- Determination of hand hygiene rules
- Assessment of hand hygiene adaptation
- Studies for the development of hand hygiene adaptation

Determination of Hand Hygiene Rules

When health care workers need to carry out hand hygiene during patient care is defined by "5 Indication Rule" of WHO (World Health Organization)

"According to **"5 indication rule"**;

1. Before contact with the patient
2. Before aseptic affairs
3. After contact with body fluids
4. After contact with the patient
5. After contact with Patient's surroundings

Employees must apply the hand hygiene.

In health institutions, there are also a variety of fields in which health services are given to the patients indirectly without patient care. Laboratories, pharmacy, sterilization units, pharmaceutical, food and so on and can be sited as the examples of these fields. The rules regarding hand hygiene for all areas of health-care must be determined in order to ensure the safety of both patients and employees and this must be done according to the rules and practice.

Assessment of Hand Hygiene Adaptation

Hand hygiene adaptation refers to the implementation of hand hygiene at the right time, with an appropriate method, at the right way and for the right duration. It not only means washing hand and rubbing hand but also means doing them in a right way.

Hand hygiene adaptation must be measured by the methods such as informed prospective observations, monitoring hand hygiene materials used according to the departments, surveys (for measuring health professionals' awareness, knowledge level, following the rules). According to the data obtained as a result of the evaluations, required improvements must be planned.

Studies For The Development Of Hand Hygiene Adaptation

At least the following actions must be taken in order to improve hand hygiene adaptation:

» Establishing hand hygiene policy

- Determining responsible staff for hand hygiene
- Supporting skin care of health professionals
- Trainings
- Reminders and warning messages
- Facilitating the access to hygiene materials

Some factors related to these items are mentioned below in more detail:

Supporting skin care of health professionals

Feedback of health care workers about skin irritation and allergic stories must be considered and suitable materials must be provided if required.

Trainings

Training on hand hygiene must be provided to all employees. Training contents and periods must be determined according to occupational groups and needs identified as a result of measurements. At least issues below must be included as training content:

- Importance of hand hygiene
- Hand hygiene methods and indications
- What must be considered about hand hygiene
- Usage of gloves

Facilitating access to hygiene materials

Supplies for hand hygiene must be provided in all areas of health care. Health institution must do the necessary planning about access to hand-washing areas and take measures. The materials such as liquid soap, disposable towels must be accessible. In accordance with the recommendations in the WHO guidelines, alcohol-based hand antisepsis must be kept in patient care points. Patient care points are the places where three elements come together:

- Patient
- Health staff
- Health care or treatment process including contact with the patient or surroundings within the area of the patient

This concept includes the need for hand hygiene at the point of care implemented and the time. Hand hygiene product, which is alcohol-based hand antiseptic, must be easily accessible and be as close as possible

(from the area where patient care is carried out within arms distance). The areas outpatients have the health care and treatment is also considered in this context. The aim is to provide the patient to be able to reach the products next to him/her without leaving the area.

Access to alcohol-based antiseptic is usually provided by pocket bottles carried by health care workers, wall-mounted dispensers, bedside secured containers, bottles on table next to the bed or in drug transport cars.

Isolation Precautions

Standard precautions should be taken to prevent infections. (hand hygiene, procurement and use of personal protective equipment, procurement and use of staff health and safety equipment, collection of dirty laundry for controlling the environment of patients, cleaning and disinfection of patient rooms, etc.)

The health institution must identify the conditions in which isolation precautions must be implemented, the implementing rules and the necessary physical conditions (separate rooms, enough space between the beds, enough staff, etc.). Health care workers must receive training on the subject, adequate personal protective equipment must be provided and must be ensured that these equipment must work properly for isolation precautions.

Rational Use of Antibiotics

For the ideal use of antibiotics; after the correct diagnosis, correct antibiotics must be given within the most appropriate route, the effective dose, optimal intervals and suitable time.

Rational use of antibiotics must be carried out on the basis of health institution applications include at least:

- Policies must be determined regarding the use of antibiotics in the health institution, and necessary studies must be done and monitored.
- Awareness should be created about rational antibiotic use, planning and execution of necessary studies on the subject, duties, powers and responsibilities should be determined.

- Determining the policies of using antibiotics must be benefited from international and the national and / or local directories and also local resistance data must be analyzed.
- In the antibiotic susceptibility testing reports, limited notification rules must be identified and implemented.

Cleaning, disinfection, sterilization, asepsis, antisepsis

All fields that are used during the initiate of health care and all the tools and materials that come into contact with human tissues can be a source of infection. There are various types of transactions applied for in terms of controlling these areas and tools for micro-organisms:

- Cleaning
- Disinfection
- Sterilization
- Asepsis
- Antisepsis

Rules of these steps must be determined and following issues must be identified for these processes:

- Application duration
- Application range
- Application method and related materials
- Process of monitoring application efficiency

Cleaning

Policies must be determined for cleaning of health institution, plans must be created, specific areas of infection and responsible staff must be identified, in which area, which cleaning materials, by whom and how to apply and how to check the effectiveness of the applications must be determined.

Disinfection

- The medical equipments used in patient care should be classified as critical, semi-critical and non-critical in the framework of internationally

accepted guidelines used to determine the need for disinfection and sterilization methods.

- Surface which the disinfection process has been made, materials, equipment and wastes must be determined.
- According to the material applied to disinfection process; disinfection type, disinfection to be used and operating rules must be determined.
- According to the circulation of the patient and effective disinfection to take place in sufficient time must have a sufficient number of the equipment which is used.
- Ventilation must be configured to ensure the safety of working conditions.
- Technicians must be trained and status of implementation of disinfection under the rules of the prevention and control of infections must be monitored by the responsible staff.

Sterilization

- Materials and equipment must be determined for the use of patient care and sterilization.
- Rules and the procedures for the sterilization process must be determined and in the scope of the rules implementation status must be monitored by the responsible staff.
- For more information please check “Health Services Aspect Sterilization Management Chapter”.

Asepsis and Antisepsis

Within the principles of asepsis and antisepsis, implementing rules must be determined and the health workers need to be trained in this context.

Employees Occupational Infection

Health care workers are responsible for taking the necessary actions in order to protect themselves and the patients against infectious agents. These measures are discussed in three groups;

1. **Measures to be taken before contact:** Providing immunity against possible infections which can be immunized.

2. **Measures to be taken to prevent the contact**: Protective measures to be taken for the risks while providing health services (standard precautions, isolation precautions).
3. **Measures to be taken after the contact:** Immunization, prophylaxis, management and treatment operations needed to be carried out when it comes into contact with any infectious agent.

» All of the processes mentioned above for taking measures must be identified by the health institution.

» There must be some work to be done for the employees who work at the health institution to improve the level of knowledge and awareness about the protection from the infections.

» For employees, taking necessary measures against infection must be provided appropriate working environment and conditions, and the necessary equipment must be provided.

» Routine health scans must be determined with risk analysis within the basis of section.

» The procedures must be determined for the cases with positive scans.

» Efficacy of the practices must be followed under the program.

» When it comes in to contact with any infectious agent, transactions to be identified, in order to ensure the implementation and control the responsible person must be identified.

Waste Management and Ventilation Systems Infection Control Support Services Such as Laundry, Kitchen.

» In the scope of infection control, process of cleaning textile materials must be monitored, measures must be taken, and continuity must be ensured.

» Supply of foods offered health care providers and service users, storage, preparation and distribution of this process with the processes involved in the control of workers must be monitored for infections, appropriate measures must be taken, and continuity must be ensured.

» Hygiene training should be provided to employees and recorded.

- Ensuring safe removal and disposal of infected waste which is produced by the health care institutions must be monitored, necessary measures must be taken and continuity must be ensured.
- Ventilation and air filtration systems for the control of infections must be monitored, appropriate measures must be taken, and continuity must be ensured.

Monitoring and Evaluation

- In the terms of process and outcomes, activities related to prevention of infections must be monitored and required improvements must be implemented. Routine observations and controls, process and outcome based indicators for activities must be used duringmonitoring and evaluation studies.
- Obtained results of monitoring and evaluation must be analyzed, compatibility with purpose must be determined and improvement actions must be taken if required.
- Obtained results must be shared with management and related staff.
- Informative and training activities must be organized related to employee responsibilities for prevention of infections.

Sterilization Management

Code	Standard	Code	Assessment Criteria
SH.SY.01.00	The processes for the sterilization must be identified and controlled.	SH.SY.01.01	Physical areas and conditions in sterilization unit must be planned according to the process steps.
		SH.SY.01.02	Sterilization, storage, transfer of materials and related processes must be kept under control.
		SH.SY.01.03	At every stage of the sterilization procedures, in the scope of time, device, method, user and evidence based on control parameters, traceability must be ensured.

Goal

Sterilization processes must be taken under in health care institutions in order to prevent and control of emerging infectious diseases which is one of the important steps to take for the safety of the patient and employee.

Objectives

- Patient safety
- Activity
- Healthy work life
- Sustainability

Standard Requirements

Elements that need to be addressed in order to enhance the quality of sterilization units include:

- Measures related to physical conditions in sterilization unit
- Process control in sterilization unit
- Traceability of sterilization procedures

Measures related to physical areas and conditions in sterilization unit

Physical areas and conditions in sterilization unit must be planned according to the process steps minimum in three fields.

- Area that can be cleaned and decontaminated (Dirty area, decontamination area etc.)
- Area where packaging and loading to sterilization device procedures take place (clean area, semi-clean area, packaging area etc.)
- Area where unloading of sterilized materials and storing procedures take place (sterile area, clean area, sterile storage area)
- In sterilization unit, surfaces must be cleanable easily and disinfectable.
- Optimum room temperature and humidity must be determined and monitored.
- Path that unit air follows must be from sterile area towards dirty area. Ventilation system must provide at least 10 filtered air changes per hour. Any methods that will create air turbulence must be avoided.
- Systems like water, lightening, backup power sources must be planned and monitored in the scope of sterilization safety.
- Storage conditions at sterile areas must be provided in a way that will not prevent air circulation and will ensure protection of sterile materials.
- Required equipment, working conditions and rules must be determined considering seperated areas of unit, and procedures related to these areas.

Process Control in Sterilization Unit

The sterilization service process comprises of steps in a cycling form:

- Transfer from the user units to the dirty area
- Cleaning and maintenance
- Packaging
- Loading
- Sterilization
- Storage
- Distribution (Transfer to the user units)
- Usage of material

At each step, working and control rules of properties of materials, sterilization method, used equipment and user area must be determined and related training must be provided to responsible staff.

Washing, Disinfection and Packaging Processes

- Dirty materials should be counted from the material list and accepted into the sterilization unit.
- Dirty materials must be pre-cleaned and decontaminated.
- The washing activity should be checked at regular intervals.
- Washing effectiveness control should also cover luminous appliances in use.
- The materials should be delivered to the clean area with the material list.
- Packing of materials should be done in clean area.
- Textile materials should be packed separately from other materials
- In the case of a one-way autoclave, the device must be in the clean area.

Quality Control of Sterilization Process

- Physical and mechanic controls must be done and recorded depending on used sterilization method.
  - Physical-mechanic controls incluede program cycle records of parameters like pressure, gas concentration, temperature, humidity, time and records of maintenance, calibration.

» Efficacy of sterilization must be assessed using chemical control methods.
  - Class 1 procedure indicators must be used on all packages.
  - Class 2 indicators must be used before starting sterilization procedure each day.

    Each pack should be provided with a suitable chemical indicator (at least class 3) that meets the quality of the pack contents and provides the specified performance conditions .

» Sterilization result must be assessed using biological control methods
  - Health institutions must determine and increase (if required) the minimum frequency of indicator usage for each sterilization method considering scientific obligations, material load, patients' profile, running frequency of sterilization device.
  - If a biological indicator result becomes positive, material and patient must be traced backwards. All sterile equipment delivered between last and previous indicator with negative reproduction must be checked, if any of them is used for a patient, patient must be monitored for infections.

Traceability of sterilization procedures

» At each stage of the sterilization procedures, in the scope of time, device, method, user and evidence based on control parameters, traceability must be ensured.

» Definitive information related to sterile material must be present in patients' file or who the material is used for must be recorded. If needed tracing back information about material usage for patient must be possible.

» Material records must include the following information:
  - Colour changes of indicators (User control record)
  - Information of sterilization date, method, device and cycle
  - Maintenance, fixing or calibration records of sterilization device
  - Device cycle records
  - Tests related to device (i.e. vacuum pressure loss test, bowie dick)
  - Biological indicator result
  - Information about who the material was received or delivered by
  - Information about stage and person who perform the procedure
  - Records of quality control for each stage

Drug Administration

Code	Standard	Code	Assessment Criteria
SH.İY.01.00	Institutions must ensure an efficent and safe drug administration.	SH.İY.01.01	A drug management structure that will provide an effective implementation of drug administration and coordination must be created.
		SH.İY.01.02	The basic and critical stages of all processes in the institution related to drugs, must be identified and their methods and rules must be determined.
		SH.İY.01.03	The right drug must be provided at the right time and an effective stock management for drugs must be provided.
		SH.İY.01.04	Drugs must be prepared and preserved in appropriate physical conditions.
		SH.İY.01.05	In the drug preparation and implementation stages, precautions for the patient and worker safety must be taken.
		SH.İY.01.06	Traceability of drug processes must be provided by using reporting infrastructures and related improvements must be done.

Goal

To minimize the risks to the patient and the worker in all processes that involve the drug, ensure that the processes are carried out effectively and efficiently

Objectives

- Patient Safety
- Efficacy
- Productivity
- Timeliness
- Healthy Work Life
- Patient Focused
- Convenience
- Sustainability

Standard Requirments

Management and Documentation

- The first steps in creating an effective drug management system in your organization are an active management design and sufficient documentation. Duties and responsibilities related to drug administration, of people within this management design must be defined and in order to improve competence of the stuff participating in all the steps, necessary educational opportunities must be provided by the institution.
- Documents of drug management must be created by considering the needs of the organization and critical processes. Documents which will be created must include the following topics:
  - Supply of drugs
  - Duties and responsibilities of the staff participating in drug management
  - Storage of drugs
  - Drug orders
  - Transfer of drugs
  - Preparation of drugs.
  - Drug applications
  - Control of the drugs that the patient has
  - Use and disposal of half-finished ampoules after treatment
  - Adverse effect reporting
  - Drug error reports and indicators for drug management
  - Hazardous drugs and methods of intervention in the event of an error
  - Tables of spesific drug groups in order to provide the drug safety

» Drugs with special characteristics should be determined by the institution in accordance with regulations. Institutions must use user informative methods (i.e. colored prints, warnings with sounds) to maintain efficient and safe usage of these drug groups.

» Below, are examples of specific drug groups:

- Pediatric Emergency Drugs
- Look alike medicines
- Sound alike medicines
- Psychotropic Drugs
- Narcotic Drugs
- Light Sensitive Drugs
- High Risk Drugs
- Concentrated electrolytes
- Medications that should not be used in pregnancy and lactation
- Drugs that require secondary follow-up

Communication in Drug Administration

The communication staff-wide and between patient and staff is significant in medicine management within the frame of patient safety. Thus, there needs to be efficient communication in the institution.

» It is necessary to organize trainings for staff to improve their awarness and information about drug administration.

» Patients shall be informed on the medicines that are applied to himself/herself.

» During health institution discharge of a patient, he/she or keeper must be informed about safe preservation and usage of medicines. The language that is used must be clear and explicit.

Supply of Drugs

» In institutions, the rules and methods of drug purchasing requests must be determined. Within the scope of these rules, the institution must define who can request a medicine purchase, the method of request and also by whom and how the request will be evaluated.

» The assessments on the determination of needs, supply requests and analysis of drug usage shall be taken into consideration while determination of medicine types and quantities is carried out.

Preservation of Drugs

Storage areas for medicines consist of pharmacy and unit storages (emergency unit, delivery room, operating room, etc.) in which the medicines are kept over 24 hours.

» The entrance to the storages must be limited with the responsible staff for safety and security reasons.

» Medicines must be stored in their suitable preservation conditions. To maintain these suitable conditions, institutions must met requirements and monitor values of systems such as air conditioning and light management. Measures should be taken to protect the cold chain in extreme cases such as power failure.

» It is also significant to prevent storage of any materials in the medicine storages and medicine refrigerators other than medicines and vaccines.

» The boxes of medicines are never to be placed on direct ground level, also the lowest shelf height must be placed in a way that the medicines will not be affected by flood.

» Location plans of storage areas and medicine refrigerators must be easy to use and reachable. Also storage location plans must be kept updated.

  • While the placement plan is being prepared, the specific drug groups shall be kept in separate places, drugs with similar pronunciation/spelling/appearance, must be stored far away from each other to prevent confusion.

» Institutions must take required storage measures about psychotropic and narcotic medicines in all facilities.

» Warning methods(i.e.labels) for high risk drugs must be efficiently used.

Drug Orders

The institution must determine all authorities, methods and rules for all phases of demands in comply with the legislations. Abbreviations are never to be used in the name of the medicines while ordering a medicine. The drug orders are basically divided into three groups:

- Application orders(oral/written/electronic) which are done for treatment, per patient
- Storage orders which are done by units
- Supply orders which are done for drugs with low-stock level or used up.

The demands that are transferred to treatment plan must include the following information:

- Full name of the medicine and pharmaceutical form
- Application time
- Dosage
- Application way
- Application duration

Transfer of Drugs

- Necessary precautions must be taken to prevent the breakages and spillages during the transfer of the medicines.
- Required equipment and tools for safe transfer of the medicine shall be provided by the institution. These equipment and tools may differ as per the quantity of the medicine to be transferred. (medicine boxes, forklifts and suchlike vehicles)
- The health staff who will transfer the medicines must be trained on safe transfer issues and intervention in case of breakages of hazardous medicines.

Preparation of Medication

- It is significant for the personnel works in a pharmacy responsible for preparation of the medicines are qualified.
- Additional precautions must be taken for the definition of the disunited packages (i.e. cut blister tablets). The expiry dates of the all prepared medicines must be controlled and the orders must be confirmed.

Application of Medicines

- Drugs should be prepared specifically for each patient in the drug preparation environment before application, carefully applied in the framework of the specified rules, and the application should be recorded.

» Application of the medicines must be carried by the personnel authorized to apply medicine (medical doctor, nurse) and patient and treatment information needs to be confirmed before the application. Patients must be monitored especially after the risky drug applications and it is necessary to be ready against any adverse effect that may occur. Noticed adverse effects must be registered and reported.

Control of Medicines That Come With Patients

» Processes for the management of the medicines brought by the patient must be defined.

» There mustn't be any medicine left near the patient, and the medicines that come with patient must be controlled.

