



**USAID** | **EGYPT**  
FROM THE AMERICAN PEOPLE



# HIO MEDICAL AUDIT GUIDELINES FOR PRIMARY HEALTH CARE CLINICS AND HOSPITAL

December 2010

This publication was produced for review by the United States Agency for International Development. It was prepared by Dr. Thomas Schwark, Dr. Nadwa Rafeh, and Dr. Mahmoud Farag, Abt Associates Inc., for the Health Systems 20/20 project.



## **Mission**

The Health Systems 20/20 **cooperative agreement**, funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions.

## **December 2010**

For additional copies of this report, please email [info@healthsystems2020.org](mailto:info@healthsystems2020.org) or visit our website at [www.healthsystems2020.org](http://www.healthsystems2020.org)

**Cooperative Agreement No.:** GHS-A-00-06-00010-00

**Submitted to:** Bob Emrey, CTO  
Health Systems Division  
Office of Health, Infectious Disease and Nutrition  
Bureau for Global Health  
United States Agency for International Development

**Recommended Citation:** Schwark, Thomas, Nadwa Rafeh, and Mahmoud Farag. December 2010. *HIO Medical Audit Guidelines for Primary Health Care Clinics and Hospitals*. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.



Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North  
| Bethesda, Maryland 20814 | P: 301.347.5000 | F: 301.913.9061  
| [www.healthsystems2020.org](http://www.healthsystems2020.org) | [www.abtassociates.com](http://www.abtassociates.com)

*In collaboration with:*

| Aga Khan Foundation | Bitrán y Asociados | BRAC University | Broad Branch Associates  
| Deloitte Consulting, LLP | Forum One Communications | RTI International  
| Training Resources Group | Tulane University School of Public Health and Tropical Medicine

# HIO MEDICAL AUDIT GUIDELINES FOR PRIMARY HEALTH CARE CLINICS AND HOSPITALS

**DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.



# CONTENTS

<b>Acronyms</b> .....	<b>vii</b>
<b>Foreword</b> .....	<b>ix</b>
<b>1. Introduction</b> .....	<b>1</b>
1.1 Organization of the Guide.....	1
1.2 Purpose of the Guide.....	1
1.3 Definitions .....	2
1.4 Ensuring the Quality of Auditors .....	2
1.5 Duties of Medical Auditors .....	3
1.6 Code of Ethics/Confidentiality.....	4
1.7 Overview of the Auditing Process.....	4
<b>Part I: Medical Audit for Primary Health Care Clinics</b> .....	<b>7</b>
<b>2. Auditing Primary Health Care Clinics' Compliance with HIO Contracts</b> .....	<b>9</b>
2.1 Scope of the Contract.....	9
2.2 General Rules .....	10
2.3 Technical Criteria .....	12
2.4 Information.....	15
2.5 Administrative Procedures.....	17
2.6 Professional Mistakes (Malpractice) .....	19
2.7 Financial Accounting.....	20
2.8 Reviewing and Auditing .....	22
2.9 Conclusion.....	24
<b>3. Auditing PHC Clinics' Compliance with Relevant MOH Accreditation Standards</b> .....	<b>25</b>
3.1 Patients' Rights Standards.....	25
3.2 Access and Continuity of Care.....	27
3.3 Patient Assessment.....	28
3.4 Laboratory Services.....	29
3.5 Radiology Services .....	30
3.6 Patient Education .....	31
3.7 General Care .....	32
3.8 Medication Use and Pharmacy Services .....	33
3.9 Emergency Care.....	35
3.10 Patient Safety.....	36
3.11 Infection Control .....	37
3.12 Sterilization.....	38
3.13 Quality Improvement.....	41
3.14 Medical Records.....	43
<b>4. Family Health Unit Performance Indicators</b> .....	<b>47</b>

<b>Part II: Medical Audit for Hospitals.....</b>	<b>49</b>
<b>5. Auditing Hospitals' Compliance with HIO Contracts .</b>	<b>51</b>
5.1 Scope of the Contract.....	51
5.2 General Rules .....	52
5.3 Technical Standards.....	54
5.4 Information.....	61
5.5 Administrative Procedures .....	63
5.6 Professional Malpractice.....	69
5.7 Charging.....	70
5.8 Reviewing and Auditing .....	73
<b>6. Auditing Hospitals' Compliance with Relevant MOH Accreditation Standards.....</b>	<b>75</b>
6.1 Patients' Rights and Responsibilities.....	75
6.2 Performance Improvement .....	77
6.3 Patient Care (Access and Admission).....	86
6.4 Medication Management .....	87
6.5 Patient Safety (PS).....	93
6.6 Infection Control (IC).....	98
6.7 Facility and Environmental Safety.....	102
6.8 Patient-Specific Information – Medical Records.....	108

# ACRONYMS

<b>ADRs</b>	Adverse Drug Reactions
<b>ECG</b>	Electrocardiogram
<b>ER</b>	Emergency Room
<b>ES</b>	Environmental Safety
<b>HIO</b>	Health Insurance Organization
<b>IC</b>	Infection Control
<b>ICU</b>	Intensive Care Unit
<b>IM</b>	Information Management
<b>IPC</b>	Interpersonal Communication
<b>IV</b>	Intravenous
<b>KCL</b>	Potassium Chloride
<b>KPIs</b>	Key Performance Indicators
<b>MgSO<sub>4</sub></b>	Magnesium Sulfate
<b>Ms04</b>	Morphine Sulfate
<b>MM</b>	Medication Management
<b>MOH</b>	Ministry of Health
<b>OR</b>	Operating Room
<b>PA</b>	Patient Assessment
<b>PHC</b>	Primary Health Care or Primary Health Care Clinic
<b>PI</b>	Performance Improvement
<b>PR</b>	Patients' Rights
<b>PS</b>	Patient Safety
<b>QD</b>	Once a Day
<b>QI</b>	Quality Improvement
<b>U/IU</b>	Unit/International Unit
<b>WHO</b>	World Health Organization



# FOREWORD

This document is a guide to Health Insurance Organization (HIO) auditors to help them conduct medical audits in PHC clinics and hospitals. It contains the criteria of selection, training, and certification of auditors who will audit health care facilities for compliance with their contractual responsibilities to HIO. This document also includes an outline of the process for conducting an audit, documents to be reviewed, and the scoring method auditors will use when auditing standards.

Individuals who meet the criteria to train to be an auditor must read and study these guidelines and be completely familiar with the content prior to beginning formal auditor training. This document will be a reference for new and experienced auditors while they are preparing for and conducting audits.



# I. INTRODUCTION

The Ministry of Health (MOH) in Egypt has initiated major reforms to improve health outcomes and the financial sustainability of Egypt's health care system. A key component of the reforms is the separation of financing from the provision of care at the Health Insurance Organization (HIO). The mission of the HIO is to become an effective health care services enterprise able to design, price, negotiate, contract, and pay for services covered under the social health insurance scheme and to ensure high-quality health care services for all Egyptians. To this end, a medical audit system is a key component of the new HIO strategy for four main reasons:

1. HIO has the obligation to ensure that the facility and other health care entities with which it contracts continuously meet their contractual obligations.
2. HIO has the responsibility to ensure that care for which it pays is medically necessary, appropriate, and accurately and completely documented in the medical record.
3. HIO has the responsibility to ensure that its beneficiaries receive care that is safe and conducted in a safe environment.
4. HIO has the responsibility to ensure that its beneficiaries receive the highest possible quality of care.

The transition of HIO from a care provider to purely a purchaser and payer will require restructuring several key functions. In addition to requiring an expanded and new approach to receive, adjudicate, and pay claims for care purchased on behalf of its beneficiaries, HIO will need a medical audit process to perform three main responsibilities:

1. A comprehensive audit of a health care facility with which HIO would like to contract. This audit will determine the capability of the facility and, therefore, the services for which HIO might contract.
2. For already contracted facilities, a periodic determination that the facility continues to meet all the contract requirements.
3. The capability to conduct a "for cause" audit; for example, whether quality or safety concerns exist.

## I.1 ORGANIZATION OF THE GUIDE

This guide is divided into two parts: (1) guidelines for auditing PHCs and (2) guidelines for auditing hospitals. For each part, the guidelines are provided in two main sections:

The first section is a guide for auditing compliance with HIO contracts. This section provides guidelines on how to audit and score each of the articles in the contract.

The second section is a guide for auditing compliance with selected MOH accreditation standards that are relevant to HIO. In addition to auditing compliance with contract provisions, the audit process focuses on *selected* PHC and hospital MOH accreditation standards that directly affect HIO's mission. The HIO audit process will not duplicate the MOH accreditation process.

## I.2 PURPOSE OF THE GUIDE

These guidelines are designed to introduce the audit process to HIO auditors to help them carry out their roles and responsibilities in both primary health care facilities and hospitals. The guidelines also define the qualifications and duties of the auditors and the audit process.

More specifically, the guidelines are intended to accomplish the following:

1. Provide specific guidance to auditors on the audit process and the scoring methodology.
2. Serve as a basic training manual for new auditors and as a reference manual for more experienced auditors.
3. Reduce, to the extent possible, the variation in interpretation of standards that might occur among auditors if no specific guidelines existed on how to evaluate and score each standard. Consistent interpretation of standards is essential to the success of the medical audit system. An auditor's personal opinion or interpretation of the standards must be reduced or eliminated. Based on experiences in many countries, the author recognized that different auditors might interpret standards differently and, therefore, the consistency in interpretation from one auditor to another, or from one audit team to another, might vary significantly. Therefore there would be the possibility of damaging the integrity and the impartiality of the process, which could be corrupted by personal relationships or preferences. To address this possibility, the auditors' guide identifies what the auditors should look for to demonstrate compliance with each standard and provides a uniform requirement for scoring each standard. Although the auditors may offer *advice* on how the standard might be better met, they are limited to scoring the standard in accordance with the audit guide and scoring methodology.

## 1.3 DEFINITIONS

### MEDICAL AUDIT

HIO recognizes the medical audit as "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change."

### AUDITORS

HIO defines an auditor as a health professional with an in-depth knowledge of quality, patient safety, accreditation standards, and the HIO; and who has effective communication, interviewing, and teaching skills; and who is considered a "peer" by those whose facility or program he or she is assessing. In addition to conducting actual audits, auditors may, when it serves HIO's interests, also serve as consultants to assist hospitals or PHCs in preparation for the audit.

## 1.4 ENSURING THE QUALITY OF AUDITORS

International experience over many decades and in multiple countries has proven that the single most critical factor in ensuring the integrity and credibility of a health care audit program is the quality of the auditors. Thus, HIO with the assistance of HEALTH SYSTEMS 20/20 has developed a three-step process to develop a group of auditors who will ensure the credibility of the HIO's audit program. These steps are: selection criteria, training requirements, and certification criteria.

### AUDITOR SELECTION CRITERIA

To be selected for auditor training, the individual must meet the following criteria:

1. Hold a degree in a health-related field (e.g., MD, RN, Pharmacist).
2. Have a minimum of 5 years of experience working in a health care (PHC or hospitals/facility) setting.
3. Possess good interpersonal skills and be an effective teacher.
4. Be interested in and enthusiastic about the audit process and the concept of standards.

5. Possess the interest and enthusiasm to support the audit process and the concept for accreditation.

## TRAINING REQUIREMENTS

To be properly trained, auditors must have completed the following:

- a. Self-study of standards, audit process, and scoring.

Attended a formal classroom course on the standards, audit process, and scoring.

Observed one (or more) “mock” or practice audits conducted by experienced certified trainers. The number of observations required would be based on the experienced certified trainers’ evaluations.

Conducted one (or more) “mock” or practice audits *under the observation* of experienced certified trainers. The number required would be based on the experienced certified trainers’ evaluations.

Demonstrated the *ability to write* an audit report that includes findings and recommendations for each standard that was not fully met.

## CERTIFICATION CRITERIA

To ensure the auditors’ credibility, a formal process is necessary to provide certification to those who can demonstrate their ability. The HIO will grant the certification to fully qualified auditors.

To receive certification from the HIO as a qualified auditor, individuals must successfully complete the following steps:

1. Complete steps 1–5 (above) of the training curriculum.
2. Pass a written test on the standards and the audit process.
3. Receive the endorsement and recommendation of the supervising experienced auditors.
4. Acquire final approval of the director of the technical office of HIO.

Auditors recommended for certification will be classified as qualified auditors and/or qualified trainers for future auditors.

## 1.5 DUTIES OF MEDICAL AUDITORS

Medical auditors are required to perform the following:

1. Conduct audits (using the HIO-approved audit guide) of health care organizations with which HIO proposes to contract.
  - a. Prepare comprehensive reports of the capability to support care for HIO beneficiaries safely and with quality and to meet the proposed contract specifications.
2. Conduct periodic audits of health care organizations that have existing contracts with HIO.
  - a. Conduct comprehensive audits to determine if the organization continues to meet the contractual obligations to HIO.
  - b. Conduct focused audits when directed by HIO for specified reasons.
  - c. Prepare comprehensive reports documenting all findings and any recommendations.
3. Conduct other duties as required.