» The medicines that are taken from the patient must be controlled and their expiry dates and physical conditions must be checked.

» The medicines the expiry date of which are over and the physical structure of which are changed, must be destroyed by informing the patient beforehand.

Traceability

» The traceability and continuation of the data obtained during all phases within the scope of information management systems are significant for the efficiency of medicine management system.

» It is necessary to establish the data base infrastructure to inform the authorities on the problems that may arise in any phase and this data base must be used efficiently.

» The problems on medicine management shall include minimum adverse effects and medicine errors.

» Adverse reactions should be recorded and reported to the pharmacovigilance system.

» Inaccuracies in drug-related processes should be reported to the relevant experts and improvements should be made to the identified error sources.

Patient Care

Standard 1

Code	Standard	Code	Assessment Criteria
SH.HB.01.00	Patient care processes must be implemented in accordance with patient needs and in a way that ensures patient safety.	SH.HB.01.01	Process in regard to patient care practices must be planned.
		SH.HB.01.02	The patient must be evaluated in terms of care needs.
		SH.HB.01.03	In accordance with evaluation results, care plan regarding inpatients must be prepared.
		SH.HB.01.04	Care plan must be revised considering the patient's clinical presentation and updated when it requires.
		SH.HB.01.05	Processes related to transfer to another healthcare institution or discharge of patient must be planned in a way that ensures continuity of care.
		SH.HB.01.06	Records which are relevant to patient care process must be complete, accurate and shall include required notes/warnings for patient's clinical trial.

Goal

All the patients getting service from the health institution must be provided with the same standard of care in each stage of the patient care process.

Objectives

- Patient Safety
- Convenience
- Timeliness
- Effeciency
- Continuity
- Equity

Standard Requirements

Explanation

Patient care includes the process passing from admission in a health institution to discharge from the observation unit and monitoring time of the patient after the discharge from the health institution.

Identification of Patient Care Processes

- With the aim of ensuring the effectiveness of patient care services to be provided, the care processes must be defined.

  This definition must include at least the following issues:
  - How when, and by whom the care service needs of the patient are going to be evaluated.
  - Care planning after the evaluation
  - Serving up the planned care to the patient.
  - Monitoring of the patient in order to understand the results of the care
  - Making changes about care when it is needed
- Determining of the patient's care service needs, care planning, all stages related to application and monitoring must be practised with a multidisciplinary understanding and in a cordinatet way by all members of care team. Relevant procedures must be documented in a synchronous way.
- The participation of patient/caretaker for care processes must be provided.

» It must be provided evaluation of the inpatients, care plan and the result of the follow- up care in a way that can be viewed by all employees.

Determination of Patient Care Needs

» The patient's care needs, they should be evaluated by medical staff are to give care service to patients, and for inpatient when they are admitted to the department, for outpatient in which department ambulatory health care is taken.

» All members of the care team should evaluate the patient in regard to his/her service field and should identify the care needs of the patient.

» During determination of patient's care needs; the patient history must be evaluated with a collective approach including physical examination, diagnostic test results and general situation of the patient with physical, mental and social aspects. The patient/relative of the patient must be included in this evalutaion.

Patient Care Plans

» Care plan includes patient care needs, goals in regard to these needs and evaluation of applications.

» Continuity of care is essential to patient care applications. Care plans must be prepared in a way to cover the entire period of time of patients getting health institutionized service.

» Any change or improvements (conditions similar to changes of the clinical status of patient and drug usage, or any intervention) that occur during patient care must be reflected to the care plan, and care plan must be updated if needed. Health care employees must be aware of updates of care plan.

» Processes carried out in the framework of patient care plans must be recorded concurrently.

Participation of Patient/Caretaker in Care Process

» The patient/caretaker's adaptation to institution/unit must be ensured. Patient/caretaker must be informed about the rules they must follow in the health institution, breakfast and meal times, use of phone, how they can contact health employeess, in what way they can get information about care services taken, etc.

» All people in care team that is involved with patient should approach patient/caretakers by considering their expectations, needs, and

values. In conversations with patients and caretakers there should be a positive dialogue.

- In all procedures to be performed, patient/caretaker must be informed about procedure by the one who will perform.
- Patient/caretaker must be informed about progression of care procedure in intervals determined by institution.
- In the event of risky procedures to be performed, patient must be informed about procedure by the one who will perform the procedure and patient's written consent must be taken.

Patient Trainings

- Patient / patient relatives should be trained to ensure continuity of care. Training content should cover these topics; patient rights, drug usage instructions, matters to be considered during care practices, discharge training, etc.
- The healthcare provider should evaluate the patient groups it serves and create supportive training programs for patients' current health problems (diabetes, hypertension, osteoporosis, nutritional disorders, etc.).
- These trainings should be started during treatment process, and should be continued periodically during discharge and after discharge.
- Patients should be encouraged to participate in trainings and their continuity should be ensured.

Transfering of Patient to another Health Institution

When it is decided that the patient whose observation period is completed but who needs treatment and follow-up or who needs further follow-up and treatment within the observation period to be transferred to another health institution in accordance with the determined care needs, the transfer procedures of the patients should be performed within the existing plan established by the health institution.

- Participation of patient/caretakers must be implemented during transfer and required information must be provided.
- Coordination with institution that patient will be transferred must be established before procedure.

» Information related to diagnosis/treatment, clinical status of patient, performed interventions must be transmitted precisely and completely during transfer.

Discharge of Patient

Procedures related to discharge of patient must be planned.

» The discharge plan should be made with the patient. Patient participation in the discharge process should be ensured. Patients, should be informed about post-discharge home care, drugs to be used, diet, physical activity, restriction of movement, control periods and contact information when necessary.

» Records of discharge must be kept.

» In prepared plan; actions must be determined for cases of existence of patients that leave health institution without consent of physician/ specialist or decline treatment.

» In spite of all the care / treatment services provided to the patient, in case of death of the patient, the procedures to be applied should be planned and defined by the health institution.

- Cultural and spiritual needs of patient and his/her family must be considered.
- Patient's family must be supported.

Patient Records

There must be required regulations for keeping patient records complete and accurate.

» Information about diagnostic practices done during patient care process with by who and when the practice is done must be included in the records. Also, these records must be accessible at future admissions of the patient.

» It must be ensured that information in patient files and records are complete and accurate.

» Date information must be in patient records.

» Patient records must be written in a readable and understandable manner.

» Alert notations, which have importance for patient's clinical trial must be included in the patient file.

Standard 2

Code	Standard	Code	Assessment Criteria
SH.HB.02.00	In the patient care process, implementation of right procedure for right patient must be ensured.	SH.HB.02.01	In all procedures to be made in patient care process, patient's identity must be verified.
		SH.HB.02.02	Identification methods must be used for implementation of identity validation.
		SH.HB.02.03	Patients and medical staff must be trained about verification of identity of patients.

Goal

To perform tasks to the right patient within the context of patient care practices during applying drugs, transfusion process, taking blood or other clinical test samples, all kinds of diagnosis, treatment or surgery processes.

Objectives

» Patient Safety
» Efficacy
» Efficiency
» Convenience

Standard Requirements

Patient Identity Verification

Identity verification can be defined as a set of practices consisting of ensuring that service user is the right person in a reliable way.

» At all processes between patient's admission for diagnosis/ treatment and leaving (before any test or process, drug/blood/

blood product applications and during patient transfer etc.) patient identity must be verified. Identity parameters may consist of following information:

- Patient's name and surname
- Date of birth (day/month/year)
- Father's Name
- Protocol number
- Information on up to four parameters must be found on the identifier.

Below, there are examples of methods to be used during the identity verification procedure:

- For inpatients;
  - √ Verbally asking patient about identity parameters that are available in patient records and confirmation
  - √ Comparison of patient records with the help of identity parameters written on patient's wrist band.
  - √ Verbally asking patient about identity parameters written in patient's wrist band and confirmation
- For out-patients;
  - √ Patient identity verification with photo ID control
  - √ Comparison of patient records or verbal questioning results with identity parameters on laboratory test sample container label
  - √ Verbally asking patient about patient's identity parameters on test request form and confirmation

The Use of Identifier

Identifier must be used for the purpose of identity verification. With this purpose

For Outpatients;

Official documents with picture containing patient's identity information

For Inpatients;

» Arm bands/bracelets

- Barcode systems
- Biometric systems (retinal/fingerprint scan, palm identity verification system, etc.)
- Other methods determined by health institution that can verify patient's identity

If arm bands/bracelets are used as identifier, following terms must be considered:

- White arm band/bracelet must be used for inpatients, a red one must be used for allergic inpatients.
- Arm bands/bracelets must include at least patient name/last name, date of birth, protocol number information.
- Information written on arm band/bracelet must be readable and permanent.
- During deliveries, pink arm band/bracelet for female babies , blue arm band/bracelet for male babies must be used.
  - If the arm band/bracelet is used, mother and infant arm band/bracelet with same serial number must be used.
  - White arm band/bracelet of the mother must be changed with determined arm band/bracelet according to the gender of the baby.
  - On baby arm band there must be at least information such as the mother's name/last name, baby's birth date (day/month/year), the mother or the baby's protocol number.
- Arm bands/wristband must be changed when the mother gave birth, an allergic reaction is detected and the arm band/bracelet lost its property.
- For patients whose ID is not certain, who have similar name, who lost their lives, have physical or medical disability for use of arm band/bracelet, have an allergy and giving birth, are twin babies and so on, processes related to patient identity verification must be defined.

Studies in regard to increase awareness of medical staff about sources of errors related to identity verification must be conducted, medical staff must be trained on identity verification.

Patients must be informed about the use of identifiers and the importance of identity verification.

Standard 3

Code	Standard	Code	Assessment Criteria
SH.HB.03.00	Precautions must be taken in order to prevent falls of patient.	SH.HB.03.01	The process in regard to prevention of falls must be planned.
		SH.HB.03.02	Inpatients must be evaluated in regard to risk level of falls.
		SH.HB.03.03	Precautions must be taken for the risk level of patients.
		SH.HB.03.04	Fall events must be monitored.

Goal

Prevention of patient falls and minimizing the risk of damage caused from falls in health institution

Objectives

- Patient Safety
- Efficacy
- Convenience

Standard Requirements

The health institution management must ensure the participation of all employees to activities in order to prevent the patient falls and must plan the system for fall prevention strategies in all units in a holistic way. This plan must include following information;

- How to determine risks (department/unit-based, patient/disease-based, etc.)
- How to evaluate risk levels of patients (to which patients risk evaluation will be conducted, which scale will be used for fall risk evaluation, how to define risk levels, etc.)
- What precautions will be taken in accordance with determined risks (patient/disease-based precautions, environmental precautions, etc.)
- Monitoring process for fall events (when, how and to whom the falls will be reported, how the results will be evaluated, etc.)

Evaluation of Fall Risk

- Inpatient fall risk evaluations to determinate of risk level must be carried out. Without carrying out an evaluation, babies with 0-3 years of age can be counted as at high risk directly and taking of necessary precautions can be achieved by health institution beforehand.
- Inpatient fall risk evaluation must be carried out by the relavant unit nurse followed by patient acceptance to unit. Risk evaluation must be renewed at patient's postoperative periods, a change in patient's condition and fall events.
- Fall scoring scales must be used for evaluation of inpatient's fall risk level. National and international scales such as Morse, Hendrich II, Itaki Fall Risk Scale, Harizmi Fall Risk Scale (for pediatric patients) can be given as examples. Precautions to be taken in regard to determined risk level must be planned.

Precautions Need to Be Taken in Regard to Fall Risks

According to determined risk level, patient, department and health institution-based precautions must be taken.

Patient-based precautions can be defined as general precautions to be taken in regard to patients risk levels, specific precautions for the patient, and the ones defined as specific to risk factors as a result of the risk evaluation.

» Minimum measures to be taken for high-risk patients are as follows:
  - High-risk patients must be identified by a four-leaf clover symbol. The four-leaf clover symbol must be used with the control and decision of the health institution in order to alert the employees working in all departments in which the patient stays or to which one the patient is transfered.
  - High-risk patients' care must be planned; protective precautions must be monitored.
  - High-risk patients' observation frequency must be determined.
  - Patient/caretaker must be informed in terms of fall risks.

» The following minumum precautions specific to the health institution environment (institution-based) must be taken:
  - Patient room must be made plain, there must not be unnecessary tools, materials and objects; adequate lighting must be provided in the room.
  - Patient beds must be positioned in a way that prevent patient falls.
  - Walking areas must be kept dry to prevent patient falls. There must be warning signs on slippery surfaces and there must not be objects and things that prevent the movement in walking areas.
  - For patients, there must be holding bars where necessary.

Monitoring Fall Events

» Fall events in health institution must be monitored, statistical analysis must be done, according to the results of analysis, necessary improvement activities must be conducted.

» Employees' submission of fall events to adverse event reporting system must be implemented.

Standard 4

Code	Standard	Code	Assessment Criterion
SH.HB.04.00	Effective communication between medical staff in terms of medical information flow must be implemented.	SH.HB.04.01	The process of employees's turnovers must be defined.
		SH.HB.04.02	Panic values notification process related to diagnostic procedures must be defined.
		SH.HB.04.03	Regulations in regard to verbal drug requests must be implemented.
		SH.HB.04.04	Regulations must be implemented for abbreviations, icons, symbols, and drug dose that should not be used.
		SH.HB.04.05	During patient transfer transmitting of patient's information accurately and completely must be ensured.
		SH.HB.04.06	Process in regard to implementation of internal and external consultations must be planned.

Goal

To prevent patient safety threats that come from communication problems between health employees.

Objectives

- Patient Safety
- Efficacy
- Effeciency
- Convenience
- Timeliness
- Productivity

Standard Requirements

Shift changes between employees, drug requests taken verbally or by phone, transmission of panic values of test results, abbreviations that must not be used, use of symbols and icons, patient transfer between units and internal/external consultations are important processes that effective communication should be ensured.

Shift Turnovers of Employees

Shift turnover processes must be defined in health institution. Terms mentioned below must be taken into account for turnover processes:

- Turnovers must be practised between at least two people as one for turnover and other for takeover.
- During turnovers, patient must be handed over by both information transfer via records and patient visit.
- During turnovers, all information in regard to patient care must be conveyed.

Panic Value Reporting

Panic value is clinical laboratory test result rates that may pose a risk to patient's health which patient's doctor needs to be informed of as soon as possible and also results that may require advanced diagnostic, therapeutic and/or prophylactic medical intervention.

When a panic value is detected, relevant medical staff must be informed about the result as soon as possible. Minimum requirements for panic value reporting are as following:

- Process related to panic value reporting must be planned. This plan must include what panic values are and how, by whom, and to whom they must be reported when these values appear.

» Panic test values must be reported to related medical staff as soon as possible.
  - In reports, individuals' names who are giving and is given the panic value report, date and time of panic value result must be recorded.
  - Panic value reporting by phone must be verified by back reading method

Verbal Request Application

Verbal request is defined as the doctor's conveyance of the request to the nurse in a verbal way in the obligatory cases which the physician can not give a written request.

» Verbal request application must be avoided as much as possible and its application must be limited except of necessary conditions

» In the event that there is no chance for written request and if verbal request is inevitable, verbal request must be taken within the framework of the following factors:
  - Health institution must determine clear rules about verbal requests.
  - It must be defined in which conditions verbal request can be used.
  - A mechanism for ensuring validity of prescribing, authorization must be provided,
  - While receiving verbal request, drug name, dosage, application type and frequency must be stated clearly.
  - Verbal requests must be verified immediately after they are taken. Validation must be done as following:
    - √ During taking verbal request, request is listened first.
    - √ Given request is recorded.
    - √ Then written request is reread and its accuracy is confirmed by the person who gave the request. The one taking request can read back for confirmation of request by following ways:
      - Spelling out drug name
      - Using both generic and trade names of drug names
      - Specify what purpose it can be used for

  - Not to use the numbers that can be mixed up during speaking
  - Avoding drug names that can be confused in terms of prefix and suffix aspects. For these, a method can be developed to help seperative spelling (such as Bursa to B)
  - If necessary, asking for a spelled repetition of drug name with drug (such as Bursa to B)
- If there is any correction, request is recorded again.
- All verbal request, must be rendered to written state as soon as possible, institution's medical records must be updated and request must be signed by the one giving request.
- In verbal request records it shoud be stated how (verbally, telephone, etc.) the request was taken.
- In verbal request records, patient's name and surname, age, weight, drug name, dosage form (tablet, capsule, inhalant etc.), dose, way of administration, amount and or time, name and phone number of the one giving the request must be included.
- High risk drugs determined by the health institution must be avoided at verbal requests.
- Nurses and doctors must be trained in regard to verbal request application.

Abbreviations that Should Not Be Used

» Abbreviations, symbols and tokens that should not be used must be determined by the health institution and listed.

» None of the Abbreviations, symbols and tokens in determined list must be used at any stage of the processes.

» Rules for the use of abbreviations outside the list must be defined.

» Drug requests must be done in a clear and precise way.

Communication at Patient Transfer

» Inter-unit patient transfer must be implemented by convenient transportation management (strecher, wheel chair etc.)

» A health care employee must accompany patient during transfer.

» During transfer, required personal and care process related information must be conveyed by involved health employees right and completely in an understandable way and through practical technics (Handover communication technics etc.)

Contact of Consultation Process

Process related to Intra- and extra-department consultation implementation must be planned at the institution. Minimum topics mentioned below must be addressed on the issue:

- How necessary consultation services for diagnosis and treatment is going to be provided must be determined.
- How records related to consultation will be collected must be determined.
- External diagnosis material consultation related process must be defined. (sample transfer, how to report the outcome of consultation, how to convey consultation report to patient and/or physician, etc.)
- Consultation process must be checked by relevant primary physician and patient care process must be re-evaluated in accordance with consultation.

Standard 5

Code	Standard	Code	Assessment Criteria
SH.HB.05.00	Control of patients who have the risk of giving harm to self or others must be ensured.	SH.HB.05.01	Patients must be evaluated for risk of giving harm to self or others.
		SH.HB.05.02	Precautions must be taken for determined patients.
		SH.HB.05.03	Process in regard to implementation of restriction of patients must be defined

Goal

Patients with agitation, confusion, aggression status and diagnosis of dementia, delirium or suicide attempt, some psychiatric patients are patient groups that have hight risk of giving harm to self and others. To prevent patient giving harm to self and others in cases of similar situations.

Objectives

- Patient Safety
- Convenience
- Continuity
- Health work life
- Timeliness

Standard Requirements

Patient's Giving Harm to Self and Others Risk Assessment

Inpatients who have risk of giving harm to self and others must be identified and related employees must be aware of the situation.