## 1.6 CODE OF ETHICS/CONFIDENTIALITY

Each auditor will be required to sign an agreement that he or she understands the sensitivity of the information he or she may learn while visiting a health care facility either as a consultant or an auditor. The agreement will specify that any information is strictly confidential and under no circumstances should it be divulged to anyone outside the audited organization or the HIO. In addition, the auditor should be required to state whether there is any real or potential conflict of interest on his/her part related to the organization to be audited, its board, or any of its subcontractors. Failure to adhere to this code of ethics may be grounds for dismissal as an auditor.

## 1.7 OVERVIEW OF THE AUDITING PROCESS

### TYPES OF AUDITS

There are three types of audits and the number of required auditors varies with the reason for the audit:

1. **Initial Comprehensive Audit** – This type of audit is done prior to HIO entering into a contract with the medical facility. Its intent is to determine the medical facility's ability to meet the contract requirements and to provide HIO with information to help it decide whether or not to contract with the facility, and if it does decide to enter into a contract with the facility, for what services would it wish to contract.

For hospitals, this audit would usually require at least three auditors for two to three days. The number of auditors needed will depend on the size of the hospital (total number of beds) and the scope of services it can provide.

For primary care centers, the initial audit would require one or two auditors for one or two days. This depends on the scope of services provided (e.g., visiting consultants or a polyclinic).

2. **Periodic Audit** – This type of audit is done to ensure that the contracted medical facility continues to meet all the contractual obligations. This audit should be done without giving the facility advance notice and, for hospitals, will require at least two auditors for one to two days (depending on the number of beds and scope of services.)
3. **For-Cause Audit** – This audit is done at the discretion of HIO based on any concerns about patient safety, quality of care, claims discrepancies/fraud, etc. The number of auditors required and the duration of the audit will vary depending on the reason for the audit.

### AUDIT PROCESS

The audit process involves the following activities:

1. Review of documents, including policies, procedures, and plans.
2. Review of medical records – During the audit, the auditor should review open medical records (currently hospitalized patients; or for PHC (those with at least one visit in the past year). The records selected should represent some of the 10 most common diagnoses and procedures and some high-risk procedures or diagnoses.
3. Observation – At all times, each auditor should look for the following:
  - a. Issues relating to facility safety
  - b. Infection control deficiencies (i.e., hand hygiene)
  - c. Patient rights issues (privacy, confidentiality of information)
4. Staff interviews – Each auditor should interview selected staff members depending on the purpose and scope of the audit. It is important to remember “Don’t just tell me, show me.”

5. Patient interviews – The auditor may need to interview one or more patients.
6. Facility tour – Usually conducted by one auditor (although all auditors need to observe environmental safety issues at all times), the tour is intended to supplement the review of the environmental safety documented plans that would have been reviewed before the tour. by validating that the plans have been implemented. The required plans are defined in the environment safety standards.
7. Infection prevention and control interview – Conducted by one auditor (although all auditors need to observe infection control activities at all times), this interview focuses on the infection control plan, surveillance data and its use, and how high risk areas are evaluated.
8. Medication management interview – Conducted by one auditor at the start of the pharmacy visit, this interview focuses on the medication use standards with special emphasis on medication use safety.
9. Medical records interview – Conducted by two auditors (usually a nurse and a physician).
10. Medical team qualification interview – This interview should take place in areas where documentation concerning the medical team member’s qualifications, licensure, registration, experience, and other related data are maintained.
11. Quality improvement and patient safety interview – Conducted by all auditors, this interview covers the quality improvement and patient safety standards.
12. Visits to areas – The subjects to be covered during the audit will obviously vary depending on the area being visited and the type of the audit (comprehensive or focused). For an initial comprehensive audit, auditors must visit all areas and must evaluate all relevant contract articles and accreditation standards. However, during a periodic audit, only those areas that HIO has determined (based on its data or on the results of the initial comprehensive audit) to be potentially problematic need to be visited.

## TERMINOLOGY

**Policies and Procedures** – This term is used frequently in the standards and in the audit guide. A policy defines what is to be done. A procedure defines how it is to be done. Two separate documents are not necessarily needed to differentiate between policies and procedures. A policy may incorporate the procedure, or a written procedure may include the policy (what is to be done as well as how). Further, not all policies need an associated procedure. For example, a policy on patent rights needs to include “what” the patient’s rights are but not “how” they are to be enforced. Likewise, a procedure may not need to explicitly define “what” is to be done since it may be obvious.

**Auditors’ Judgment** – Many standards cannot be quantified and will require the auditors to use their own judgment. In general these standards should be scored only after discussion with, and agreement of, the entire team and sufficient findings documented in the report to support the judgment. As auditors gain experience, the discussions will be very brief.

**Sample Size Necessary for Assessing Standards** – For the most part, this is a common-sense approach. Although many standards are scored based on a percentage, a statistically valid sample is not always needed. This is not intended to be a scientific study with a “P” value, but a common sense approach to answer the question “Am I comfortable with this, or do I need to keep looking.” For example, assume that a standard must be in place in 90 percent of sample medical records reviewed in order for a facility to be scored as “standard fully met.” Medical auditors select 10 medical records to be reviewed. If the standard is not present in the first 4 records reviewed, it is not necessary to continue reviewing records since the maximum compliance would be 60 percent. Likewise, if in the first four records the standard is present, it is not always necessary to keep

looking, and it would be acceptable to conclude that the standard is fully met. There is simply not enough time to evaluate every standard based on a statistically adequate sample.

**“By Exception”** – Several standards are scored “by exception.” This means that the standard score will default to “fully met” unless there is some obvious deficiency.

## **RESPONSIBILITIES OF THE AUDIT TEAM**

1. Each member of the audit team should be free of any conflict of interest with the health care facility being audited. This includes, but is not limited to, being in direct economic competition with the facility or having a business, personal, or family relationship with any member of the facility’s leadership team.
2. Each audit team should have an appointed team leader whose responsibilities include the following:
  - a. Developing and coordinating the audit agenda with the health care facility.
  - b. Ensuring that travel and hotel arrangements have been made when needed.
  - c. Assigning individual team member portions of the audit they will be responsible for writing.
  - d. Assigning specific documents to be reviewed by each team member.
  - e. Assigning individual team members areas to visit.
  - f. Determining the type and number of medical records to be reviewed.
  - g. Determining the type and number of medical staff files to be reviewed.
  - h. Convening a team meeting at the end of each audit day to share, discuss, and coordinate findings and recommendations.
  - i. Coordinating the draft report that will be submitted.
3. Each audit team member should be fully knowledgeable of all contract requirements and applicable accreditation standards and be able to evaluate compliance by reading policies, reviewing medical records, observing care processes, observing environmental safety and infection control practices or deficiencies, and interviewing staff members.

# **PART I: MEDICAL AUDIT FOR PRIMARY HEALTH CARE CLINICS**



## 2. AUDITING PRIMARY HEALTH CARE CLINICS' COMPLIANCE WITH HIO CONTRACTS

### 2.1 SCOPE OF THE CONTRACT

#### ARTICLE (1)

The above preamble, appendices, and agreed amendments are considered an integral part of this contract.

#### ARTICLE (2)

The Second Party, by virtue of this contract, shall provide the services of Primary Basic Care as a Family Medicine Unit through a qualified specialist in Family Medicine (holder of fellowship, master's degree, or diploma in Family Medicine).

AUDIT PROCESS	SCORING
<p>The auditors first need to review the contract to determine what services the family health unit has agreed to provide (this can be done prior to the audit, and the services will be dependent on the pre-contract audit) (see Section 2.8, Article 36). Next the auditors should confirm, by interview, tour of the facility, and observation, that the services are actually being provided. In addition, they may find it useful to review any encounter logs or other documents that show evidence of provided services.</p>	<ul style="list-style-type: none"><li>• If there is evidence that all agreed-upon services in the contract are being provided, score as fully met.</li><li>• This standard should default to a score of fully met unless the entire audit team agrees that one or more services are not being provided and unless this is temporary (agreed by the team), the family health unit has not notified HIO.</li></ul>

## 2.2 GENERAL RULES

### ARTICLE (3)

The Second Party must fulfill all the requirements of license and registration for medical facilities set by the pertinent authorities as determined by the Ministry of Health (MOH).

AUDIT PROCESS	SCORING
Auditors should review all the documents relating to licensing and registration requirements for all the family health unit's medical facilities (if more than one facility exists). See Section 2.2, Article 5.	<ul style="list-style-type: none"> <li>Since this is a legal obligation, evidence indicating that the family health unit has met ALL requirements must be documented for it to be scored as fully met.</li> </ul>

### ARTICLE (4)

The Second Party must fulfill all the registration requirements of the various professional syndicates and obtain necessary licenses to practice the profession for those individuals who work within the medical team of the Second Party and who by the nature of their work necessitate a license.

AUDIT PROCESS	SCORING
Since the family health unit may have dozens of medical team members, it is acceptable to audit the files or other forms of written documentation of randomly selected individuals (10 to 20, depending on the size of the family health unit). Also see Section 2.2, Article 5, paragraph 2.	<ul style="list-style-type: none"> <li>Fulfillment of all requirements will be scored the same as for Section 2.2, Article 3.</li> </ul>

### ARTICLE (5)

All documents necessary for the conclusion of contracting must be fulfilled according to the list attached to the contract, which is considered an inseparable part of this contract.

The First Party has the right to view the academic certificates, certificates of experience, and curricula vitae of the medical team members, as well as the certificates of registration with the syndicates, licenses for practice of the medical team members and the facility, and evidence of malpractice coverage for the medical team members, with the First Party having the right to retain a copy of these documents.

AUDIT PROCESS	SCORING
Section 2.2, Article 5, paragraph 2, has six requirements. The auditors should review at least two human resource files for each discipline that requires license. They should ask the family health unit to "flag" the appropriate documents that demonstrate compliance with these six requirements.	<ul style="list-style-type: none"> <li>As noted in Section 2.2, Article 3, since most of these requirements are also legally required, to be scored as fully met, all documentation must be present.</li> </ul>

## ARTICLE (6)

The Second Party is obliged to provide an office for the affairs of the beneficiaries of the First Party. A coordinator from the Second Party shall manage its affairs and supervise it. The said office shall be equipped with the different communication means (telephone, fax, electronic mail).

AUDIT PROCESS	SCORING
This standard is audited by observation. Auditors should visit the office to determine whether it is large enough for its functions, a coordinator is available, and the office has adequate means of communicating.	<ul style="list-style-type: none"><li>• If an office exists and it is large enough (to provide privacy for beneficiary interviews when necessary) and has a full range of communication devices, score as fully met.</li><li>• If an office exists, but it is cramped and does not offer beneficiary privacy, or if there is no email capability, score as partially met.</li><li>• If there is no office or if there is no assigned coordinator, score as not met.</li></ul>

## ARTICLE (7)

The Second Party shall post, in a location visible to patients and families, that it is contracted to provide the services specified in this contract.

AUDIT PROCESS	SCORING
Audited by observation. Auditors should look for placards or other signage designating services provided. Although not specifically required by the contract, the auditors might suggest that the above-named coordinator (See Section 2.2, Article 6) prepare a brochure outlining for HIO. This standard is intended to inform beneficiaries what services the family health unit is required to provide.	<ul style="list-style-type: none"><li>• This should default to a score of fully met unless the entire audit team agrees that the family health unit has not made public the services it is obligated to provide.</li><li>• If the entire team agrees, this may be scored as not met.</li></ul>

## ARTICLE (8)

HIO patients are equal to all patients dealing with the Second Party without discrimination.

AUDIT PROCESS	SCORING
A good auditing technique is to ask doctors and nurses if they know the payer class of an individual patient. If the caregivers are unaware of the payer class, one can assume that all patients are treated alike. It is also valuable for auditors to interview several HIO beneficiaries about their experience with caregivers.	<ul style="list-style-type: none"><li>• This standard should also default to a score of fully met unless the entire audit team agrees that there is evidence that HIO patients are not treated equally.</li></ul>

## 2.3 TECHNICAL CRITERIA

### ARTICLE (9)

The Second Party commits to satisfying the standards for quality, accreditation, and patient safety, including a visible declaration of patients' rights, according to the standards issued by the accrediting authorities determined by the MOH, in addition to the guideline standards specified by the First Party in the appendices.

AUDIT PROCESS	SCORING
The specific MOH-approved accreditation standards that relate directly to HIO's business are found in the second portion of this audit guide and will be addressed and scored there.	<ul style="list-style-type: none"> <li>This standard will be addressed and scored in the second portion of the guide.</li> </ul>

### ARTICLE (10)

The Second Party commits to ensuring the medical teams are complete in terms of their numbers and qualifications to match the contracted level of service according to the terms and conditions set by the pertinent authorities in the MOH.