Measures to Be Taken

Measures to be taken must be planned for patients with risk of giving harm to self and others. The minimum measures to be taken are as following:

- Patients with high risk of giving harm to self or others must be observed more frequently.
- Arrangements must be made to provide healthcare employees an easy access to patient when needed.
- Patient's room must be environmentally safe. (Proper lighting, furniture, prohibition of accessory usage, secure windows etc.)
- According to the decision of physician, when minimum precautions aren't enough, movement restriction can be implemented for uncontrollable patients.

Movement Restrictions

According to the decision of physician, when minimum precautions aren't enough, movement restriction can be implemented for uncontrollable patients.

Limitation or movement restriction can be defined as ensuring physical activity control by limiting movement capabilities of some parts or whole body to prevent giving harm to self or others.

Patient restriction can be carried out both chemically or physically restraint.

Chemical restraint is described as keeping patient's movement freedom and behavior under control by using medical drugs.

Physical restraint is when there's a patient with high risk of giving harm to self or others, restriction of patient's physical movement manually by attaching materials or mechanical tools to patient's body that can't be easily removed by the patient.

- Patient restriction process must be defined for health institution. Definition must cover at least the following terms:
  - Types of restrictions and cases in which applicable
  - Implementation by order of physician, decision making of type and duration of restriction by physician.
  - Patient mobilization for long term restrictions at intervals that are determined by the physician.
- Restraining order must be included in treatment plan.
  - Treatment Plan must include the date and time of the restriction beginning, frequency of application controls, the date and time of the restriction termination.
- Decision on continuity of restriction must be reviewed at least once every 24 hours.
- The materials used must allow the patient to move while not disturbing blood circulation.
- Patients that can not be restricted must be defined. (Perfusion faliure was diagnosed, patients who had an amputation, patients with a fistula etc.)

- Restricted patient's privacy must be implemented.
- If possible, patient must be informed about restriction application, why this is done when it will finish and importance etc.
- If the patient movement restrictions are applied;
  - Equipment for movement restriction must be ready to use.
  - Status of the zone restrictions must be considered in terms of skin integrity and circulation during the application by health care worker.
  - Care needs of the patient must be evaluated and recorded in terms of nutrition, excretion, oxygen need, mobilization and hygiene.
  - Necessary care must be provided in accordance with established plan prepared for patient's care needs.

Standard 6

Code	Standard	Code	Assessment Criteria
SH.HB.06.00	Standardization of care practices for patient groups with specific conditions must be implemented.	SH.HB.06.01	Process in regard to patient groups with specific conditions and implementation of care service for these groups must be defined.

Goal

Standardization of unit-based care practices for patient groups who have specific conditions in framework of scientific principles and recognized approaches.

Objectives

» Patient Safety
» Efficacy
» Convenience
» Timeliness
» Fairness

Standard Requirements

Specific Patient Groups and Determination Processes for Spesific Group Oriented Practices

In terms of care, high-risk patient groups are defined within specific patient groups.

- Newborns
- Psychiatric patients
- Physical rehabilitation patients
- Geriatric patients
- Immune suppressed patients
- Allergic patients
- Patients who need nutritional support
- Neglected / abused patients can be evaluated in this group.

The health institution should define specific patient groups based on the area they serve, and care policies and procedures should be established for these patients.

» Processes related to specific patient care paractices must include at least the following issues:

- Service provision processes
- Environmental conditions of service provision areas
- Required equipment
- Special care practices and procedures

Determination of Custom Practices and Procedures for Spesific Patient Groups

Custom practices and procedures must be defined in accordance with care needs of specific patient groups.

An example of these special practices and procedures for obstetricians is given below.

- "Delivery Management Guide" must be used for delivery patients, and all deliveries excluding emergencies must be monitored by partograph or similar observation tools.
- Delivery process must be taken under control by using WHO "Safe Delivery Control List".

  Newborns must be observed in accordance with "Baby and Child Monitoring Protocol", observation counts and content within first 24 hours must be recorded. Observation of patient after delivery must be implemented in accordance with "Postnatal Care Management Guide", observation counts and content within first 24 hours must be recorded. Mother and baby must be observed after delivery for 24 hours if procedure is a vaginal delivery.

Radiation Safety

Code	Standard	Code	Assessment Criteria
SH.RG.01.00	Measures must be taken in order to provide radiation safety for patients, caretakers and employees.	SH.RG.01.01	A committee related to radiation safety must be established.
		SH.RG.01.02	The areas where there are radiation-emitting devices must be determined and protective measures regarding these areas must be taken.
		SH.RG.01.03	Rules of practice must be determined for procedures involving radiation.

Goal

To take measures to reduce radiation exposure of patients and employees in radiation zones.

Objectives

- Patient Safety
- Healthy work life
- Timeliness
- Employee Safety
- Efficacy
- Convenience

Standard Requirements

Radiation Safety Committee

A health institution committee must be formed in order to carry out radiation safety activities. This committee must carry out at least the following activities:

- Reducing risks generated at medical radiation practices
- Necessary planning for measures to be taken
- Decision making in terms of patient and employee safety evaluation by monitoring radiation sources
- Monitoring implementation of decisions

People responsible with tracing process or section-based activities aiming to provide radiation safety for patients and employees must be assigned by committee.

Individual responsible for ensuring the safety of radiation in health institutions where only one of the applications of nuclear medicine, radiation oncology and radiology is carried out should be determined, risks should be identified and precautions should be taken.

Radiation Areas

Some of the units with radiation at health institutions are below:

- Radiology units
- Dental x-ray units
- ESWL (stone breaking) units

Radiation zones must be defined according to practice features in institution. Radiation zones must be classified in accordance with radiation levels. Radiation/radioactivity measurements must be performed at regular intervals in radiation zones.

Protective Measures and Rules of Practice

Considering determined radiation zones' features, medical radiation practices and radioactive drug use; patient, caretaker and employee safety focused rules of practice must be determined. Measures must be taken to reduce radiation exposure.

Physical Arrangements

- For regulatory purposes, licensing process must be implemented by authorized agencies or institutions.
- Shielding must be done in zones with radiation sources.
- Warning signs must be placed in radiation zones.
- Appropriate ventilation conditions must be provided in radiation zones.
- Physical arrangements must be planned in a way that ensures keeping patients, caretakers and employees as far from radiation source as possible in medical radiation practices. Waiting rooms must be outside the radiation zones.
- Necessary measures must be taken to ensure radiation safety in surgery rooms with fluoroscopic devices.
- Measures to be taken in case of accidents which threats radiation safety must be determined.

Arrangements for Patients and Caretakers

- Patient's use of necessary protective equipment must be ensured.
- Only part of the patient's body to be imaged must be exposed to radiation.
- Within framework of measures to reduce radiation exposure, patients' stay duration in imaging rooms must be as low as possible.
- Inquiries about the pregnant woman or pregnancy suspicion must be made in request and application period separately.
- If it is obligatory to irradiate a pregnant woman or a woman with suspected pregnancy, they must be informed about radiation safety and protective measures must be taken.
- Patients must be informed of points to be careful before a specific procedure, and implementation must be checked by healthcare employees.
- Arrangements must be established to ensure patient comfort and privacy at all stages of medical irradiation and treatment. (Preparation room/cabin for patients' use, cover for patients' use during imaging, etc.)
- In imaging for children, measures must be taken in order to reduce exposure, and imaging repetition must be kept at minimum.

- Doors of imaging unit must be kept closed during radiation procedures.
- Caretakers must not be allowed into imaging area unless it's necessary, and they must use protective equipment if they are needed to be inside.
- Arrangements must be done so that patients can rest after interventional procedures. Necessary arrangements must be done in the scope of legislation for patients who use radioactive medication and patients/ caretakers must be informed of points they should be careful about.
- Calibration and quality control tests of radiation-emitting devices must be performed in accordance with their frequency of use.
- Processes regarding diagnosis and treatment procedures involving radioactive material use must be determined.

Regulations for Employees

- Employees must use protective equipment.
- Radiation protections must be inspected. (at least once a year and when necessary)
- Employees' personal dosimeter usage must be ensured.
- Necessity for personal dosimeter use in surgery rooms with fluoroscopic devices must be determined by radiation safety committee.
- Dosimeter results must be monitored, evaluated and improvements must be implemented when necessary.

Laboratory Services

Standard 1

Code	Standard	Code	Assessment Criteria
SH.LH.01.00	Laboratory physical environment must be established in a way that ensures test and employee safety.	SH.LH.01.01	In laboratory, designated areas for acceptance of samples, preparation prior to analysis, reporting of results after analysis must be arranged in a way that ensures safety of samples and tests.
		SH.LH.01.02	In all areas of laboratory, a healthy work environment must be ensured.

Goal

To create a working environment for laboratory employees and establishing physical conditions in a way that ensures appropriate delivery of patient materials, storage, analysis and test result reporting in laboratory

Objectives

- Patient Safety
- Healthy Work Life

Standard Requirements

- In Laboratory; required zones for processes such as acceptance of samples, pre-analysis preparation, during and post-analysis storing, archiving and reporting of results, required physical conditions (zone size, planning for efficient and safe use, zone temperature, humidity, ventilation conditions, regulations for entry, exit and emergency situations etc.) must be determined.
- To ensure determined conditions for these zones, necessary checks must be done and observed.
- Supply and usage in appropriate conditions of required equipment for test and employee safety in laboratory must be ensured.

Standard 2

Code	Standard	Code	Assessment Criteria
SH.LH.02.00	A test guide must be prepared for informing of healthcare workers responsible with out of laboratory processes.	SH.LH.02.01	A guide including general information on tests being performed in laboratory, rules about extraction, transfer, acceptance of samples, test methods, reporting of results and interpretation must be prepared.
		SH.LH.02.02	Guide must be accessible by health care professionals.
		SH.LH.02.03	Related healthcare staff must be informed about the use of guide.

Goal

To ensure test process related employee informing in a correct and efficient way, and access to necessary documents in purpose of ensuring test safety at out of laboratory processes.

Objectives

- Patient Safety
- Efficiency
- Efficacy
- Productivity

Standard Requirements

An informative guide for process between test request and use of result for patient's benefit must be prepared and be available to relevant employees.

Preparation of Test Guide for Laboratory

- A test guide in accordance with scientific data, that reflects its unique conditions, consisting of all performed clinical samples must be prepared.
- Laboratory test guide must contain at least up to date information about following topics:
  - General information on laboratory tests carried out
  - Taking samples
  - Transfer of samples
  - Rules regarding acceptance of laboratory samples
  - Test methods
  - Possible interference and cross reactions
  - Information on reporting and interpretation of results
  - Other specific test explanations
- Laboratory test guide must contain general working principles of laboratory and information on clinical processes out of laboratory; also in guide, special explanations for tests must be addressed if needed.

Laboratory Test Guide Accessibility and Informing

- Up to date version of test guide must be accessible at all points between test request and use of test result for patient's benefit.

» Relevant employees must be informed about how to access and use test guide.

Standard 3

Code	Standard	Code	Assessment Criteria
SH.LH.03.00	Check of pre-analysis laboratory processes must be implemented.	SH.LH.03.01	Rules and procedures between test request and analysis must be defined.
		SH.LH.03.02	Rules regarding test requests must be determined and information and guidance provision for related physicians must be ensured.
		SH.LH.03.03	Training must be provided for related healthcare staff about extraction, transfer, acceptance of samples and pre-analysis preparation.

Goal

To ensure laboratory test accuracy and reliability by taking processes between test request and analysis under control.

Objectives

- Patient Safety
- Efficacy
- Efficiency
- Productivity
- Convenience

Standard Requirements

These standard requirements cover before and during pre-analytical process.

Test Request

- Information and guidance support must be provided by laboratory in regards to ensure clinicians to make correct test request, by using tools such as providing information on indications in test guide, verbal briefings, training etc.
- Physician responsible with clinical trial of patient must fill required information completely during test request. If needed, patient's specific information which may affect clinical interpretation must be provided.
- Relevant clinicians must provide necessary support to laboratory specialists about determination of tests to be performed.

Sampling

- At diagnosis and planning treatment of patients, rules regarding taking samples for tests excluding urgent ones must be determined considering requirements such as disease stage, circadian rhythm and effects of hunger etc.
- Sufficient information regarding self-sampling must be provided when task is needed to be performed by patient.
- Sample date must be correctly recorded.
- Request, taking sample, sample acceptance or rejection must be recorded on information management system (IMS) as separate stages and must be viewable by authorized users.
- Training must be provided for employees involved in sampling process.

Sample Transfer

- Informing must be done about issues such as transfer containers to be used during sample transfer to laboratory, transfer method (manual methods, pneumatic system etc.), appropriate sample position and transfer temperature.
- Maximum acceptable sample transfer durations must be determined.
- Training must be provided for assigned employees about performing transfer task using correct method and in determined duration.
- Physician responsible with patient's clinical trial and other health employee must follow rules regarding sampling and transfer.

Sample Acceptance and Analysis Preparation

- For purpose of tests to give reliable results, regulations must be done regarding convenience evaluation of samples delivered to laboratory and sample acceptance/rejection.
- In records regarding sample acceptance/rejection, date, time, unit which the samples are sent from, by whom it was accepted/rejected, reason of rejection(if the sample is rejected) must be included.
- Laboratory samples must not be processed before acceptance.
- Acceptance or rejection of samples must be done through information management system.
- Training must be provided for relevant employees about how acceptance and rejection procedures are carried out.
- Analysis must be carried out regarding rejected samples, considering reasons for rejection and unit information where rejected sample is taken. Required corrective and preventative actions must be implemented.
- Rules regarding pre-analysis sample procedures on test basis must be determined and related training must be provided for relevant staff.

Standard 4

Code	Standard	Code	Assessment Criteria
SH.LH.04.00	Check of analytic processes related to laboratory tests must be ensured.	SH.LH.04.01	Rules and procedures between analysis and verification of result must be defined.
		SH.LH.04.02	Rules must be determined for the safe and effective use of devices in laboratory.
		SH.LH.04.03	Quality control studies related to reliability of test results must be implemented.

Goal

To ensure continuity of quality improvement activities regarding laboratory analytical processes and patient safety.

Objectives

- Patient Safety
- Efficacy
- Efficiency
- Productivity
- Continuity

Standard Requiremnets

Laboratory analytical process covers the following topics:

- Performing tests
- Device Management
- Quality Control Activities

Performing Tests

- Informative and comprehensive documents must be created in a way that consist all stages of performing test process for purpose of ensuring standardization of performing test process and taking performing process under control.
- These documents must include at least the following sub-processes :
  - Definition of cleaning, maintenance, repair and calibration processes related to devices to be used in test process
  - Preparation and control of kits/materials to be used
  - Test calibrations, internal and external quality assessment activities
  - Methods regarding test performance process
  - Possible interferences (eg: hemolysis, lipemia, bilirubinemia, drugs) and cross reactions

- Result approval
- Internal and external consultation processes if available

» Document must be revised when there is a change in testing process.

» Training must be provided for employees about document and revisions.

Device Management

» Arrangements regarding control and safe use of all devices and equipment that are used in laboratory test process must be implemented.

» Identifying information must be recorded for the devices. These records must include at least the following information:

- Device name
- Device brand and model
- Date of production and start of service
- Serial Number
- Representative company information

» A file that contains information about device's testing process must be prepared, information in the file must be ensured to be up to date and understandable by employees. This file must include at least the following information and documents:

- User Guide or removable media device containing guide (CD, DVD etc.)
- Test or calibration records and certificates of device (Optional)
- Quality control results (Optional)
- Device maintenance forms
- Failure notification forms
- Company contact information
- User training certificates

» Training must be provided for device users about use of device, maintenance/cleaning of device, most frequently encountered problems during use and how these problems must be overcome.

» Records on device failures, failure notifications and repair processes must be kept.

Quality Control Activities

Quality control activities are implemented actions for purpose of ensuring reliability of test procedure under administration of laboratory specialist, testing and keeping under control that tests give results in convenience with expected aim.

Internal Quality Control Activities

- Sample features used in internal quality control activity must be similar to or same with routine patient samples. Samples must be processed in same procedure by using same methods.
- Internal quality control test levels and testing period must be determined in accordance with test type by taking test directions or international guidelines as basis.
- In the event of a change in test process or after device failure/maintenance/ calibration, internal quality control activities must be carried out.
- Which values are going to be accepted must be determined regarding internal quality control results. Corrective/preventive actions must be taken for inconvenient results.
- If there are inconvenient results in internal quality control activity, patient samples must not be processed.
- Internal quality control results must be recorded electronically or in hard copy. In order to ensure traceability of activity in these records, date/time information, test results, results obtained from corrective/ preventative actions for inconvenient test results must be included.
- Training must be provided for employees on internal quality control process.

External Quality Assessment Activities

Which tests are to be included in which external quality program must be determined and external quality assessment must be conducted in compliance with working conditions that after-subscription program requires.

External quality assessment activities must be carried out considering terms below:

- External quality assessment test sample must be processed in same routine patient sample procedure by using same methods.
- Remaining sample from external quality assessment must be stored in appropriate conditions until test conclusion.
- Assessment results sent by external quality assessment program must be evaluated by a laboratory specialist.
- If assessment results are inconvenient, related root cause analysis and necessary improvement actions must be carried out.
- External quality assessment results, who it was evaluated by, root of problems (if exists) and related corrective/preventative actions taken must be recorded.

Standard 5

Code	Standard	Code	Assessment Criteria
SH.LH.05.00	Check of post-analysis processes related to laboratory tests must be ensured.	SH.LH.05.01	Information which is required to be in result reports must be determined.
		SH.LH.05.02	Reporting of test results timely and accurate must be ensured.
		SH.LH.05.03	Rules for interpretation of test results and clinical suggestions in reports must be determined.
		SH.LH.05.04	Process of safe and effective reporting panic/critical values must be defined.
		SH.LH.05.05	Rules related to preservation and archiving of leftover biological materials, uncompleted analysis samples and reports must be determined.

Goal

To take necessary measures in test processes that take place after results' approval for ensuring use of results for patient's benefit and patient safety.

Objectives

- Patient Safety
- Convenience
- Continuity
- Efficacy
- Timeliness
- Patient-Focused

Standard Requirements

Out of laboratory processes that take place after results' approval consist of during and after post-analytical processes. These processes cover reporting of patient's test results and use of results for patient's benefit.

Patient Test Result Reports

- Minimum information to be included in test result reports must be determined by laboratory.
- At least following parameters must be included in the patients test results reports:
  - Health institutions name
  - Name of the laboratory in which test is conducted
  - Patient name, surname
  - Clinician's name and surname who ordered the test
  - Order date and hour
  - Sample name
  - Test name
  - Date and time of sampling

- Date and time of acceptance to laboratory
- Result value unit
- Reference range/value
- Date and time of result's approval

» Clinicians' opinions and suggestions on design of the result reports must be considered. Report format must be designed dynamically with ability that limitations of samples and interpretation of laboratory specialist can be integrated as needed.