AUDIT PROCESS	SCORING
The medical team's qualifications can be audited using the same process found in Section 2.2, Article 4. The appropriate number of medical team members can be audited by reviewing the performance improvement (PI) requirement to monitor waiting times. If waiting times are "reasonable" (no more than 4 to 6 weeks), the auditors can assume that the medical teams have adequate numbers.	<ul style="list-style-type: none"> <li>If patient flow is "reasonable" (does not exceed capacity) and the medical team members' qualifications allow assurance that the agreed-upon services can be provided, score as fully met.</li> <li>If patient flow exceeds capacity for less than a cumulative 3 months out of the year, score as partially met.</li> <li>If patient flow consistently (4 or more months out of the year) exceeds capacity, or if no appropriately qualified physician is available for any of the agreed-upon services, score as not met.</li> </ul>

### ARTICLE (11)

The Second Party is obliged to submit protocols and clinical practice guidelines they currently operate with for approval by the First Party. If these are not available, the Second Party shall be obliged to use the protocols and guidelines of the First Party. In all cases, they must be in conformity with practices rules of evidence-based medicine.

AUDIT PROCESS	SCORING
To audit this requirement, the auditors should determine three factors: (1) Does the family health unit have protocols or clinical practice? (2) Is there documented evidence that the protocols or clinical practice guidelines are implemented and actually being consistently followed? (3) Is there documented evidence that the protocols or clinical practice guidelines are current and based on professional evidence-based medicine (and not on personal preference)?	<ul style="list-style-type: none"> <li>If there is documented evidence that protocols or clinical practice guidelines exist, are consistently followed, and are evidence based, score as fully met.</li> <li>If there are protocols or clinical practice guidelines, but the documented evidence shows they are inconsistently followed (less than 50 percent), score as partially met.</li> <li>If there are no protocols or clinical practice guidelines, or if they are rarely followed (less than 25 percent), or if they are not evidence based, score as not met.</li> </ul>

## ARTICLE (12)

The Second Party is obliged to form technical committees to monitor medical performance as well as to activate their function (to be determined in the appendices).

AUDIT PROCESS	SCORING
<p>Rather than look for committees, the auditors should look for the documented presence of “functions.” It may not be realistic for a small family health unit to have multiple committees.</p> <p>The auditors should look for the following processes/functions: Quality Improvement, Infection Control, Morbidity and Mortality, as required. In addition, the following functions should also exist: Medication Management (Pharmacy and Therapeutics), Medical Records, Safety, and Peer Review (unless already part of the PI or Morbidity and Mortality function). The auditors should then look for evidence that a specified member of the team performs this function, that the frequency of meetings required by their terms of reference are met, that minutes are kept, and documented evidence that the group has taken effective action when needed.</p>	<ul style="list-style-type: none"> <li>• If the required functions are present, have followed their terms of reference, and have taken effective action as documented in their minutes, score as fully met.</li> <li>• If the only function not present is Peer Review, or if the responsible persons are not meeting regularly, score as partially met.</li> <li>• If more than two required functions are not present or if there are no minutes, score as not met.</li> </ul>

## ARTICLE (13)

The Second Party is obliged to provide the medical and nonmedical supplies suitable for the contracted medical service and to carry out the maintenance and periodic inspection and calibration — through a certified inspection authority and in accordance with factory specifications through valid maintenance contracts.

AUDIT PROCESS	SCORING
<p>This standard is to be audited and scored under the audit of the applicable accreditation standards. (In addition, see the audit process for accreditation standards Section 3.12, ES.2.4).</p>	<ul style="list-style-type: none"> <li>• If Section 3.12, ES.2.4 is fully met, this Article can be scored as fully met.</li> <li>• If not, then score the same as for Section 3.12, ES.2.4.</li> </ul>

## ARTICLE (14)

The Second Party is obliged to use the medical supplies that are in conformity with the Egyptian Standard Specifications. The First Party shall be entitled to review the certificates that demonstrate compliance with this requirement.

AUDIT PROCESS	SCORING
<p>The auditors should review the documentation (certificates or other formats) that demonstrate that the family health unit only uses medical supplies that conform to standard Egyptian specifications. Reviewing this in a purchasing or stores department may be the best approach.</p>	<ul style="list-style-type: none"> <li>• If there is documentation that only approved supplies are procured and used, score as fully met.</li> <li>• Since this is a legal requirement, if any supplies are used that are not approved, score as not met.</li> </ul>

## ARTICLE (15)

The Second Party is obliged not to carry out any scientific researches on the beneficiaries of the First Party unless there is a written consent from the beneficiary and according to the organizing regulations, approved protocols, and legal procedures from the MOH and from the pertinent authorities so that the First Party shall not bear any responsibility or cost.

AUDIT PROCESS	SCORING
<p>The written consent (informed consent) will be audited and scored only if the facility conducts patient- specific research.</p>	<ul style="list-style-type: none"> <li>• If the facility conducts patient-centered research and has an informed consent process, score as fully met.</li> <li>• If the facility does not conduct patient-specific research, score as not applicable.</li> <li>• If the facility does conduct patient-specific research but does not require informed consent, score as not met.</li> </ul>

## ARTICLE (16)

The Second Party is obliged to notify the First Party about any unexpected death cases and dangerous complications (as specified in the appendices) through a complete medical report about the case within 24 hours from the occurrence of the death. The Second Party shall also inform the First Party about all the procedures that were taken to conduct a root cause analysis and the policies and procedures that will be followed in the future to avoid such occurrences. The First Party shall be entitled to review all the documents and procedures concerning the case.

AUDIT PROCESS	SCORING
<p>The auditors should validate that the family health unit has a list of the unexpected deaths or grave complications that must be reported to HIO and must require a root cause analysis. In a primary care ambulatory care setting, it is unlikely that such an adverse event has happened. However, if such an incident has occurred, the auditors should review the documentation of the root cause analysis.</p>	<ul style="list-style-type: none"> <li>• If the family health unit has a list of reportable and reviewable events and there is evidence that when one has occurred, a root cause analysis was done and the corrective action has been effective, score as fully met.</li> <li>• If the family health unit has no list of such events or if none have been identified, reported, and analyzed, consider a score of not met unless the audit team is convinced that in fact there have been no such events.</li> </ul>

## ARTICLE (17)

The Second Party shall inform the First Party monthly about the results of the key performance indicators (KPI) for the institution and for the beneficiaries of the First Party in particular (as specified in the appendices).

AUDIT PROCESS	SCORING
<p>This should be audited in two ways. First, confirm that HIO has received monthly reports of the KPIs. Next, auditors should compare and confirm HIO's data with the family health unit's data and, specifically, the mechanism the family health unit uses to ensure that all performance indicators can be clearly and accurately identified AND reported.</p>	<ul style="list-style-type: none"> <li>• If HIO has received ALL monthly reports from the family health unit AND the family health unit has a clear system to identify and report the performance indicators, score as fully met.</li> <li>• If only one monthly report has not been received by HIO AND the family health unit has a clear system to identify and report the performance indicators, score as partially met.</li> <li>• If two or more monthly reports were not submitted or received by HIO, or if the family health unit does not have a clear system to identify and report the performance indicators, score as not met.</li> </ul>

## 2.4 INFORMATION

### ARTICLE (18)

Both parties commit to applying computerized systems and necessary operating programs to prepare databases for patients who are HIO beneficiaries (data and methods of sharing data are to be specified in the appendices).

AUDIT PROCESS	SCORING
The auditors will need to review the appendices and then, through interviews, observation, or reports, validate that the databases include all the required data.	<ul style="list-style-type: none"><li>• If the databases include all the required data as defined in the appendices, score as fully met.</li><li>• If not, score as not met.</li></ul>

### ARTICLE (19)

The Second Party commits to preparing and supplying the First Party with a database of its facilities (specified in the appendices), which will be updated on a continuous basis.

AUDIT PROCESS	SCORING
This standard will be particularly applicable for those facilities that have more than one geographic location. Even when the Second Party has only one location/facility, the auditors will need to review the appendices and then, through interviews, observation, or reports, validate that the databases include all the required data.	<ul style="list-style-type: none"><li>• If the databases include all the required data as defined in the appendices, score as fully met.</li><li>• If not, score as not met.</li></ul>

### ARTICLE (20)

The Second Party commits to the confidentiality of patient data and to following the specified authorizations for the sharing of such data, in addition to being committed to not giving out any patient information except to the First Party or to the patient, or by written consent from the patient.

AUDIT PROCESS	SCORING
The auditors should review any policies that define confidentiality and who has authorized access to medical records. Also, by observation, the auditors should look for unsecured medical records that might be seen or taken by unauthorized personnel.	<ul style="list-style-type: none"><li>• This should default to a score of fully met unless the audit team agrees that there is evidence of breach of confidentiality or unauthorized access to medical records.</li></ul>

### ARTICLE (21)

The First Party is obliged to maintain patients' files using safe methods and to determine the system of the disposal of such files after a time period to be determined by the First Party.

AUDIT PROCESS	SCORING
Paper medical records should be stored in an area that can be locked and is protected from fire, water damage, or tampering. If the records are in electronic format, they must be password protected, and a backup or archiving system should be in effect in the event of failure of the main computers. A clear policy of disposal, according to HIO policy, should be in effect.	<ul style="list-style-type: none"><li>• This standard should also default to a score of fully met unless the entire audit team agrees that there are significant deficiencies in storage of paper records, or if there is no electronic backup or password protection of electronic records.</li></ul>

## ARTICLE (22)

The First Party has the right to take all necessary legal measures in the event the Second Party conceals information or purposely presents inaccurate data or information.

AUDIT PROCESS	SCORING
If the audit team identifies that the family health unit is intentionally concealing information or presenting false data or information, it should immediately notify the HIO central office and request guidance.	• This standard is not scored.

## 2.5 ADMINISTRATIVE PROCEDURES

### ARTICLE (23)

The Second Party is obliged to receive patients who hold an HIO identification card whenever they arrive at the facility, without the patient bearing any burden or administrative procedures. In the case of needing to verify the patient's identity or of completing any procedure, this will be done through the coordinator who is responsible for the support of the HIO beneficiaries. (See Section 2.2 Article 6) of this contract).

AUDIT PROCESS	SCORING
The auditors should identify any instances in which the family health unit did not accept a patient with a valid HIO identification.	<ul style="list-style-type: none"><li>This standard will default to a score of fully met unless the audit team agrees that there is evidence that the family health unit sometimes refuses to accept a patient who has a valid HIO identification.</li></ul>

### ARTICLE (24)

The Second Party is obliged to have a defined plan of client support that depends on clear mechanisms for the procedures inside the institution. This requirement includes follow-up and long-term support of the patient when needed. It is also mandatory that a mechanism be in place to audit patient opinion and notify the First Party of the results.

AUDIT PROCESS	SCORING
Auditors should review this process while visiting the family health unit's HIO beneficiary support office and its coordinator. Auditors should verify a written plan exists, which includes necessary patient support after discharge. Auditors should review the documented results of patient satisfaction audits and any effective corrective action based on the audit findings. Patient satisfaction audits should be conducted at least every 3 months using an adequate sample. Auditors should review reports that were sent to HIO.	<ul style="list-style-type: none"><li>If there is a written plan for support of HIO beneficiaries and documented results of patient satisfaction audits, including corrective actions, and the results were sent to HIO, score as fully met.</li><li>If there is a written plan for support of HIO beneficiaries and only a single patient satisfaction audit in the past year, score as partially met.</li><li>If there is no plan for support of HIO beneficiaries, or if there has been no patient satisfaction audit, or if the results have not been sent to HIO, score as not met.</li></ul>

### ARTICLE (25)

When the Second Party needs to refer a patient to complete their medical treatment or undergo any intervention or investigation at another destination, it is obligatory that the First Party be notified and its consent be obtained. This shall occur through the coordinator or the office designated to handle the affairs of the beneficiaries of the First Party, indicated in Section 2.2 Article 6, via specific simple procedures that guarantee rapidity of referral and without the patient being encumbered with any hardship or burdens.

AUDIT PROCESS	SCORING
The auditors should review several (approximately five) cases that were referred to another facility. They should determine how much time passed from the clinical decision to refer the patient to obtaining the HIO's consent and the actual time of the transfer/referral. The term "rapidity of referral" will require clinical judgment on the part of the auditor and will likely depend on the reason for referral and its urgency.	<ul style="list-style-type: none"><li>If the process of referral or transfer was consistently completed in a reasonable time as judged by the auditors, or if the delay was beyond the control of the family health unit, score as fully met.</li><li>If only one or two minor delays occurred, score as partially met.</li><li>If the process consistently takes excessive time as judged by the auditors, score as not met.</li></ul>

## ARTICLE (26)

The Second Party commits to receiving all cases referred to it from the First Party that are within the scope of this contract and commits to notifying the First Party of any operational causes that may hinder its receiving of patients, along with specifying the date of resumption of work.

In the event of sudden unexpected breakdowns making it difficult to receive the patient, coordination will be conducted with the First Party, in the presence of the patient, through the coordinator indicated in Section 2.2, Article 6, to allow the patient to choose between being put on the waiting lists or being referred to another destination.