» Minimum requirements of test completion time and informing on these periods are as following:

- Test completion time must be determined separately for emergency and other tests considering health institution conditions, needs and scientific requirements.
- When determining completion time; considering tasks such as maintenance and cleaning of device, quality control activities, determination of optimal time must be taken as basis on not the minimum. For emergency tests, considering patient's clinical condition, minimum test completion time must be taken as basis.
- Health care employees must be informed about determined time periods.
- Patients must be informed about the time of obtaining results.
- How to carry out informative activities must be determined when a change occurs. (Equipment failures, automation issues, etc.)

» In framework of determined rules by laboratory and in cases when needed, Information and guidance support for clinicians must be provided regarding interpretation of results. Here are a few practices that can be addressed within the scope of information and guidance support concerning interpretation of results:

- Reference ranges, decision limit
- Notification of test results with panic/critical values on time
- Including information about processing method in test guide
- Providing clinician access to measurement uncertainty information when needed

- Adding laboratory specialist interpretations and recommendations
- Additional test practices
  - √ Performing a pre-defined test (by clinician or laboratory specialist) added to system when a test results in a determined range (reflex tests)
  - √ Recommended patient-specific tests which are advised by laboratory specialist related to evaluation considering patient's clinical condition and test results. (reflection tests)
- Showing traceability of laboratory processes about sample and test at final report (minimum time parameters)
- Discussing test results, diagnosis/treatment processes of specific cases at regular meetings (with participation of clinical and laboratory staff)

» Issues to be considered on interpretation of results are as following:

- Authority of adding explanatory text/comment must belong only to relevant laboratory specialist.
- Laboratory specialists must be careful about knowledge that is used in this field for being evidence-based, adequate and up to date.
- Becoming complicated of final reports using unnecessary information must be avoided.

Panic/Critical Value Notification

» Panic values for tests and rules for panic value notification process must be determined. At this step, following terms must be determined:

- Which tests are included for panic value application
- Which values are to be accepted as panic values on related tests
- What notification rules are going to be in case of presence of a panic value
- Whether related test will be repeated or not for test results with panic values and whether resampling will be requested or not
- How to set up test-based processes related to panic value results that repeat for the same patient

- Comments of clinical specialists must be obtained when determining panic values and it must be considered that panic value list can differ according to clinical specialty.
- Determined panic values must be defined on information management system.
- In the event of a panic value presence, a warning system must be established on information management systems to enable laboratory employees notice the panic value.
  - Panic values for manually performed and manually entered test results must be defined on IMS.
  - Warning system must be established in a way that can be noticed by laboratory employee before test result's approval.
- When panic value is noticed, notification of patient's physician or nurse must be done urgently in accordance with determined rules.
- Records related to panic value notifications must be kept. These records must include at least the following information:
  - Patient's name and surname
  - Protocol number
  - Unit
  - Test name
  - Panic value result
  - Date and time of test result
  - Person who performs panic value notification
  - Person who is informed of panic value
  - Date and time of notification

Archiving

- According to laboratory types and test profiles, how and for how long remaining biological materials from test samples are to be stored must be determined considering test repetitions regarding patient safety and legal processes.
- According to laboratory types and test profiles, rules regarding storage and archiving of completed analysis samples and reports must be determined.
- A practical and traceable method must be used for archiving.

Standard 6

Code	Standard	Code	Assessment Criteria
SH.LH.06.00	Traceability of the processes related to laboratory tests must be ensured.	SH.LH.06.01	Records must be kept in regards to ensure traceability of samples and tests in all processes.

Goal

To ensure test processes' traceability for obtaining data related to analysis and improvement of laboratory processes.

Objectives

- Efficacy
- Timeliness
- Patient Safety
- Efficiency
- Continuity

Standard Requirements

- Traceability of taken sample and test must be ensured in laboratory records at all stages between pre-analytical and post-analytical processes.
- In **laboratory information management system**, at least the following entries about testing process must be included:
  - Patient's name and surname
  - Protocol number
  - Request date and hour
  - Physician's name, surname and unit who made the request
  - Sample type

- If necessary, body part which sample was extracted from
- Sampling date and time
- Date and time of sample acceptance to laboratory and by whom it was accepted
- If available, test repetitions and results
- Date and time when result is approved
- Name and surname of employee and laboratory specialist who has approved result

» Pre-analysis, analysis and post-analysis processes of laboratory tests must be monitoring on IMS.

» Integration of tests that are executed via service procurement method as part of laboratory tests and the institution's information management system must be provided.

Standard 7

Code	Assessment Criteria
SH.LH.07.00	Use of Bedside Test Devices (BSTD) must be regulated.

Goal

To provide the control and safety of tests conducted with bedside test device.

Objectives

» Patient Safety
» Efficacy
» Efficiency
» Continuity
» Timeliness

Standard Requirements

- Responsible in the departments in which BSTD is used must be identified.
- Inventory of BSTD must be hold.
- Maintenance and cleaning of BSTD must be performed.
- Quality control tests for BSTD must be practiced and recorded.
- In case discordance is detected in the results of quality control, corrective and preventive actions must be started.
  - In case the device is out of use, alternative device or method to be used must be defined.
- Personnel that will use BSTD must be trained. The training must include the following topics at least:
  - Points to take into consideration in the preanalytic, analytic and postanalytic stages of the test
  - Evaluation of calibration and quality control results
  - Cleaning and maintenance of device
- All studied test results studied in BSTD must be recorded in the patient file.

Safe Surgery

Standard 1

Code	Standard	Code	Assessment Criteria
SH.GC.01.00	Patient safety must be ensured in surgical interventions.	SH.GC.01.01	Precautions regarding patient safety before, during and after the surgical intervention must be taken.

Goal

To ensure patient safety solutions of WHO and international protocol convenience of surgical operations in in safe surgery which has a significant place in terms of preventing medical errors.

Objectives

- Patient Safety
- Patient Focused
- Efficacy
- Efficiency
- Fairness

Standards Requirements

Documentation

Health institution must document procedure steps and rules related to safe surgical processes. In documents, at least following terms must be mentioned:

- Rules related to surgical processes
- Parameters related to operation room environment
- Entrance and exit rules for operation room
- Drug, material and device management in operation rooms

Informing Patient and Receiving Consent

- Patient must be informed verbally by surgeon and anesthetist about surgical and anesthetic interventions. By this informative procedure, patient must have information regarding disease and treatment, offered operation and its risk and when, where and by whom the operation will take place.
- After giving the right to decide on his/her own freely to the patient, consent form which shows that patient accepts offered surgical intervention and anesthesia method must be signed by patient.

Marking Surgical Area

Before surgical intervention, surgical area must be marked. Terms mentioned below must be taken into account in marking surgical area:

- Marking must be done by the person who is going to conduct intervention or one of the intervention crew doctors. Marking must be done before transferring patient to operation room.
- For conscious patients, marking process must absolutely be done when the patient is conscious and area to be marked must be confirmed by patient.
- Marking must be done with a method that has been defined before, in a clear and comprehensible way.
- Area that is to be operated must be marked. If there are more than one areas, all of them must be marked.

- Marking must not be erased easily. Marking must not be erased when cleaning operation area.
- Marking must not be done at or close to the operation area and must be clear.
- Contraindications regarding marking surgical area must be defined by health institution. How confirmation process will take place must be defined in case of a contraindication presence.

Safe Surgery Checklist

"Surgical Safety Checklist" which was created by World Health Organization(WHO) was uniquely developed for Turkey in 2009 and put into practice as "Güvenli Cerrahi Kontrol ListesiTR".

Surgical Safety Checklist consists of 4 sections:

1. The period before patient leaves clinic (before leaving clinic)
2. The period before anesthesia is inducted (before anesthesia)
3. The period after anesthesia is inducted and before surgical incision is conducted (before skin incision)
4. The period before patient leaves operation room, during wound closure or just after wound closure (before leaving operation room)

- Responsibilities regarding applying the checklist must be defined for all phases and Surgical Safety Checklist must be implemented effectively.
- All steps must be checked verbally in order to ensure that key activities are implemented. Person that applies checklist must check whether mentioned tasks are completed or not at all phases and if completed, he/she must allow progressing to the next phase.
- Surgical Safety Checklist must be archived in patient's file.

Patient Transfer

- Patient identity must be verified in every stage of the transfer (operating room, recovery room, observation unit) and patient transfer must be completed with related paperwork and records.
- Precautions must be taken for the safety of transfer. Patient must be transferred in company with health employee.

Control and Safety of Personal Belongings and Prosthesis

- Process regarding delivering valuable belongings and removable prosthesis of patient before the operation must be defined.
- Process regarding securing the belongings of patient must be defined.
- Last control for irremovable belongings or prosthesis must be done by the operation staff.

Preparations Before Surgery

- Patient must be reviewed by anesthesiologist and reanimation specialist and according to the condition; anesthesia method and necessary premedication must be planned.
- Necessary preparations before planned and urgent operations must be defined and planned.
- In cases where it is considered that there is a bleeding risk in preoperative period, planning must be done regarding blood or blood products. Within this plan, blood and blood products that may be needed during the surgery must be accessible.
- Medicine and materials that are going to be used in the surgical operations must be provided and necessary controls must be done. Related devices must be ready for use.
- Patient and caretaker must be informed about preoperative preparations and key points. Health personnel must control the necessary preparations.

Anesthesia Applications

- The patient should be evaluated by the anesthesiologist and reanimation specialist in the preoperative period, according to which anesthesia method and necessary premedication should be planned.
- A checklist should be used to ensure the safety of anesthesia applications.
- The anesthesia safety checklist should be kept in the patient file .

Surgical Prophylaxis

Surgical prophylaxis guide must be formed within the framework of smart antibiotic use principles. Committed practices must be monitored within this guide and if necessary, improvement actions must be carried out.

Care After Surgery

- Rules regarding taking the patient out of operation room after the surgery, recovery unit and/or intensive care unit must be defined.
- All records must be kept at all phases and information and files related to the patient must be transferred to the next phase safely.
- Patient must be monitored closely in the postoperative period, observations regarding complications and risks that may threaten patient safety must be planned and these observations must be recorded.

Safety of Tissue Taken for Diagnosis

Regulations regarding correct labeling of tissue samples taken during surgical interventions for diagnosis and delivering them to related laboratories must be implemented. Training must be provided for related staff regarding securing the safety of tissue sample.

Records

All files of surgical intervention must be kept complete and correct for assisting care and treatment's safety and continuity.

SURGICAL SAFETY CHECKLIST TR

Patient Name	
Procedure Site	
Procedure Date	

I. Before Leaving Clinic

1. Patient has confirmed
☐ Identity
☐ Site
☐ Procedure

2. Patient Has signed the consent form
☐ Yes

3. Hunger State
☐ Hungry ☐ Full.....

4. Applied surgery site hair removal
☐ Yes ☐ No.....

5. Patient has make up/nail polish, prothesis, valuable belongins on
☐ Yes ☐ No.....

6. Patient's clothes were taken off and surgery apron/bonnet has been put on.
☐ Yes ☐ No.....

7. Special procedure required before surgery
☐ Enema ☐ Urinary Catheterization
☐ Varicose Stockings ☐ Special Treatment Protocol
☐ Other No

8. Special materials, implants, blood and blood products which are needed for operation are ready to use
☐ Yes ☐ No.....

9. Needed laboratory and radiology test results exis
☐ Yes

Responsible:
Name-Surname, Signature

II. Before Induction of Anaesthesia

10. Patient has confirmed
☐ Identity
☐ Procedure
☐ Site
☐ Consent

11. Surgery site has marking
☐ Yes ☐ Unsuitable for marking

12. Anaesthesia Safety Check List is completed
☐ Yes

13. Pulse oxymeter device is put on and operational
☐ Yes
☐ Risk evaulation of patient

14. Does patient have a known allergy?
☐ No ☐ Yes

15. Surgery room has needed medical imaging devices
☐ No ☐ Yes

16. Risk of blood loss more than 500 ml
☐ No
☐ Yes; suitable vein access and solutions are planned.

Responsible:
Name-Surname, Signature

III. Before Skin Incision

17. People in team introduced themselves with their name and tasks
☐ Yes

18. A team member verbally confirmed patient's identity, procedure and site
☐ Yes

19. Are critical events reviewed?
☐ Approximate operation duration
☐ Expected blood loss
☐ Unexpected events during procedure
☐ Possible anaesthesia risks
☐ Patient's position

20. Prophylactic antibiotics reviewed
☐ Applied in an hour prior to skin
☐ incision.
☐ Unavaible

21. Materials/equipment to be used are ready
☐ Yes ☐ No

22. Sterilization of materials/equipment are convenient
☐ Yes ☐ No

23. Blood glucose check is needed
☐ Yes ☐ No

24. Anticoagulant is used
☐ Yes ☐ No

25. DVT(Deep Vein Thrombosis) Propylaxis is needed
☐ Yes ☐ No

Responsible:
Name-Surname, Signature

IV. Before Leaving Operating Room

26. Terms confirmed verbally
☐ Patient,
☐ Completed procedure,
☐ Procedure site

27. Equipment, sponge/compress and needle counts are conducted
☐ Yes/Complete ☐ No

28. On taken tissue sample labels
☐ Patient Name is correct
☐ Site where sample is taken is written

29. Post-operational critical requirements are reviewed
☐ Anaesthesist Recommendations:

☐ Surgeon Recommendations:

30. Unit that patient is going to be transferred to, is confirmed
☐ Yes

Responsible:
Name-Surname, Signature

*Each department should be checked and marked by voice by the relevant responsible.

Standard 2

Code	Standard	Code	Assessment Criteria
SH.GC.02.00	Operation room conditions must be proper for safe surgery.	SH.GC.02.01	Rules regarding operation rooms must be determined.
		SH.GC.02.02	Operation rooms must be organized in a way that ensures patient and employee safety.
		SH.GC.02.03	Management of drugs, materials and devices must be implemented.
		SH.GC.02.04	Precautions regarding continuous electricity must be taken.

Goal

To regulate operation room rules in order to ensure patient and employee safety.

Objectives

- Patient Safety
- Efficiency
- Efficacy
- Healthy Work Life

Standards Requirements

Operation Room Areas

- Operation room areas must be categorized at least into three according to physical feature of the areas, operations carried out in these areas, working conditions and rules. These areas must be defined as shown below:

- **Sterile (First) Area:** Where operation rooms and surgical hand washing are done.
- **Clean (Second) Area:** Places between sterile and nonsterile areas. Sterile area must not be open to non-sterile one without a barrier between them.
- **Non-sterile (Third) (Non-clean/Dirty) Area:** Connects other parts of the operation room.

» These defined areas must be separated from each other and rules according to each area's features must be defined. Rules regarding patient and employee entrance to and exit from operation room must be planned.

» Cross-domain transitions must comply with national and international rules and norms.

» There must be areas where caretakers can wait. These areas must be ergonomic and comfortable.

» Regulations to ensure caretakers' being able to receive information must be implemented.

Operation Rooms

» Operation rooms must have enough space that enables surgery crew to change clothes in a sterile way, patient to be covered in a sterile way and anesthesia crew to work freely.

» In operation room; surfaces of floor, ceiling and wall must be smooth, there must be no crack on surfaces; door, window, wall joints must be straight and ledgeless. Materials used in walls, ceiling and floor of operation room must be suitable for disinfection and cleaning with antibacterial features.

Ventilation Conditions

» Ideal temperature and humidity of operation areas must be defined and controlled. Heat and humidity must be adjusted separately in all operation rooms.

» In sterile areas, ventilation systems with HEPA filter must be used.

- In the operation rooms, air current must be from the sterile area to nonsterile area (positive pressure ventilation)
- Operations such as orthopedic prosthesis surgeries and open heart surgeries that have a high surgical area infection risk must be carried out in rooms with laminar ventilation.
- Ventilation systems must complete at least 15 filtered air exchanges per hour and at least 3 of these (20%) must be with clean air.
- Periodical measurements regarding detecting number of particles in the operation room must be conducted and results must be evaluated by authorities. Records of these measurements must be kept.
- Maintenance of ventilation system must be done regularly and when needed, filters must be changed.

Medical Gas Systems

Medical gas pressure measurement must be regularly checked from indicators on medical gas board and anesthesia device in the operation room, maintenance and controls of medical gas system must be done regularly.

Management of Drugs, Materials and Devices

- Plans regarding management of devices used in operation room must be formed. There must be an inventory record consisting of all devices and their periodical maintenance and calibrations must be done regularly.
- Devices must be checked technically before operations and the ones suspected to have failure must not be used.
- There must be sufficient number of plugs connected to uninterrupted power sources that will supply energy until generator starts in the cases of power cut. Medical devices that must not interrupt operation must be connected to these plugs. Uninterrupted power supplies must be checked and their maintenance must be done regularly.
- Sterile materials accepted to the operation room must be checked (expiration date, safety of the package etc.). Rules regarding packing and keeping materials sterile must be followed.
- Efficient management of drugs used in operation room must be ensured.

Emergency Health Services

Standard 1

Code	Standard	Code	Assessment Criteria
SH.AS.01.00	Facilitating structural arrangements for service in emergency units must be implemented.	SH.AS.01.01	Emergency unit processes and the rules for these processes must be identified.
		SH.AS.01.02	Precautions regarding facilitating access to emergency unit must be taken.
		SH.AS.01.03	Physical units of emergency unit must be organized in a way that ensure patient and employee safety conditions and effective service provision.
		SH.AS.01.04	Precautions regarding security in emergency units must be planned.

Goal

To establish structural emergency unit regulations regarding increasing effectiveness, efficiency and ensuring patient safety.

Objectives

- Efficacy
- Efficiency
- Patient Safety
- Health Work Life

Standard Requirements

Documentation

In the documents about the emergency unit processes, at least issues below must be addressed:

- Structural arrangements of emergency unit
- Management of drugs, materials and devices
- Patient admission to emergency unit process
- Examination, intervention, diagnosis and consultation processes
- Transfer, health institutionization and discharge processes
- Poisoning cases
- Judicial cases
- Risk management in emergency unit

Access to Emergency Unit

Fast and safe access must be facilitated for patients who need emergency help. In this regard issues below must be taken into account:

- There must be signs to make access to emergency unit easy.
- Emergency entrance sign must be visible outside of the institution.
- Ambulance entrance ways must be wide enough to let ambulances approach and manoeuver.
- In order to prevent being effected from bad weather conditions, emergency unit entrances must have carriage porch.