In the event the Second Party repeatedly refuses to receive the beneficiaries of the First Party without an acceptable excuse, there will be a warning, then deduction from due sums, then termination of contract.

AUDIT PROCESS	SCORING
<p>If the family health unit had any planned interruption in its ability to provide the contracted services, the auditors should review the documentation sent to HIO that explained the reason and the expected resolution date. If the family health unit had any unplanned interruption in its services, the auditors should determine if coordination with HIO occurred and whether the patient was given the option of waiting or being referred to another facility.</p>	<ul style="list-style-type: none"> <li>• If there is no evidence that the family health unit has ever refused to provide care to an HIO beneficiary and has had no interruption of services, or it had an interruption but documented coordination and reported to HIO, score as fully met.</li> <li>• If there is evidence that the family health unit has rarely (only one or two instances where the reason was clearly documented) refused to provide services to an HIO beneficiary, or had only brief interruption (less than 24 hours) of it services, score as partially met.</li> <li>• If there is evidence that the family health unit has frequently (more than once a week) refused to provide services to an HIO beneficiary, or it there was an interruption in services but HIO was not notified, score as not met.</li> </ul>

## ARTICLE (27)

The two parties are obliged to direct the executive managers or their representatives to attend periodic meetings (frequency to be agreed upon) to present and discuss administrative problems, exchange opinions, and agree on suitable solutions.

AUDIT PROCESS	SCORING
<p>Although the contract currently does not specify the frequency of such meetings, commonly they are meetings of the senior leaders of the family health unit and are held at least monthly.</p>	<ul style="list-style-type: none"> <li>• If meetings of the senior leadership are held monthly, score as fully met.</li> <li>• If meetings of the senior leadership are held infrequently (less than four times a year), score as partially met.</li> <li>• If no meetings of the senior leadership are held, score as not met.</li> </ul>

## 2.6 PROFESSIONAL MISTAKES (MALPRACTICE)

### ARTICLE (28)

The Second Party commits to insuring against professional malpractice based on mistakes and risks of the professions, by means of an insurance policy proportional to the volume of transactions with the First Party. It also commits to completing all malpractice insurance documents for medical team members assigned to deal with the beneficiaries of the First Party according to the volume of transactions and type of specialty.

AUDIT PROCESS	SCORING
Auditors should review current documentation to determine that the family health unit has the required insurance.	<ul style="list-style-type: none"><li>• If the family health unit currently has effective insurance as required by Section 2.6, Article 28, score as fully met.</li><li>• If it does not, score as not met.</li></ul>

### ARTICLE (29)

The First Party retains its right to refer to the courts (alone or in solidarity with the beneficiaries) against the Second Party in all cases resulting from professional malpractice that necessitate compensation.

AUDIT PROCESS	SCORING
This is not subject to audit. It is a right exclusively retained by HIO and not subject to the family health unit's concurrence.	<ul style="list-style-type: none"><li>• This is not subject to scoring.</li></ul>

## 2.7 FINANCIAL ACCOUNTING

### ARTICLE (30)

The accounting/payment will be done according to the price list, which is approved by both parties and attached to this contract.

AUDIT PROCESS	SCORING
This is straightforward and would be audited only if there is an apparent discrepancy between the charges the family health unit uses and those at HIO.	<ul style="list-style-type: none"> <li>This does not need to be scored.</li> </ul>

### ARTICLE (31)

The accounting is to be done based upon the number of enrolled cases assigned to the unit, i.e. per capita, regardless of the number of visits. The accounting method may also be linked to the technical indications of the quality of performance. The Second Party is obliged to prepare a detailed form for patients who frequently visit the facility and include the medical services they received. The Second Party should send this form to HIO monthly (agreement about this matter to be concluded and included in the appendices).

AUDIT PROCESS	SCORING
The auditors should evaluate the data concerning patients who have had multiple visits (see PHC Performance Indicators for patients with more than six visits). Next, auditors should review the reports the family health unit sent to HIO for completeness and timeliness. The capitation amount and details are not subject to audit but are negotiated directly between the family health unit and HIO.	<ul style="list-style-type: none"> <li>If the unit has documented data that identify patients who have multiple visits and has sent the required report monthly, score as fully met.</li> <li>If the unit has documented data that identify patients who have multiple visits, but has only reported this to HIO in less than 10 of the previous months, score as partially met.</li> <li>If the unit does not have any data to identify patients who have multiple visits or has not reported the information to HIO, score as not met.</li> </ul>

### ARTICLE (32)

The Second Party is obliged to not collect any financial amounts from the beneficiaries of the HIO that are not stipulated in this contract and its appendices.

AUDIT PROCESS	SCORING
Auditors should visit the billing department of the family health unit and ask about any bills that are the responsibility of the beneficiaries. Next, they should review a random sample of patient bills to confirm that no inappropriate billing (“balance billing” where the patient is requested to pay the difference between the family health unit’s claim and what the HIO paid) has occurred.	<ul style="list-style-type: none"> <li>If there is no evidence of inappropriate billing of the beneficiary, score as fully met.</li> <li>If there is evidence of inappropriate billing, even if occasionally, score as not met.</li> </ul>

### ARTICLE (33)

The First Party commits to a specific deadline to conclude the technical and financial review of payment claims, as well as a specific due date for payments to be made.

AUDIT PROCESS	SCORING
Auditors should review any written evidence that the family health unit has agreed to the HIO claims processing process and its timeframe for payment.	<ul style="list-style-type: none"><li>• This is not scored.</li></ul>

### ARTICLE (34)

The First Party has the right, when necessary and imperative, to request the patient file and all documents to check that the claim matches the documented services provided, and to request scientific explanations of treatments from experts, with the claim becoming null and void if a response is not given within 2 weeks.

AUDIT PROCESS	SCORING
This article would be audited only if the family health unit refuses HIO's request.	<ul style="list-style-type: none"><li>• If the family health unit has agreed to ALL HIO's requests, score as fully met.</li><li>• If the family health unit has refused ANY HIO request, score as not met.</li></ul>

### ARTICLE (35)

The First Party, in case of a partial disagreement about a claim, is obliged to pay the agreed value of the portion of the claim that is agreed upon and to postpone the remaining value until settlement. A joint quarterly committee will be formed from the two parties to study and settle those disputes.

AUDIT PROCESS	SCORING
This would be subject to an internal HIO audit only if a family health unit has alleged that HIO failed to make the partial payment as stipulated in this Article.	<ul style="list-style-type: none"><li>• This is not scored.</li></ul>

## 2.8 REVIEWING AND AUDITING

### ARTICLE (36)

The First Party has the right to conduct reviews and audits before this contract is concluded to ensure that the contracting conditions have been satisfied with respect to making sure the qualified medical team is complete, the appropriate medical equipment and supplies are available, and clear mechanisms are in place to handle the affairs of the beneficiaries of the First Party. This is in order to determine the services that will be contracted with the Second Party.