Architecture and Physical Areas of Emergency Unit

- In the architecture of emergency units, safety, traceability, simplicity, flexible modular structure and privacy must be taken into consideration. In architecture design, at least following topics must be included:

- Access to diagnostic departments must be easy and if possible, they must be on the same floor with emergency unit.
- Emergency unit must have facilitating features for disabled people.
- Emergency areas must meet temperature, humidity, ventilation and lightning requirements of patients and employees.
- Waiting room must be big enough for patients' relatives in emergency unit and these areas must be comfortable and ergonomic.

» Areas in emergency units where interventions and treatments are applied must be designated. In emergency units, at least following zones must be present:

- Examination/intervention zones
- Injection/dressing room
- Observation unit

» Changing and recreation rooms including personal sanitation areas for employee.

Safety in Emergency Units

» Precautions regarding securing safety in emergency Units must be taken, planning about existing risks or threats must be done.

» While securing safety (camera locations etc.), patient and employee privacy must be considered.

Standard 2

Code	Standard	Code	Assessment Criteria
SH.AS.02.00	All steps between admission and discharge of patient must be defined and necessary regulations must be made.	SH.AS.02.01	Fast and safe acceptance of patient must be ensured, information and guidance services must be provided efficiently.
		SH.AS.02.02	Plans related to examination, intervention, consultation and emergency observation processes must be prepared.
		SH.AS.02.03	Plans related to transfer, tracking or discharge of patient must be prepared.
		SH.AS.02.04	In emergency unit processes, accurate flow of information must be ensured.
		SH.AS.02.05	Procedures related to poisoning or judicial cases must be determined.

Goal

To secure patient safety in all steps between admission to emergency unit and discharge.

Objectives

- Patient Safety
- Patient-Focused
- Efficacy

Standard Requirements

Reception, Consultancy, Guidance and Registration Services

In reception, consultancy, guidance and registration services, at least following topics must be considered:

- Reception services must be provided effectively. Regulations regarding hiring employees who know foreign/sign languages must be done in case of need.
- Regulations regarding emergency patient registration to health institution information management system must be implemented.

Patient Transfer

- In all stages of patient transfer (entrance to emergency, medical priority determination, intervention, diagnose and treatment processes, transfer to another health institution etc.), precautions regarding patient safety must be taken.
- Patients should be transported at the entrance of the emergency department with transfer vehicles such as stretcher, vertebral board, wheelchair if necessary in accordance with their general condition .
- Patient transfers must be completed with a company of health employee.
- Information regarding intervention, diagnose, treatments, observations and anamnesis must be conveyed completely and correctly.
- Patient privacy must be ensured at all stages from emergency unit entry to leaving.

Examination, Intervention, Consultation and Observation Processes

- Diagnosis and treatment needs must be determined by examination and admitted patients' anamnesis procedure carried out by a physician.
- After examination, diagnosis processes must be started in accordance with patient's medical condition if needed. (Intervention process must

include processes such as minor surgical treatments, plaster, splint, etc.)

» Consultation processes must be defined in the emergency units. Records regarding consultation processes must be systematically kept.

» Patients who are under observation during intervention, treatment or diagnosis procedures must be kept under control by health employee. Follow ups of patients under observation must be regularly done and observation records must be complete. Observation rooms must be planned in a way that health employees can observe patients efficiently. Observation durations in emergency unit must be defined.

Leaving Emergency Unit

» Health institutionization of admitted patients who are decided to be health institutionized must be carried out in a coordinated manner. Necessary preparations must be done by emergency unit's contact to observation unit.

» Transfer procedures of stabilized patients who are decided to be sent to a hospital must be carried out in accordance with a plan created by health institution. Before transfer, coordination with institution to accept patient must be established. Patient transfer must be carried out by an ambulance; information on patient's condition, intervention and diagnosis/therapy procedures must be submitted in a complete and accurate manner at delivery.

» Health institution must have a plan for procedures for patient discharge from the emergency unit. Patients who is decided to be discharged by a physician must be informed about the issues such as care, drug use, diet and activities which must not be done, which doctor they will see, when and how to apply to a doctor. Discharge summary must be kept. In prepared plan; actions to be taken in cases that there are patients leaving emergency unit without physician's consent or patients who do not accept or treatment must be determined.

Informing

» Patients and their relatives must be informed about each stage of emergency unit services and especially waiting times.

- During the informing, health care employees must use a clear and accurate language in a way that enables patients and their relatives to understand, a positive communication must be established.
- In health institutionization, transfer and discharge processes, information actions about the patient, issues to be carried out and to be considered must be accurate.

Support Services

Hospitality Services

Standard 1

Code	Standard	Code	Assessment Criteria
DH.OH.01.00	Cleaning of all areas of the health institution must be provided for safety and satisfaction of patient, caretakers and staff.	DH.OH.01.01	In terms of cleaning and infection control, levels of risk must be identified in all areas of the health institution.
		DH.OH.01.02	Cleaning rules must be determined in regard to levels of risk and health institution cleaning schedule must be made.

Goal

To ensure safety and satisfaction of patient, patients relatives and stuff by providing continuity and effectiveness of hygiene in all areas of the health institution.

Objectives

- Patient Focused
- Healthy work life
- Sustainability
- Patient Safety
- Efficacy

Standard Requirements

Determination of Levels of Risk and Related Cleaning Rules

» All areas of the health institution in terms of cleaning rules and infection control risk assessment must be carried out.

» In regard to the level of risk identified by the cleaning rules, materials that need to be used, if any physical conditions improving the effectiveness of cleaning must be determined.

Drawing of Health institution Cleaning Plan

» Cleaning plan and related documents must be created in a way that covers all areas of the health institution.

» In documents there must be at least the following:

- The risk level determined on the basis of the unit or the area
- Cleaning materials that will be used in the relevant area
- Rules in regard to safe and effective use of materials and their hygiene
- The frequency of cleaning
- The rules of the cleaning
- Rules regarding how cleaning must be done after accidents causing potential pollution
- How and by whom cleaning control will be performed.

Standard 2

Code	Standard	Code	Assessment Criteria
DH.OH.02.00	Processes related to food services to be provided for patients, caretakers and staff must be defined.	DH.OH.02.01	Safe supply and storage of foods must be provided.
		DH.OH.02.02	Processes must be defined for the preparation of the foods under appropriate conditions.
		DH.OH.02.03	Foods must be distributed according to the rules determined.
		DH.OH.02.04	Health screenings of employees involved in food service must be implemented.

Goal

Providing patient, patients relatives and staff with effective and safe food service by considering their request, need, expectation and values.

Objectives

- Patient Focused
- Healthy work life
- Patient Safety
- Efficacy

Standard Requirements

Supply and Storage of Food

- In terms of the types of foods, noteworthy rules related to procuration (qualifications which need to be considered in regard to the types of foods, quality control criteria, minimum documentation and requirements for the supplier consent and transportation and delivery of foods) must be determined.
- The types of food in regard to storage conditions (temperature, retention time, if any packaging requirements, rules of settlement to shelves and cabinets etc.) must be defined.
- During food storage, efficient monitoring of expiration date must be efficiently monitored
- Items in the storehouse must be in a way that preventing any contact with the floor and wall and food groups must be placed separately.

Processes of Preparing Foods

- Foods must be prepared by considering the requirements of the patient's medical treatment.
- Regarding food service, the patient's cultural and moral values must be taken into account.

» Foods must be prepared in a hygienic way.
  - The areas in where foods are prepared (such as food storage areas, areas in which contaminated material are washed) must be separated from other areas .
  - There must be sufficient area for the laundry, washing, drying, ironing, and storage and dirty and clean laundry areas must be kept separate from each.
  - All staff must use appropriate and protective equipment, such as mask, cap, gloves and footwear.
  - The materials and equipment used in the preparation of food must be clean.
  - The food hygiene rules (washing fruits and vegetables, etc.) must be determined and applied.
  - Necessary conditions must be ensured in order to provide kitchen staff with maximum efficiency for his/her personal cleanliness.

» Test samples from prepared foods must be taken in order to make necessary analysis in the cases of possible food poisoning.

Distribution of Meals

» Foods must be distributed by considering some issues in terms of foods types, the heat of food, its presentation and the rules of hygiene.

» Foods must be transported in a covered way.

» Cleaning and disinfection of food carts and other equipment for transport and distribution must be done

» Staff making food distribution must use appropriate protective equipment such as cap, gloves and mask.

Performing of Staff's Health Checks

All staff's, who are available in food service, health checks must be done periodically, in the case of detecting a problem that thread food security, the issues which are necessary must be defined.

Standard 3

Code	Standard	Code	Assessment Criteria
DH.OH.03.00	Provision of laundry service must be implemented in an efficient way for patient and employee safety.	DH.OH.03.01	Processes related to provision of laundry services must be defined.
		DH.OH.03.02	Laundry environment must be arranged to ensure that the service processes progress effectively.
		DH.OH.03.03	Rules must be determined for the use of laundry equipment.

Goal

To provide laundry services safely for the health of the patient and employee.

Objectives

- Patient Focused
- Healthy Work Life
- Patient Safety
- Efficacy

Standard Requirements

Identification of Processes

All processes related to the organization laundry environment for all textile products used in the institution for cleaning; collection, transport, sorting, washing, ironing, fields will be used to distribute and storage, must be defined.

Laundry Environment

- Laundry must have sufficient space for washing, drying, ironing, storage and must be kept separate clean and dirty laundry areas.
- Laundry must be made of smooth, durable material and easy to clean the floors and walls.
- For effective cleaning; it must be provided with proper ventilation and lighting conditions for employees to ensure the safety and comfort at laundry.
- The rules governing the use of the laundry equipment used must be identified and equipment cleaning, maintenance, repair and control must be provided.
- Employees must be trained on the use of equipment.

Standard 4

Code	Standard	Code	Assessment Criteria
DH.OH.04.00	All departments providing service must be designed in a way that ensures comfort and safety of the patient.	DH.OH.04.01	Patient rooms and areas used by caretakers must be safe and ergonomic.
		DH.OH.04.02	The patient must have easy access to the relevant health personnel.

Goal

To keep morale and motivation high for the patient and patients' relatives while they in the health institution by providing a safe and comfortable environment.

Objectives

- Patient Focused
- Patient Safety

Standard Requirements

Patient Comfort

» The following aspects should be taken into account with respect to the services rendered at the health institution:

- Clean and spacious health institution service areas,
- Waiting areas to sit and relax when needed,
- Regulation of compulsory areas such as stairs, elevators, toilets, bathrooms, car parking areas in regard to needs of the patient (geriatric patients, pediatric patients, disabled patients etc.)
- Deleting factors that are dangerous to the safety of the patient
- The examination rooms containing the requirements for the medical service processes (such as inspection tables, washbasins, hand antiseptics, necessary examination instruments according to the relevant situation)
- Finding baby care and breastfeeding arrangements in outpatient clinics
- Before and after characteristic operations like colonoscopy, ultrasound, endoscopy etc., regulations taking into account the needs of the patient such as waiting and resting or toilet/bathroom.

Observation Unit

Observation rooms in the observation unit should contain maximum two beds, nurse observation unit station should be inside of the unit.

» Patient beds should be adjustable and provide patient safety (protection bar and movable wheel in all directions).

» Appropriate physical conditions, ventilation and lightening conditions should be provided for ensuring the safety and comfort of the patient.

» The necessary equipment and materials for the diagnosis and treatment of the patient should be present in the monitoring unit. This equipment and material should be cleaned and disinfected. Bedside monitoring and central medical gas system should be available.

» Areas (toilet, bathroom, etc.) should be determined to meet the personal cleaning needs of the patient and their caretakers in the

observation unit. These areas should contain materials for personal cleaning.

» The necessary physical environment should be provided in order for the relatives of the patients to rest.

Providing Easy Access to Medical Staff

» Some arrangements (call bell, etc.) must be made avaible if patient or patients' relatives need to contact medical staff.

» Relevant regulations must be accessible in patient rooms and areas of personal hygiene.

» Patient/ patients' relative must be informed about the use of the call system.

Standard 5

Code	Standard	Code	Assessment Criteria
DH.OH.05.00	Security service to ensure the security of life and property of patients, caretakers and employees must be provided at the health institution.	DH.OH.05.01	Processes for security service must be defined.
		DH.OH.05.02	Health and security of patients, caretakers and employees must be ensured at the health institution.

Goal

To secure efficiently and effectively the security of life and property of patients / relatives and employees.

Objectives

» Patient Safety
» Healthy Work Life
» Efficacy

Standard Requirements

Planning the Security Services

» There has to be a plan, which must be defined in order to maintain supervision, inspection and control services uninterruptedly, to protect danger and damage, all types of sabotage, theft, looting, assault, such as threats, for persons in the health institution.

» Security guards and equipment (security camera, alarm system, etc.) must be available in specified areas of the health institution. Storage times for security camera records must be determined.

» Security officers working area, working time and job descriptions must be determined.

Proving the Patient / Patient Relatives and Employee Security

» Risk analysis must be done for the security of life and property and the necessary measures must be taken.

» Risk analysis must cover all areas and departments of the institution.

» The process of notification must be defined about the events that threaten security of life and property.

» The necessary improvements must be conducted as a result of the analysis.

Facility Management

Code	Standard	Code	Assessment Criterion
DH.TY.01.00	A qualified facility management structure and process must be established in a way that ensures the safety and quality of health services.	DH.TY.01.01	A committee which is responsible for planning and coordination of the activities related to facility management must be established.
		DH.TY.01.02	Risks originating from facility must be determined and necessary precautions must be taken.
		DH.TY.01.03	Continuity and safety of primary facility resources must be provided.
		DH.TY.01.04	Issues related to physical condition and processes must be reviewed at certain periods.
		DH.TY.01.05	Facilitating arrangements for access to departments in the health institution must be implemented.
		DH.TY.01.06	Measures must be taken to facilitate access to services by patients/staffs who are disabled, old or in need of help due to illness.
		DH.TY.01.07	Physical arrangements providing comfort of service users must be implemented.

Goal

To establish necessary infrastructure for permanent, safe, and easily accessible quality service provision regarding patient and employees.

Objectives

- Efficacy
- Patient safety
- Patient Focused
- Timeliness
- Continuity
- Healthy Work Life

Standard Requirements

Management and Documentation

- A committee must be established to ensure planning and coordination of facility management related activities. Duties and responsibilities of employees involved in facility management must be defined.
- Primary and critical facility management processes must be defined, methods and rules regarding these must be determined. Following issues must be addressed in documents that are created for this purpose:
  - Duties and responsibilities of facility management committee and responsible ones
  - Processes related to determination of current healthcare facility status
  - Improving processes
  - Primary facility resources
  - Access to facility services
  - Facility safety

Determination of Current Status and Improvements

» Current physical status and functional service efficiency of health facility must be evaluated at regular intervals or when required.

» Facility safety risk analysis must be conducted.

» Necessary remediation activities must be carried out in regard to the result of risk analyses and current due diligence.

Please See Risk Management chapter

Primary Facility Resources and Safety

» Continuity of primary facility resources (Electricity, water natural gas, heating, cooling medical gas etc.) must be ensured for the purpose of non-stop health service provision.

» Timely maintenance and controls of primary facility resources in all systems must be performed.

» Backup systems must be established in case of critical error conditions. High risk zones of these systems must be determined by facility management committee.

Access to Facility Services

For ensuring patient/caretaker satisfaction and timely treatment, necessary arrangements including easy access to institution units must be done. For this purpose, considering patients groups who are disabled and require special care, necessary physical and functional arrangements must be done. These must include at least the following issues:

» Guide signs and services

» Waiting zones in use of patients, caretakers and visitors

» Comfort and safety of patient rooms

» Institution-wide arrangements for those with disabilities, the elderly or patients who need help due to disease

» Environmental arrangements (Car lots, landscape, etc.)

Waste Management

Code	Standard	Code	Assessment Criteria
DH.AY.01.00	In the scope of protecting human health and environment, safe and efficient management of wastes produced at health institutions must be maintained.	DH.AY.01.01	Waste management plan must be prepared.
		DH.AY.01.02	Waste must be separated at the source.
		DH.AY.01.03	Necessary steps must be taken for the disposal, handling waste in appropriate conditions and temporary storage must be provided.
		DH.AY.01.04	Training must be provided to employees related to waste management.

Goal

Preventing waste to harm human health and environment for the period of composing waste till delivering them to competent authority for the final disposal.

Objectives

» Patient Safety » Healthy Work Life » Patient Focused

Standard Requirements

Preparation of Waste Management Plan

» Waste management plan must be established in the health institution. The plan must include at least the following issues:

- Source, amount and types of wastes
- Precautions related to the reduction of the wastes at source
- Equipment and tools to be used for waste management
- Collection frequency and rules
- Temporary waste storage systems
- Cleaning and disinfection of related equipment
- Measures to be taken in an accident
- Training of staff in charge about waste collection and transport
- Determination of the organization of waste to be delivered
- Delivery of the waste
- Monitoring of waste processes

» Waste management officer must be determined.

Separation of Waste at Source

» Waste must be defined at least the following categories / types per unit basis:

- Domestic Waste
- Medical Waste (infectious, pathogenic, sharp)
- Hazardous Waste
- Radioactive Waste
- Domestic Waste
  - o General domestic waste
  - o Packaging waste
- Medical Waste
  - o Infectious waste

    - Pathological waste
    - Sharpy waste
  - Hazardous Waste
  - Radioactive Waste
- Waste built up must be separated in source unit.
- Waste must be put in bags / boxes which meets required features according to their types.
- The amount of medical and hazardous waste must be measured and monitored on the basis of institution and unit. Processes measured and monitored on the basis of institution and unit. Processes related to waste should be examined in terms of requirements for reducing waste quantities.
- Arrangements must be made for recyclable waste.

Waste Transportation, Temporary Storage and Disposal Operations

- Waste must be collected by the personnel trained to do this job according to waste types.
- The clothes of staff in charge of waste collection and transport must have the necessary features.
- The collection and transport of waste should be carried out as far as possible from areas where human traffic is concentrated .
- Wastes must be collected in a temporary storage area.
- According to the health institution's size and waste capacity, containers with suitable size and appropriate qualifications or temporary waste storage must be available.
- Waste must be stored temporarily in a way not to exceed the maximum waiting period determined according to waste types within the scope of national legislation.
- Stored waste must be delivered to the competent authority for final disposal process.
- Cleaning and disinfection of waste storages must be provided.

Waste Management Training

Training should be provided to employees regarding waste management. Training must include at least the following issues;

- Waste types and waste separation according to the types
- Waste collection, transportation, temporary storage
- The health risks, injuries and illnesses which the waste may cause
- Measures to be taken in an accident or injury

Information Management

Code	Standard	Code	Assessment Criteria
DH.BY.01.00	A safe and effective information management system must be present in the health institution.	DH.BY.01.01	Responsible staff for carrying out and coordination of activities related to the management of information must be identified.
		DH.BY.01.02	The necessary technical and supporting infrastructure must be established for the efficiency of knowledge management.
		DH.BY.01.03	Measures must be taken for the security of medical records which are physically stored.
		DH.BY.01.04	Measures must be taken to ensure the security and confidentiality of information.
		DH.BY.01.05	Continuity and timeliness of the information must be provided.
		DH.BY.01.06	Employees must be trained to maintain efficient usage of information management.

Goal

To provide recording and storing of medical and personal information of all health institution processes in the correct and safe way and to provide delivery of accurate information needed at the right time to the right person.

Objectives

- Efficacy
- Timeliness
- Healthy Work Life
- Patient Safety
- Continuity

Standard Requirements

Management and Documentation

- Information management authority must be determined; roles and responsibilities must be defined. Current situation relating to information management must be identified at regular intervals by the authority, the necessary corrective and preventive actions must be started identifying the potential risks in process.
- Information to be used must be defined on the information management process and the methods and rules for them must be determined taking into consideration the needs of the health institution and the critical processes. Documents to create at least must include the following topics:
  - Physical and technological measures
  - Information security
  - Information privacy
  - Information continuity
  - Access to external information sources
  - Authorization
  - Remote Access

Technical Support Infrastructure

To ensure uninterrupted operation of information management systems, risks related to hardware and software problems must be determined and measures must be taken for them.

Information Security and Privacy

- Confidentiality and security of all personal and medical, written or electronic information acquired on staff or patients is essential. Access to these records must be limited by the authorization; access from external sources must be kept under control.
- Within the scope of the authorization, what information, when and how the users will reach must be identified, measures must be taken for unauthorized access.
- In the health institution, the computers connected to the information management systems must be monitored for follow-up of unauthorized access.
- In case of failure or unauthorized access, in order to prevent data loss, the data must be backed up on a regular basis, in order to avoid the failures which could result in such situations, servers must be carried out maintenance and testing regularly, also operating systems and software used on the server must be kept updated.
- In case of unauthorized or improper interventions to data from internal or external sources, a system which will allow follow-up of the data changes and deletions must be established.
- Physically stored medical records must be stored in storage conditions to prevent damage to the records under the rules of the relevant legislation. For such records, the physical and operational measures must be taken; written information security must be ensured. Rules for the destruction of medical records should be specified.

Timeliness and Continuity of Information

- The situations in which information management systems has been disabled, slowdowns and failures must be followed, timeliness of the information must be provided making improvements for them in order to give the health service in time and ensure the continuity.

» In information management systems, retrospective follow-up of all gathered medical information must be able to be performed and in this way, the continuity of the information must be provided.

Material and Device Management

Code	Standard	Code	Assessment Criteria
DH.MC.01.00	Effective, efficient and safe use of materials and devices must be implemented.	DH.MC.01.01	Responsible staff must be determined for managing material and equipment.
		DH.MC.01.02	Materials and devices must be obtained according to the needs of institution.
		DH.MC.01.03	Materials must be stored in appropriate conditions.
		DH.MC.01.04	Necessary physical conditions must be met for devices to work properly.
		DH.MC.01.05	Staff must be trained about topics related to material and device management.
		DH.MC.01.06	Maintenance, calibration, adjustment and tests must be done for required devices.
		DH.MC.01.07	Rules for the safe and efficient use of material and devices must be determined, required protective equipment and information must be accessible.
		DH.MC.01.08	Management of hazardous substances must be regulated.

Goal

Timely supply and safe use of materials and equipment must be ensured with taking patients' and staff needs into consideration.

Objectives

- Efficacy
- Productivity
- Convenience
- Timeliness
- Healthy Work Life

Standard Requirements

Management and Documentation

- In order to ensure the effective management of materials and devices, responsible staff must be determined for all the processes related to the planning, coordination and carrying out; their tasks and responsibilities must be defined.
- Methods and rules for procurement about storage and usage of material and device types must be clearly deterimined. Documents for materials and device management must be implemented taking into consideration the needs of health institution and critical processes. Documents to be formed must include at least the following topics:
  - Tasks and responsibilities of staff related to the management of materials and devices
  - Determination of needs for materials and devices
  - Monitoring the life span of materials and devices
  - Establishment of a plan for the replacement and updating of materials and devices as necessary

- Material and device procurement
- Preservation of the materials
- Material orders
- Transfer and preparation of materials
- Safe use of materials and devices
- Indicators for the management of materials and equipment
- Intervention methods in dangerous situations which may occur during the use of materials and devices
- Materials and devices that have special properties, need special storage conditions or require specific methods/proficiency to use
- Maintenance, adjustment and calibration of devices

Procurement of Materials and Devices

» Required measures related to the procurement of the right materials and devices at the right time must be taken for the purpose of effective provision of health services in the health institution.

» Rules and methods for materials and device procurement requests must be determined. Within the framework of this regulation, the health institution must define who may request material and device procurement, request methods, by whom and how the requests will be evaluated.

» Materials which are routinely used, compulsory to keep or used in case of emergency must be identified, critical stock levels of these materials must be determined and monitored.

» Procurement requests, consumption analysis and community needs must be taken into consideration while carrying out needs assessment in types of materials, devices, and their amounts which will be obtained.

Storage and Transfer of Materials

» Unauthorized access to material storages in which medical consumables are held more than 24 hours must be limited in terms of patient safety and security.

- Materials must be stored in storage areas with appropriate storage conditions according to their nature. For this purpose, the necessary measures must be taken and monitoring of these measures taken must be done.
- Storage layout plans must be established and kept up to date in order to provide the staff easy access to the materials and prevent loss of time in emergency situations.
- During transfer from storages, measures must be taken for breaking, spilling accidents and necessary equipment must be provided for safe transfer. Staff who will perform the transfer must be trained about safe transfer, materials which have special properties or are hazardous.

Device Safety

- Protective equipment of the devices, safe handling information and guides must be accessible in usage areas, relevant staff must be trained about the safe use of devices.
- Physical arrangements carried out in areas where the devices are must be conducted in accordance with the operating conditions of devices.
- For safe working of the devices, giving correct results, keeping the possible damage in a low level, in the given frequency in manufacturers' technical documents, calibration, adjustment, testing and/or maintenance operations must be done reliably according to a plan which meets the needs of health institution and in parallel with the intensity of device usage.
- The devices (laboratory test equipment, generators, etc.) that require specific methods/equipment/proficiency to use must be used by trained and authorized people.

Management of Hazardous Substances

Documents regarding the management of hazardous substances should be available. In the documents, at least following information must be present:

- Safe transport, store and use of hazardous substances
- Things to do in case of spilling hazardous substances and being exposed to substances

Inventory of used hazardous substances should be made. The inventory should include at least the following information:

Hazardous substance's;

- Name, brand, active ingredient, type (powder, crystal etc.), method of use and expiration date
- Storage conditions
- Substances that interact with
- Things to do in case of contact
- Places of which it is used or stored
- Methods of transport
- Methods of disposal
- Signs that show the class of hazardous substance

The inventory must be in the store and usage area. Sign that shows name of the chemical substance and class of the hazardous substance must be enunciatively labeled. Users must be given training regarding the signs that show the class of hazardous substance.

Outsourcing

Code	Standard	Code	Assessment Criteria
DH.DK.01.00	Outsourced services must be provided to be in accordance with the health institution's core policies and values and Standards of Accreditation in Health.	DH.DK.01.01	Services to be provided by way of outsourcing must be determined to be appropriate for the health institution's policies and values.
		DH.DK.01.02	The scope and processes of the services provided by outsourcing must be defined.
		DH.DK.01.03	It must be ensured that outsourced services will comply with Health Accreditation Standards.

Goal

To provide that the services given by way of outsourcing must be in accordance with the basic policies and values of the health institution and in line with the objectives determined Health Accreditation Standards in order to improve the quality and effectiveness of services provided by the health institution.

Objectives

- Patient focused
- Continuity
- Productivity
- Safety
- Efficiency
- Efficacy

Standard Requirements

Determination of the Services to Be Provided by the Way of Outsourcing

- Based on basic policy and values; the reasons of the need for outsourcing, purpose of the service must be determined.
- The health institution must do the needs analysis about the services through outsourcing, carry out the evaluation and determine a strategy.

Defining the Scope and Process of Outsourcing

- The services which the external service provider will offer to the health institution must clearly be defined and completion process must be determined.
- Business processes must clearly be defined.
- The number and quality of personnel required and equipment and devices to be used must be determined.

Compliance of Offered Services through Outsourcing with Standards

- In accordance with the defined scope and business processes, the methods for continuous control of the services provided through outsourcing and control criteria and performance indicators must be identified.

Emergency Management

Emergency Management

Standard 1

Code	Standard	Code	Assessment Criteria
AD.AD.01.00	Measures must be taken for the natural disasters or events which require emergency response, striving, first aid or evacuation.	AD.AD.01.01	Necessary measures must be determined by risk analysis for the events that require emergency response, striving, first aid or evacuation.
		AD.AD.01.02	Institutions must create their plans related to the determined pre-cautions and emergency situations that may occur.
		AD.AD.01.03	All staff must be theoretically and practically trained about emergency management.

Goal

Defining the requirements for people and physical elements to not suffer or minimizing the suffering from emergency medical attention, if they face situations such as natural disasters like flood and earthquake, or fire, explosion at health institution which may create the need of urgent medical attention.

Objectives

» Patient Safety

» Healthy Work Life

Standard Requirements

Risk Analysis

Health institutions must identify situations in order to take measures for the situations like emergency response and striving.

Planning

» Health institutions must make planning to applicate preventive measures for the emergency situations;
  - Which preventive activities to be conducted
  - Planning necessary preventive investment and activities
  - Budgeting investment and activities.

  Developed pre-cautions and applications determined by practices and observations must always be reviewed for the purpose of checking it, if they serve for their aim.

» Institutions must plan what they have to do when there is emergency response and striving, even taking the necessary preventive measures (such as natural disasters,etc) when its likely to happen in emergency situations,
  - Emergency management team must be established and their responsibilities must be defined at the health institution.
  - Investments, which makes it easy to manage emergency situations (emergency alert systems, communication systems, etc.) must be planned.

Training and Practices

Planned measures which is the most impor tant element of emergency management is to be prepared in advance to bring into life.

» The necessary trainings must given to all staff for emergency situations at the end of identifying risk analysis.

» Exercises should be carried out at the determined frequency to create awareness in personnel, to cover all relevant processes and to minimize the risks at the time of the incident.

Standard 2

Code	Standard	Code	Assessment Criteria
AD.AD.02.00	Intervention must be done on time in cases of cardiac arrest or respiratory arrest.	AD.AD.02.01	A warning system, identified by a code blue emergency, must be established for intervention on time in cases of respiratory arrest and cardiac arrest emergency.
		AD.AD.02.02	Persons who responsible for the management of the emergency warning system must be determined.
		AD.AD.02.03	Intervention team / teams must be determined.
		AD.AD.02.04	Medicine and equipment, which will be used in applications, must be defined.
		AD.AD.02.05	Intervention records must be kept.
		AD.AD.02.06	Training and practices must be done related to code blue.

Goal

In respiratory or cardiac arrest situations at health institution, determining the most efficient and fast intervention requirments.

Objectives

» Patient Safety
» Healthy Work Life

Standard Requirements

Emergency Alert System (Blue Code)

» An emergency warning system must be established for patients, patient's relatives, and all health institution staff in need of urgent medical attention in health institution.

» Emergency Alert System; It must be configured that cover the entire health institution and to reach case area as soon as possible (maximum 3 minutes) at any time of the day, considering the size of the health institution and the state of the health institution administration services in different buildings. Emergency alert system must be established for the call system and constituted that health institution staff will be notified in time. Short and clear messages would lead to an effective and quick-connect in the event of risk to prevent the formation of panic.

Staff in Charge

» According to the health institution structure and type, the staff responsible with blue code must be determined to ensure the efficent functioning.

» Staff in charge with code blue must get education covering determining blue code intervention teams, organising practices, monitoring records, corrective/preventative activities.

Intervention Teams

» In blue code intervention team at least one doctor who is trained in CPR (cardiopulmonary resuscitation) and one medical staff must be available. Intervention team is responsible for answering blue code calls at the place of case.

» Arrangements must be made to ensure the effective operation of 24 hours for code blue alert system.

Drug and Equipment

» Emergency intervention kit must be created for emergency intervention,and it would be required in which drug and equipment specified in advance. Emergency intervention kit must be covered as a minimum; laryngoscope set and spare batteries (for both adults and children), balloon-valve-mask system, balon-valf-mask system, masks of different sizes, oxygen tubing and masks, intubation tube (child and adult sizes), tools to help airline (larengeal mask, or combi-tube, etc.), injectors, personal protective equipment must be available.

» Emergency intervention set must be present on the set of drugs and these drugs must be determined by the department and patient needs. emergency intervention kit must be available.

Record Keeping

» Records relating to the call for intervention must be made after the code blue. Records must be kept at least the following information:
  - Call time
  - Contact information about the person who exposed to the intervention.
  - Which interventions were made.
  - Where the intervention was made.
  - When and how much time the team reached the place of intervention.
  - Result of intervention.
  - Staff information who were in intervention the team.

» Analysis must be done for the records kept and the results,which is obtained from application, must be monitored periodically.

Training and Practices

» Training must be planned to all health institution staff (department managers, employees, cleaning staff, security staff) about the importance of code blue and how to apply at health institution.

» For the implementation of a code blue drills must be done at least once a year. Keeping records relating to the practice, the results

must be evaluated, and necessary reformatory measures must be taken.

Standard 3

Code	Standard	Code	Assessment Criteria
AD.AD.03.00	Intervention must be provided in the cases of risk of infant / child abduction or action in time.	AD.AD.03.01	The emergency warning system, defined by code pink, must be created when the cases of risk infant/ child abduction or action in time.
		AD.AD.03.02	Persons, who responsible for the management of the emergency warning system, must be determined,
		AD.AD.03.03	Response team / teams must be determined.
		AD.AD.03.04	Records must be kept of the intervention.
		AD.AD.03.05	Training must be given about the code pink and the practices must be performed

Goal

To provide intervention in the cases of risk of infant / child abduction or action in time.

Objectives

Patient Safety

Standard Requirements

Emergency Alert System (Code Pink)

» An emergency warning system should be established in order to intervene as soon as possible in the event of kidnapping or abduction of infant or child patient / patient relatives receiving services from the health institution, in particular at health institutions providing birth service and / or child polyclinic.

» Emergency alert system; cover the entire health institution and must be configured to allow intervention at any time of the day taking into account the different services of institution and state administration bildings. The call system to be established for emergency alert system to prevent the formation of panic; employees will be informed in time, short and clear messages which would lead to an effective and quick connect in the event of risk.

Staff in Charge

» Staff responsible with code pink must be identified according to the type of organizational structure and to ensure the effective functioning of it by the health institution.

» The minimum area of responsibility of those in charges; training will be given to employees, practices to be organized, monitoring records, must be covered corrective-preventive activities launch.

Intervention Teams

» How to implement the department and institution-based measures must be identified especially for security officials when the code pink warning is given.

» Arrangements must be made to ensure the effective operation of 24 hours for code pink alert system.

Record Keeping

» Records relating to the call for intervention must be made after the code pink. Records must be kept at least the following information:

- The call when to be done.
- Information about the baby or the child and his family.

- What is the reason and shape of abduction attempt / process.
- How to do the intervention and the scope of the measures taken.
- Result of intervention.
- Who worked on the team.
- The process of transmitting information about the incident to judicial authorities.

» Analysis must be done for the records kept and the results,which is obtained from application, must be monitored periodically.

Training and Practices

» Training must be planned for all health institution staff (department managers, employees, cleaning staff, security staff) about the importance of code pink and how to apply at health institution.

» For the implementation of a code pink drills must be done at least once a year. Keeping records relating to the practice, the results must be evaluated, and necessary reformatory measures must be taken.

Standard 4

Code	Standard	Code	Assessment Criteria
AD.AD.04.00	Timely intervention in the case of the risk of violence/ acts of violence against healthcare workers must be provided.	AD.AD.04.01	An emergency warning system defined by the code white must be created for the purpose of timely intervention in the case of the risk of violence/ acts of violence against healthcare workers.
		AD.AD.04.02	People responsible for the management of the emergency warning system must be determined.
		AD.AD.04.03	Intervention team / teams must be determined.
		AD.AD.04.04	Trainings related to code white must be given, practices related to it must be done.

Goal

To provide intervention in time in the case of the risk of violence/ acts of violence against workers in charge in the health institution.

Objectives

Healthy Work Life

Standard Requirements

Emergency Warning System (Code White)

» An emergency warning system must be established in the case of the risk of violence/ acts of violence against healthcare workers.

» Emergency warning system must be created in the manner to consider health institution size and the state of the service administration in different buildings, and cover the whole of the health institution and provide intervention at any time of the day. Call system to be installed for emergency warning system must be built in a manner that will notify the relevant workers timely, provide effective and quick-connection with short and clear messages in the event of risk, and must prevent the panic happening.

Staff in Charge

» Responsible ones of code white must be determined by health institution in a manner to ensure the effective functioning in regard to structure and type of institution.

» At minimum, area of responsibility of responsible ones is the organizing of training and practice to be given for workers, starting of corrective-preventive activities when required.

Intervention Teams

» When code white alert, how particularly the security officers then workers will intervene and how departments and institution-based

measures to be applied must be identified. Security officers at the health institution are responsible to intervene for the events that occur in the area which is in their charge, in a manner that is determined in code white system.

» Health institution must make a regulation in a manner to provide effectively running of code white alert system for 24 hours.

Record Keeping

» Records that are related to the intervention made after code white call must be kept. At least, the following information must be included in the records to be kept:

- Call time
- Information of the staff exposed to the intervention and the person committing to violence,
- The reason of act of violance
- How and where the intervention was made
- When the team reached in the place of intervention and how much time it took
- The result of the intervention
- The people participating in intervention team
- Information about conveying the event to judicial authorities

» Analyses must be made for the records that are kept and the results obtained from application must be monitored periodically.

Training and Practices

» In the health institution, from the managers to department workers, from cleaning personnel to security officers, education regarding to the importance of code white and how it must be applied must be planned.

» Practices related to code white application must be done at least once a year. Records regarding to the practice must be kept and practice results must be evaluated and the necessary rehabilitative measures must be taken.

Standard 5

Code	Standard	Code	Assessment Criteria
AD.AD.05.00	There must be a regulation to ensure timely intervention for the fire.	AD.AD.05.01	Fire detection system must be available.
		AD.AD.05.02	For timely intervention in the event of a fire emergency alert system defined with code red must be created.
		AD.AD.05.03	People responsible for the management of the emergency warning system must be determined.
		AD.AD.05.04	Equipment used during fire-fighting, the rules for the safe use of this equipment, fire signs and directions for the event of fire must be defined.
		AD.AD.05.05	Education related to code red must be given, practices must be done.

Goal

In case of any fire that may outbreak in the health institution, it is a prevention for and/or minimize of possible hazards and damage by interfering to the fire in the fastest way.

Objectives

» Patient Safety

» Healthy Work Life

Standard Requirements

Fire Detection System

There must be a fire detection system that covers all areas of the health institution, is not affected from power cut and runs in a way that is able to make an addressing. The system must be connected to the uninterruptible power supply so as not to be affected by the power interruption.

Emergency Warning System (Code Red)

- In the health institution, fire, emergency warning system must be created for making timely intervention. An emergency warning system to be installed must be inclusive, visual and auditory taking account of the size of the organization, giving service in different buildings. When Emergency warning system is created, coordination must be provided with the relevant departments such as fire department.
- Warning system to be defined with the code red, must be built in a manner that will notify the relevant workers timely, provide effective and quick-connection with short and clear messages in the event of risk, and must prevent the panic happening.

Staff in Charge

- Responsible ones of code red must be determined by health institution in a manner to ensure the effective functioning in regard to structure and type of institution.
- At minimum, area of responsibility of responsible ones is the organizing of training and practice to be given for workers, starting of corrective-preventive activities when required. At the same time, responsible ones of emergency warning system must follow related legislation of fire prevention and extinguishing and necessary regulation making too.

Respond to the Fire

- When code red alert, how related workers will intervene and how departments and institution-based measures to be applied must be defined, who will be in the team intervening to the fire or in cases which intervention cannot be made who will notify authorities and fire department must be defined.

» Fire hydrants fire extinguisher, fire hose, tools and equipment are to be used for making first intervention to fire must be determined, rules for the use of this equipment must be defined. Moreover, it must be checked periodically whether equipment are able to work and be used.

Training and Practices

» In the health institution, from the managers to department workers, from cleaning personnel to security officers, education regarding to the importance of code red and how it must be applied must be planned.

» Practices related to code red application must be done at least once a year. Records regarding to the practice must be kept and practice results must be evaluated and the necessary rehabilitative measures must be taken.

DEFINITIONS AND ABBREVIATIONS

Definitions

Definitions

Adverse Effect: The unintended and harmful effects arise from the usage of a medicine in accepted normal dosages.

Adverse Event: Events that may affect the safety of patient, relatives, employees or the other people in the health institution.

Adverse events related to employee safety; stab wounds, facility safety, radiation safety, occupational infections, issues such as contact with blood and body fluids can occur.

Adverse events related to patient safety; drug safety, surgical safety, facility safety, falls, radiation safety, issues such as information security can occur.

Analytical Process: The test results of the analysis of the samples until the approval process.

Anamnesis: It is the medical history of a patient obtained from the questions asked to the patient to diagnose the disease.

Antibiotic Susceptibility Test: The test performed in order to determine bacterium produced from samples taken from a living donor is sensitive to which antibiotics and to which concentrations of them.

Antisepsis: Killing of microorganisms in or on living tissue or inhibition of reproduction of these microorganisms is called antisepsis.

Asepsis: The measures taken to avoid the migration of germ to clean surface, medium or material is called asepsis.

Basic Policy: Determining the health institution's mission and vision with corporate goals and objectives.

Calibration: A number of processes correlating between the values which a measuring device or measuring system show and known values of measured ones under certain circumstances.

Chemical Waste: Gas, solid or liquid waste of chemicals used in medical fields such as treatment or diagnosis and which may be harmful to the health of humans and the environment with various effects.

Code of Document: Providing traceability of the document, the document management system directory refers to the identification system established in accordance with the rules set by institutions and organizations.

Consent Form: Applied for medical Treatment, process will be transferred to the patient by health care providers with information and documents are created to get the consent of the patient.

Container: Temporary storage unit with 0,8 m3 volume at least, wheel, cap, caps lock, made of stainless metal, plastic or material and so on.

Contamination: Being infected with foreign matter. Transition of bacteria and virus from contaminated surface to another.

Corporate Communications: In the process of production and management; institution that make up the information flow between departments and elements, motivation, integration, education, decision-making and control functions such as implemented in the framework of certain rules in order to ensure, and the process carried out taking into consideration the reputation of the institution while interacting with the external communication.

Date of Publish: the documents was refered to date of publish.

Decontamination: As well as, as a word includes all applications for removal of micro-organisms or organic soils (cleaning, disinfection, sterilization), it is used in the meaning of removal of organic substances and pathogens from a surface or material by pre-cleaning process comprising physical and / or chemical methods and making the surface or material useable without using any personal protective before sterilization or disinfection in practice.

Disinfection: The process of destruction or stopping reproduction of the majority or all of the pathogenic microorganisms (except bacterial spores) on inanimate surfaces. Disinfection process is considered in 3

three groups high, medium and low disinfection according to the affect levels of bacterial spores and mycobacteria.

Document: Environments containing the information.

Emergency Health Services: They are all of the services that is given to the patient in ER in order to prevent death or disability in case of sudden sickness, accident, injury or suchlike.

Equivalent Dose for Radiation: It is the dose obtained when the dose absorbed, according to the type and energy of the radiation, by a tissue or organ is multiplied by the radiation weighting factor, and it is expressed in Sievert (Sv).

External Document: Document not prepared by the institution itself, but benefited from the realization of the activities.

External Quality Assessment Programme: Their performance is evaluted in comparison with the analytical laboratories in certain ranges programs.

External Quality Assessment Test Sample: External quality assessment prepared under the program and the value of the external quality assessment Office if unknow by the participants, sent to participating laboratories test sample at regular intervals.

Facility Management: For health institution in order to achieve its purpose, it is coordination of all activities related to planning, application and management of necessary working environment physical and functional arrangements which provides the best way to meet the growing health care needs.

Feedback: Term means opinion, suggestion, request or complaints about service provision obtained from patient, patient relatives, institution employees or community via convenient tools such as surveys, phone calls, etc…

Form: Document prepared for filling write the desired data or information.

Functional Structure: Functional structure is classification of activities according to resemblance of used information, skill and resources. As a result of this classification, departments are formed. In this context, functional structure can be considered as classification according to institutional resources. Health institutions adopting this structure generally have the departments of diagnosis, treatment, management and support.

Goal: Refers to the general results that the organisation wants to reach in the long term.

Guide: The document was created for informational purposes and guiding activities.

Hand Hygiene: It is a general term referring to any action of hand cleansing.

Handover: In order to ensure the patient safety and continuity of care, it is a transfer of patient's special information from a caregiver to another or from a system featured in an organized team to another with a modern interaction process transferred in a interactive way.

Hazardous Waste: Genotoxic, pharmaceutical and chemical wastes arising from units and wastes containing heavy metals and pressured containers.

Health Institutions/Institutions: This terms in this standard set means outpatients healthcare institutions which like medical centers, polyclinics, physical therapy institutions and radiology institutions.

Health Service Related Infection: Infections which doesn't exist or isn't in incubation period at admission and which emerged in a health institution or another health institution during health service provision. Infections that emerge related to the service provision at institution after discharge and occupation related infections of employees at institution are also in this category.

Heavy Metal Containing Wastes: The wastes containing mercury, cadmium, lead included in tools and equipment such as thermometer, blood pressure measuring device and panels for radiation protection in medical applications such as the treatment and diagnosis in units.

High Risk Medicine: These are the medicines that are therapeutics and maximum dosages are close to each other. When used in a wrong way, these can affect the patient negatively irremeable or permanently.

High-Level Disinfection: Some of the chemicals may kill all spores by long term (3-12 hours) treatment In similar concentrations but in a shorter treatment period (e.g. 20 minutes with glutaraldehyde) the same disinfectant kills all microorganisms except bacterial spores. This process is called high-level disinfection.

Hospitality Services: In the health institution, except of the scope of medical services, they are services offering the accommodation, cleaning, washing, eating and drinking the patient, the patient's relatives and staff and ensuring to give these services in a safety environment which provides life and property safety.

Household Waste: Non-contaminated wastes, which is mainly originated from kitchen, garden, and administrative units

Indication: It is a term, which refers that situations, in which should be done an application, a treatment or a process.

Indicator: When a topic becomes digitized and measured, this is a tool that contributes to making improvement activities.

Infectious Waste: Laboratory cultures and cultural inventories of infectious agents such as all kinds of body fluids and human tissues, organs, placenta, fetus, and other pathological material; blankets, sheets, bandages, adhesive tape, tampons, swab and other wastes; bacteria and virus retaining air filters which known as infectious agents carriers or likely to carry them.

Information Security: It means to protect the information from damages and to prevent obtaining the information by unwanted users in any environment using the appropriate technology in the right way for the right purpose.

Inpatients: They are the patients who have been hospitalized and followed up for 24 hours. If necessity iit can be extended to 6 hours.

Institutional Structure (Design): Institutional structure includes authorities and responsibilities in institution and forming communication channels. Organizational structure of the health institution is formed after these studies. This structure is shown in the organization scheme. In the organization schemes, positions in the institution, units, departments and authority, responsibility and communication relations between them are shown.

Instruction: A single document containing the steps of the activity.

Intended Population: Employees of the company, people who get the service and all the people that interact with the organization and institutions (media, insurance agencies, suppliers, government agencies, non-governmental organizations, universities, local government units, community leaders, experts, etc.)

Internal Quality Control: The process is working the results of measurements with known samples top check the expected performance.

Isolation Precautions: Activities carried out and measures toprevent transmission of apathogen microorganism from person to person, from person to envoirment or vice versa.

Limitations: It is providing control of the physical activities against risk of giving harm to self or others of the patient.

Limited Antibiotic Reporting: Within the stated conditions, elective reporting the results of antibiotic susceptibility test performed within the determined frame of international rules. The results related to the drugs which are needed to state are reported.

List: Similar items listed consecutively document.

Low Level Disinfection: In this process, in a short time (less than 10 minutes) most of the vegetative bacteria, some fungi and some viruses dies.

Matrix Structure: Matrix structure is the use of both functional and sectional structure at the same time in the health institution. For example,services provided in operation room require coordination of people and units that have different functions and from different departments.

Measurement Uncertainty: A parameter that characterizes the dispersion of the values that could correspond with the measured values, defines the actual value of the quantity being measured around the range can be found.

Medical Gas: Gas that is produced and packed to be used in anesthetic processes or diagnosis and treatment interventions.

Medical Waste: Infectious, pathologic and penetrating wastes which results from units.

Mission: It is the pure and general object, which determines the reason of health institution's being, it’s philosopy with provided products and services that lays down their unique differences and separate them from other health institutions.

Morbidity: Cncidence of disease

Mortality: Incidence of death

Narcotic Medicine: These are medicines that are like morphine and has painkiller specifications, natural, semi artificial and artificial and these may cause strong physical and psychological addiction.

Objective: States short term processes for reaching the goals. Objectives are more open and has measurable features comparing to goals.

Organization Scheme: It is a graphic that shows institutional structure as a whole and it also shows various relations between service units in a comprehensive order.

Outpatient: They are the patients without health institution stay procedures but with necessary diagnostic and therapeutic procedures.

Outsourcing: It's the method of providing some services from an organization that out of the health service organization.

Panic/Critical Value: Values of result that requires clinical laboratory testing, may pose a risk to the health of the patient, the patient's physician as soon as possible to inform and advanced diagnostic,therapeutic and / or prophylactic medical intervention.

Particle: Smallest part of matter or energy

Pathogen Microorganism: Microorganisms that cause infectious diseases

Pathological Waste: Tissues, organs, body parts, human fetal arising as a result of surgical intervention

Patient Care: It is the definition of the process passing from admission in a health institution to discharge from the health institution and provided services for the patient including monitoring time of the patient after the discharge from the health institution.

Perioperative Period: The period during surgical operation

Personal Hygiene Area: In accordance with the hygiene rules, these are the areas like toilets, baths or sinks, which provides body cleaning and meets hygiene needs.

Plan: The intended purpose ensure achievemant of steps, what, when, why and document that shows how to do it.

Postanalitytical Process: They are the processes that held after the analysis from the approval of the results.

Postoperative Period: The period after surgical operation

Postpostanalytical Process: It states that interpretation of results in order to ensure patients benefit,determining the needs of additional test, and hence giving the right decisions for the patient's diagnosis treatment or follow-up about laboratory to provide information and guidance support.

Preanalytical Process: After the last sampling test order to the patient until analysis, samples transfer, the adoption of the laboratory sample, covers all the stages including the storage and preparation of analysis.

Preoperative Period: The period before surgical operation

Prepreanalytical Process: the patient process to test request.

Primary Facility Resources: It expresses the need of minimum formation of the infrastructure of technologies which will be used in the provision of health care (water, electricity, air conditioning and medical gas systems, etc.).

Privacy: Represents the living area of the patient that has to be clarified for the patients care,treatment (test results, information about the disease and treatment) or for any other reason but hiding them from all other individuals in the society.

Procedure: Document describing how the execution of the activities of a process.

Promotion and Enhancement of Health: Is the course in which people increase the control on their health and are able to enhance it. Promotion and enhancement of health represents a social and political progress. It does not only mean the activities that increases the skill and capacity of individuals but also changing social, environmental and economic conditions, thus it also means the activities aimed at easing their impacts on the health of society and individuals. Promotion and enhancement of health is the course of increasing the control on health determiners (such as biological, environmental, economical, social and life style elements) and thus it is the progress of enhancing their own health.

Psychotrope Medicine: these are the medicines that affect central nervous system and cause some temporal changes in sense, mood, consciousness and behaviors by changing the functions of the brain. And also these may cause physical addiction when used for a long time.

Quiet Room: It is a room designed to prevent the patients to harm themselves in the psychiatric emergency room.

Radioactive Waste: Waste including radioactive material such as fluids left from radiation therapy or laboratory research; contaminated glassware, packaging or paper; open radionuclides and feces and urine of patients who are treated or examined, sealed radioactive sources.

Rational Use of Antibiotics: Acting according to the following 5 TRUE bases for the treatment or prophylaxis of an infectious disease.

Right perso**n**

Right time

Right way (swallowing, chewing, vascular, etc.)

Correct amount

Correct drug

Reference Range: Reference to certain individuals in a population for a test of the minimum and maximum range of values obtained.

Revision Date: The document was last updated refers to the date.

Revision Number: The document is updated refers to the number of times.

Risk analysis: It refers to identification of risks using methods allowing a comprehensive understanding of the risks, assessment of the severity of the damage in case of risks that may arise. In this context, risk analysis includes following processes;

Identification of dangers which patients may be exposed to

Determination of the frequency and level of exposure to hazards

Assessment of which patient or patient groups are affected.

Risk: It refers to the probability of occurrence and the severity of an event that can damage human health as a result of exposure to a hazard.

Sectional Structure: In this structure type, outcomes are based on and departments (sections) are classified according to these outcomes. Departments in health institutions are formed with respect to certain medical specialties (such as child, surgery, radiology etc.). In this structure, there are functional directors working under department directors. Functional directors are responsible not only to department director but also to higher functional directors of the health institution.

Sharp Waste: Wastes such as injection, injection syringe and all other subcutaneous venture injections, cylinders, cartridges and cans enclosing all the gases used in procedure, lancets, scalpel, knife, serum kit needles, surgical suture needles, biopsy needles, intracath, broken glass, bulbs, solid-lamellae, broken glass tubes and petri dishes and these waste may cause stinging, punching, scrape and injuries.

Side Effect: All pharmacological effects, that are unintended, without taking the harm of the medicine into consideration.

Staff/Employee/Personnel: "Staff, employee and personnel" terms in this standard set means all permanent, temporary, volunteer, daily or independent people involved in service provision.

Sterilization: Killing all microorganisms found on anybody or substance by physical or chemical methods including spores.

Supporting Document: Procedure, Direction, Guide, Form, Plan, List, Consent Document, and External Document or this document is supportive documents.

Surgical Prophylaxis: Medical interventions aimed at preventing surgical infections.

Temporary Storage: The process of keeping waste wait in units built in the unit or containers for a temporary period not to exceed 48 hours before the transportation

Transportation: The process of transporting waste by convenient transportation vehicles from temporary storage units to disposal area.

Ultimate Disposal: Destruction or disarmament through incinerating or storing the waste in plants where all measures provided in applicable legislation are taken without any damage to the environment and human health

Value: Defined rules and principle series which directs their members to certain acts for securing the survival of institution.

Verbal Request: verbal request is defined as the doctor's conveyance of the request to the nurse in a verbal way in the obligatory cases which the physician can not give a written request.

Virulence: Ability of a pathogen (bacteria, virus etc.) to cause a disease

Vision: Expressing that health institution hoping to reach the status under current conditions and its main philosophy for the future with sentences that features excellence and being ambitious.

Waste Management Plan: Determining the general principles for not harming the environment and human health when the process of composing waste till disposal of them.

Abbreviations

IMS: Information Management System. Trained users and devices connected to the computer through a network of institutions, every effort is made to perform(clinic, laboratory, radiology, pharmacy services ect), with electronic software to maintain the record.

BSTD: Bedside Test Devices

SAS: Standards of Accreditation in Health

RELEVANT LEGISLATIONS OF STANDARDS

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Organizational Structure	**YO.OY.01.00**	An organizational structure that covers all health institution activities must be formed.	•Presidential Decree No. 1, Official Gazette Number 30474, 10/7/2018 Regulation On Outpatient Diagnosis and Treatment of Private Health Institutions Official Gazette, Issue:26788, 15.05.1987 • Health Services Fundamental Law, Official Gazette, Issue:3359, 15.05.1987
	YO.OY.02.00	Health institution must have all necessary authorization and permission documents including all activities	
Core Policies and Ethical Values	**YO.PD.01.00**	Health institution's basic policies, ethics and values must be determined.	
Quality Management Structure	**YO.KY.01.00**	Planning, implementation, coordination and continuity of quality improvement works must be ensured.	• Regulation on Improvement and Evaluation of Quality in Health, Official Gazette, Issue: 29399, 27.06.2015.
Document Management	**YO.DY.01.00**	Management of documents at health intitutions must be ensured.	•Directive on Medical Record and Archive Services of Inpatient Treatment institutions, Official Gazette: Issue:10588 06.11.2001
Adverse Event Reporting System	**YO.OB.01.00**	Repor ting of adverse events that may (near miss) or does (adverse) affect the safety of patients and employees negatively must be ensured and necessary measures must be taken.	• Act No.6331 on Occupational Health and Safety, Official Gazette, Issue : 28339, 30.6.2012 • Regulation on Improvement and Evaluation of Quality in Health, Official Gazette, Issue: 29399, 27.06.2015.
Risk Management	**YO.RY.01.00**	Risks related to health institution and services provided in the health institution must be identified and managed.	• Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013. • Occupational Health and Safety Risk Assessment Regulation, Official Gazette Number: 28512, 29.12.2012 Regulation on the Prevention of Exposure Risks to Biological Factors Official Gazette Number: 28678 ,15.06.2013 Regulation on the Protection of Employees from Hazards of Explosive Environments Official Gazette Number 28633, 30/04/2013 Regulation on Health and Safety Measures in Working with Chemical Substances Official Gazette, Number: 28733 12.08.2013 Regulation on Protection of Employees from Noise-Related Risks Official Gazette, Number: 28721, 28.07.2013

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Training Management	**YO.EY.01.00**	Training necessities of patient, patient relative and employees must be determined, health institutions must ensure effective implementation of the necessary training.	• Regulation on Improvement and Evaluation of Quality in Health, Official Gazette, Issue: 29399, 27.06.2015. • Regulation concerning the Procedures and Principles of Occupational Health and Safety Trainings of Employees, Official Gazette, Issue: 28648, 15.05.2013. • Ministry of Health In-service Training Regulation Official Gazette Number:15296, 11.12.2009
Institutional Communication	**YO.SS.01.00**	Health institutions must organize programs about promoting and improving health by taking health structure and general health problems of the society into account.	
Performance Measurement and Quality Improvement	**YO.Kİ.01.00**	Corporate communication activities must be carried out effectively	
Monitoring of Indicators	**PÖ.Gİ.01.00**	Performance measurements must be conducted for continuous improvement of processes related primarily to administrative, financial and medical steps.	• Regulation on Improvement and Evaluation of Quality in Health, Official Gazette, Issue: 29399, 27.06.2015.
Human Resources Management	**SÇ.İK.01.00**	A management structure that will perform the necessities regarding planning of human resources and improving work life must be established.	• Regulation on Ministry of Health Appointment and Change of Location, Official Gazette, Issue: 28599, 26.03.2013 • Regulation concerning the Appointment Procedures and Principles of Healthcare Personnel to be appointed by open lot to the State Institutions and Organizations, Official Gazette, Issue: 29412, 10.07.2015 • Regulation on Appointment and Change of Location of Contracted Healthcare Personnel subject to the law no 4924 of Ministry of Health and Affiliated Corporations, Official Gazette, Issue: 29264, 11.02.2015
	SÇ.İK.02.00	Necessities for hiring and orientation processes of employees and continual improving of their work lives must be defined and implemented.	• Regulation on Promotion and Change of Title of Ministry of Health Personnel , Official Gazette, Issue: 28975, 17.04.2014 • General Regulation on Raising Probationary Employee, Official Gazette, Issue: 18090, 27.6.1983

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Employee Health and Safety	**SÇ.ÇG.01.00**	Factors threatening the health and safety of employees should be identified and necessary precautions should be taken to establish a healthy and safe working environment.	• Regulation concerning the Procedures and Principles of Occupational Health and Safety Trainings of Employees, Official Gazette, Issue: 28648, 15.05.2013. • Regulation concerning the Duty, Authorization, Responsibility and Educations of Occupational Safety Specialist, Official Gazette, Issue:28512, 29.12.2012. • Regulatiion on Occupational Health and Safety Services, Official Gazette, Issue:28545, 29.12.2012. • Occupational Health and Safety Law, Law No:6331, Date of Acceptence 20.06.2012. • Regulation on Occupational Health and Safety Committees, Official Gazette, Issue: 28532, 18.01.2013. • Notification concerning the Making Amendment on the Notification of Workplace Hazard Classess related to the Occupational Health and Safety, Official Gazette, Issue: 28602, 29.03.2013. • Regulation on the Use of Personal Protective Equipment at Workplaces, Official Gazette Number: 28695, 02.07.2013
Basic Patient Rights	**HD.HH.01.00**	Provided services at the health institution must be arranged in a way to protect patients and patients caretakers rights.	• Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998
Patient Safety	**HD.HG.01.00**	The services provided at the Health institution must be arranged in a way to protect the safety of the patient and their caretakers.	• Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Patient Feedbacks	**HD.GB.01.00**	A system must be established to receive feedback (opinions, suggestions and complaints etc.) from patients and their carers about the services that are provided.	• Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998
Access to Services	**HD.HE.01.00**	Necessary precautions must be taken in order to provide patient able to reach services in time	• Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998
Prevention of Infections	**SH.EÖ.01.00**	Required measures must be taken for prevention of infections.	• T.R. Ministry of Health, General Directorate of Treatment Services, "Regulation on Infection Control of Inpatient Treatment Institutions" , Official Gazette Issue: 25903, 11.08.2005.
Sterilization Management	**SH.SY.01.00**	The processes for the sterilization must be identified and controlled.	•Regulation On Outpatient Diagnosis and Treatment of Private Health İnstitutions Official Gazette, Issue:26788, 15.05.1987 • Operating Regulation of Inpatient Treatment Institutions, Official Gazette Issue:17927, 13.1.1983
Drug Administration	**SH.İY.01.00**	Institutions must ensure an efficent and safe drug administration.	•Regulation on Pharmacists and Pharmacies,Official Gazette Issue 28970, 12.04.2014 • Regulation on Safety of Medicines, Official Gazette Issue 28973, 15.04.2014

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Patient Care	**SH.HB.01.00**	Patient care processes must be implemented in accordance with patient needs and in a way that ensures patient safety.	• Law concerning the Making Amendment in the Nursing Law , T.R. Official Gazette Issue 26510, 02.05.2007. •Regulation On Outpatient Diagnosis and Treatment of Private Health İnstitutions Official Gazette, Issue:26788, 15.05.1987
	SH.HB.02.00	In the patient care process, implementation of right procedure for right patient must be ensured.	
	SH.HB.03.00	Precautions must be taken in order to prevent falls of patient.	
	SH.HB.04.00	Effective communication between medical staff in terms of medical information flow must be implemented.	
	SH.HB.05.00	Control of patients who have the risk of giving harm to self or others must be ensured.	
	SH.HB.06.00	Standardization of care practices for patient groups with specific conditions must be implemented.	
Radiation Safety	**SH.RG.01.00**	Measures must be taken in order to provide radiation safety for patients, caretakers and employees.	• Regulation on Radiation Safety , Official Gazette, Issue:23999, 05.07.2000 • Regulation on Radiation Dose Limits and Working Principles of Personnel Working with Ionizing Radiation Sources in Health Services, Official Gazette, Issue:28344, 05.07.2012

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Laboratory Services	**SH.LH.01.00**	Laboratory physical environment must be established in a way that ensures test and employee safety.	• Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013.
	SH.LH.02.00	A test guide must be prepared for informing of he-althcare workers responsible with out of laboratory processes	• Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013.
	SH.LH.03.00	Check of pre-analysis laboratory processes must be implemented.	• Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013.
	SH.LH.04.00	Check of analytic processes related to laboratory tests must be ensured.	• Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013.
	SH.LH.05.00	Check of post-analysis processes related to laboratory tests must be ensured	• Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013.
	SH.LH.06.00	Traceability of the processes related to laboratory tests must be ensured.	• Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013.
	SH.LH.07.00	Use of Bedside Test Devices (BSTD) must be regulated.	• Regulation on Medical Laboratories, T.R. Official Gazette Issue 28790, Date 09 .10.2013.
Safe Surgery	**SH.GC.01.00**	Patient safety must be ensured in surgical interventions.	
	SH.GC.02.00	Operation room conditions must be proper for safe surgery.	

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Emergency Health Services	**SH.AS.01.00**	Facilitating structural arrangements for service in emergency units must be implemented.	•Regulation On Outpatient Diagnosis and Treatment of Private Health Institutions Official Gazette, Issue:26788, 15.05.1987
	SH.AS.02.00	All steps between admission and discharge of patient must be defined and necessary regulations must be made.	
Facility Management	**DH.OH.01.00**	Cleaning of all areas of the health nstitution must be provided for safety and satisfaction of patient, caretakers and staff.	• T.R. Ministry of Health, General Directorate of Treatment Services, "Regulation on Infection Control of Inpatient Treatment Institutions" , Official Gazette Issue: 25903, 11.08.2005.
	DH.OH.02.00	Processes related to food services to be provided for patients, caretakers and staff must be defined.	• Regulation of Food Hygiene, T. R. Official Gazette, Issue 281457, 17 December 2011.
	DH.OH.03.00	Provision of laundry service must be implemented in an efficient way for patient and employee safety.	• T.R. Ministry of Health, General Directorate of Treatment Services, "Regulation on Infection Control of Inpatient Treatment Institutions" , Official Gazette Issue: 25903, 11.08.2005.
	DH.OH.04.00	All depar tments providing service must be designed in a way that ensures comfort of the patient.	• Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998 • Regulation on the Implementation of the Law on Private Security Services, Official Gazette Number: 25606, 07.10.2004
	DH.OH.05.00	Security service to ensure the security of life and property of patients, caretakers and employees must be provided at the health institution	• Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998 • Legal Aid and White Code Practice Circular, Issue:6367, 16.03.2016. • Regulation on the Implementation of the Law on Private Security Services, Official Gazette Number: 25606, 07.10.200

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Facility Management	**DH.TY.01.00**	A qualified facility management structure and process must be established in a way that ensures the safety and quality of health services.	• Republic of Turkey Ministry of Health, Department of Construction and Maintenance, "Comminque concerning the minimum technical standards to be complied in the current or new healthcare facilities", 30.10.2012. • Regulation on Elevator Operation, Maintenance and Periodic Control, Official Gazette Number 29396, 24.06.2015 • Regulation on Health and Safety Measures to be Taken in Workplace Buildings and Additions, T.R. Official Gazette Number 28710, 17.07.2013 •Regulation On Outpatient Diagnosis and Treatment of Private Health Institutions Official Gazette, Issue:26788, 15.05.1987
Waste Management	**DH.AY.01.00**	In the scope of protecting human health and environment, safe and efficient management of wastes produced at health institutions must be maintained.	• Regulation on Medical Waste Control, T.R. Official Gazette, Issue 25883, 22/07/2005. • Regulation on Medical Waste Control, T.R. Official Gazette, Issue 25755, 14/03/2005. • Regulation concerning the General Principles of Waste Management, T.R. Official Gazette, Issue 26927, 05/07/2008 • Regulation on Regularly Waste Storage, T.R. Official Gazette, Issue 27533, 26/03/2010 •Waste Management Regulation, T.R. Official Gazette Number 29314, 02/04/2015
Information Management	**DH.BY.01.00**	A safe and effective information management system must be present in the health institution	• Law on Protection of Personal Data, T.R. Official Gazette, Issue 29677, 07.04.2016 • Regulation on the Processing of Personal Health Data and Providing Privacy -20 Oct. 2016 Number: 29863 • Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Material and Device Management	**DH.MC.01.00**	Effective, efficient and safe use of materials and devices must be implemented.	• Regulation on Medical Devices, T.R. Official Gazette, Issue 27957, 07/06/2011 • Circular on TKHK Stock Management and Movable Goods Applications Number:01586109, 01.07.2013 • Regulation on Principles and Procedures of Market Surveillance and Inspection by the Ministry of Health Official Gazette Number: 26563, 25.06.2007 • Movable Property Regulation Number: 26407, 18.01.2007 • Ministry of Environment, Dangerous Chemicals Regulation Official Gazette Number: 24379, 20/04/2001
Outsourcing	**DH.DK.01.00**	Outsourced services must be provided to be in accordance with the health institution's core policies and values and Standards of Accreditation in Health.	•Regulation on Making Amendment in the Service Procurement Tender Application Regulation, T.R. Official Gazette, Issue 29428, 28/07/2015

Relevant Legislation of Standards			
Chapter Name	**Standard Code**	**Standard**	**Related Legislation**
Emergency Management	**AD.AD.01.00**	Measures must be taken for the natural disasters or events which require emergency response, striving, first aid or evacuation.	• Regulation on Disaster and Emergency Response Services,T.R. Official Gazette, Issue 28855, 18/12/2013 • Regulation concerning the Fire Protection of Buildings, T.R. Official Gazette, Issue 26735, 19/12/2007 • Hospital Disaster and Emergency Plans (HAP) Implementing Regulation Official Gazette Number: 29301, 20/03/2015
	AD.AD.02.00	Intervention must be done on time in cases of cardiac arrest or respiratory arrest.	• Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998
	AD.AD.03.00	Intervention must be provided in the cases of risk of infant / child abduction or action in time.	• Regulation on Patient Rights, Official Gazette, Issue: 23420, 01.08.1998
	AD.AD.04.00	Timely intervention in the case of the risk of violence/ acts of violence against healthcare workers must be provided.	• Regulation concerning the Procedures and Principles of Legal Support to be made to the Ministry of Health Personnel due to the crime made against them, Official Gazette Issue : 28277, 28.04.2012 • Circular on Employee Safety, Issue: 2012/23, 14.05.2012
	AD.AD.05.00	There must be a regulation to ensure timely intervention for the fire.	• Regulation on Disaster and Emergency Response Services, T.R. Official Gazette, Issue 28855, 18/12/2013 • Regulation concerning the Fire Protection of Buildings, T.R. Official Gazette, Issue 26735, 19/12/2007 •Ministry of Health Fire Prevention and Extinguishing Directive, Issue:2652, 20/08/2008

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APPENDIX

APPENDIX

APPENDIX 1

SAS INDICATORS LIST

Management and Organization		
Indicator Code	**Indicator**	**Mandatory (M) / Optional (O)**
Y.1.M	Target Achievement Rate	M
Y.2.M	Corrective/Preventive Action Completion Rate	M
Y.3.M	Use of Adverse Event Reporting System • Rate of Improvement Activity for Adverse Event Reporting System	M
Y.4.M	Training Participation Rate of Staff	M
Y.5.M	Completion Rate of Planned Trainings	M

Healthy Work Life		
Indicator Code	**Indicator**	**Mandatory (M) / Optional (O)**
Ç.1.M	Staff Satisfaction Rate	M
Ç.2.M	Employee Turnover Rate	M
Ç.3.M	Rate of Employees not Working in an Area Suitable for Their Professional Education	M
Ç.4.M	Staff Exposure to Cutting/Puncturing Tool Injury Rate	M
Ç.5.M	Staff Exposure to Blood and Body Fluids	M
Ç.6.M	Number of Violence Events Against Employees	M
Ç.7.M	Rate of Completation for Employee Health Screenings	M

Patient Experience		
Indicator Code	**Indicator**	**Mandatory (M) / Optional (O)**
H.1.M	Patient Satisfaction Rate	M

Health Services		
Indicator Code	**Indicator**	**Mandatory (M) / Optional (O)**
	Patient Care	
S.1.M	Rate of Patient Falls	M
	Prevention of Infections	
S.2.M	Quantity of Hand Antiseptic Consumption	M
S.3.M	Hand Hygiene Compliance	M
	Drug Administration	
S.4.M	Number of Medication Errors	M
S.5.M	Rate of Adverse Drug Effects	M
S.6.M	Incidence of Drug Interaction	M
S.7.M	Quantity of Drugs Destroyed	M
	Radiation Safety	
S.8.M	Rate of Tomography Imagings with Contrast Materials	M
S.9.M	Number of Repeated Imagings	M
S.10.M	Waiting Times in Radiated Zones	M
	Laboratory Services	
S.11.M	Incorrect Request Rate for Clinical Laboratory Tests	M
S.12.M	Number of Rejected Samples for Clinical Laboratory Tests • Number of Samples Labelled Incorrectly • Rate of Incorrect Sample Container Use • Rate of Insufficient Samples • Rate of Haemolysed Samples • Clotted Sample Rate • Rate of Samples Exceeding the Specified Maximum Transfer Time	M

Health Services		
Indicator Code	**Indicator**	**Mandatory (M) / Optional (O)**
S.13.M	Rate of Incorrectly Identified Samples for Clinical Laboratory Tests • Rate of Incorrectly Identified Samples Recognized Before Work on Sample • Rate of Incorrectly Identified Samples Recognized After Work on Sample	M
S.14.M	Rate of Lost Samples	M
S.15.M	Rate of Samples Taken Again	M
S.16.O	Rate of Samples not Delivered to the Laboratory	O
S.17.M	Incompatibility Count/Rate of External Quality Control Test	M
S.18.M	Incompatibility Count/Rate of Internal Quality Control Tests	M
S.19.M	Panic Value Notification Rate	M
S.20.M	Rate of Results not Given on Time Total Test Time (test-based average time) •Average Duration Between Order and Reporting • Average Duration Between Sample Extraction and Reporting • Average Duration Between Laboratory Acceptance and Reporting • Rate of Delays Associated with the Analytical Process in the Untimely Results	M
Safe Surgery		
S.21.M	Rate of Safe Surgery Checklist Usage	M
S.22.M	Rate of Unplanned Return to the Operation Room	M
S.23.M	Rate of Anaesthesia Complications ın Surgery	M
Emergency Service		
S.24.M	Quantity of Psychotropic and Narcotic Drug Usage in Emergency Services	M
S.25.M	Observation Time in Emergency Services	M

Support Services		
Indicator Code	**Indicator**	**Mandatory (M) / Optional (O)**
D.1.M	Number of Failures Experienced Days in Basic Facility Resources	M
D.2.M	Response Time for Facility-based Problems	M
D.3.M	Waste Turnover Rate (Determining How Frequently the Waste is Collected from the Temporary Storing Areas by the Relevant/Responsible Agency)	M
D.4.M	Waste-Related Hazardous Accident Rate	M
D.5.0	Average Response Time for Technical Unit to Information Management System (IMS) failures	O
D.6.M	Duration of Information Management System (IMS) Down-time	M
D.7.M	Response Time for Device Failures	M
D.8.M	Device Failure Frequencies	M
D.9.0	Number of Days Passed During Device Failures	O
D.10.0	Information Management System (IMS) Revision Requests • Request Completion Rate • Duration of Request Completion	O

Emergency Management		
Indicator Code	**Indicator**	**Mandatory (M) / Optional (O)**
A.1.M	Rate of Completely Filled Code Blue Event Form	M
A.2.M	Rate of Completely Filled Code White Event Form	M
A.3.M	Rate of Completely Filled Code Pink Event Form	M
A.4.M	Average time of Arrival at the Scene of Event in Code Blue	M