AUDIT PROCESS	SCORING
This audit should be done by an entire audit team and will focus on ensuring that all the contract conditions have been satisfied or are in place. The intent is to determine what services the family health unit will be contractually obligated to provide.	<ul style="list-style-type: none"> <li>The audit team should report any issues that raise concerns about patient safety, lack of a quality improvement process, or any deficiencies in staffing, equipment, and supplies. The final decision rests with the HIO central office.</li> </ul>

### ARTICLE (37)

The First Party has the right to conduct reviews and audits during the period that the contract is in effect to ensure that the Second Party is continuing to satisfy the articles of the contract. The First Party also has the right to conduct reviews and audits in cases where it sees it is necessary to do so.

AUDIT PROCESS	SCORING
These audits may be done by an entire audit team if a comprehensive evaluation of the family health unit's continued ability to meet its contractual obligations is necessary, or by an individual auditor if it is based on a single issue (such as an adverse event).	<ul style="list-style-type: none"> <li>If it is a comprehensive audit, all the standards of this audit guide would be evaluated and scored.</li> <li>If it is a specific audit related to a single (or a few) issues, no scoring is required, but the auditor or team will submit a report to HIO that includes its findings and any recommendations.</li> </ul>

### ARTICLE (38)

The First Party has the right to direct one of its own health care professionals (doctors, pharmacists, nurses, etc.) to review the care provided by the Second Party. This health care professional will have the right to view those patients' medical files to verify the adherence of the Second Party to providing medical care in accordance with the agreed-upon standards. This will be done in coordination with the responsible officials of the Second Party.

AUDIT PROCESS	SCORING
The requirement of this is article is not subject to audit; however, when HIO exercises this right, the auditor's representative will submit a written report.	<ul style="list-style-type: none"> <li>This would be scored only if the auditor identified one or more standards or contract requirements that were not met. In that case, the auditor's report would also include those standards or contract requirements and their score.</li> </ul>

### ARTICLE (39)

The First Party has the right, based on what may be revealed during the review and auditing process, to take whatever measures it sees fit to protect the safety of its beneficiaries, such as requesting an urgent corrective plan, temporarily suspending transactions, or terminating the contract.

AUDIT PROCESS	SCORING
Since this is the exclusive right of HIO, it is not subject to audit unless the family health unit refuses to comply.	<ul style="list-style-type: none"> <li>This is not scored.</li> </ul>

## ARTICLE (40)

The First Party commits to not disclosing the results of the reviews to any Third Party, unless it may be requested by the general district attorney or arbitration authorities.

AUDIT PROCESS	SCORING
This would be subject to an HIO internal audit only if there were allegations that HIO had inappropriately disclosed results of reviews.	• This is not scored.

## 2.9 CONCLUSION

### ARTICLE (41)

Any dispute or disagreement that arises regarding a condition or an article of this contract or its explanation is to be settled by an arbitration committee. Such a committee is to be formed through agreement of both parties. If the committee fails to reach agreement, then the settlement will be under the competence of State Council Courts.

AUDIT PROCESS	SCORING
This article is not subject to audit.	<ul style="list-style-type: none"> <li>This is not scored.</li> </ul>

### ARTICLE (42)

In all cases, if the contract is terminated or suspended, the Second Party commits to continuing to carry out its obligations towards the patients of the First Party until the conclusion of their treatment. The First Party commits to paying the costs of this treatment according to the pricelist attached to this contract and according to the indicated time schedule.

AUDIT PROCESS	SCORING
This would only be audited if the contract is terminated or suspended. In such cases, auditors would interview patients who were being treated when the contract was terminated or suspended.	<ul style="list-style-type: none"> <li>This will default to a score of fully met unless the auditors find evidence that patients have not been treated until the "conclusion" of their care.</li> <li>If any such evidence is found (even if only one case), score as not met.</li> </ul>

### ARTICLE (43)

Correspondence and written communication between the two parties shall be directed to the address of each party indicated within this contract and considered the chosen location for each of them. Each party commits to notifying the other party of any change that occurs by means of a registered letter sent to the address indicated.

AUDIT PROCESS	SCORING
This article is not subject to audit.	<ul style="list-style-type: none"> <li>This is not scored.</li> </ul>

### ARTICLE (44)

The period of this contract is one complete year starting from / / and ending on / / and is to be renewed automatically for similar periods unless one party notifies the other party of its request not to renew within a period of no less than 30 days before the expiry date of the contract.

AUDIT PROCESS	SCORING
This article is not subject to audit.	<ul style="list-style-type: none"> <li>This is not scored.</li> </ul>

# 3. AUDITING PHC CLINICS' COMPLIANCE WITH RELEVANT MOH ACCREDITATION STANDARDS

## 3.1 PATIENTS' RIGHTS STANDARDS

### STANDARD (PR.1)

The facility has specified list of procedures for which informed consent is required from the patients or other authorized person. The lists includes (when applicable to the facility's services):

- Invasive procedures, if applicable.
- Moderate or deep sedation, if applicable.

AUDIT PROCESS	SCORING
These standards are audited by review of the list.	<ul style="list-style-type: none"> <li>• If there is a list, score as fully met.</li> <li>• If there are no procedures requiring informed consent, score as not applicable.</li> <li>• If the facility does not have any invasive procedures or uses moderate or deep sedation but does not require informed consent, score as not met.</li> </ul>

### STANDARD (PR.7)

The facility has implemented a patient satisfaction questionnaire.

AUDIT PROCESS	SCORING
<p>Auditors should review questionnaire and committee minutes during document review.</p> <p>Sample size should represent at least 2 percent of annual outpatient (including emergency room) visits.</p>	<ul style="list-style-type: none"> <li>• If there is a patient satisfaction questionnaire, score as fully met.</li> <li>• If there is none, score as not met.</li> </ul>

### STANDARD (PR.8)

Written policies on patient's rights are available, disseminated, or made visible to patients. Patient's rights include at least the following:

- Right to reasonable access to care.
- Right to care that respects the patient's personal values and beliefs.
- Right to be informed and participate in decisions relating to their care.
- Right to security, personal privacy, and confidentiality.
- Right to have pain adequately managed.
- Right to make a complaint or suggestion without fear of retribution.
- Rights as defined by law and regulation.

- Informed of their rights in a manner they can understand.

AUDIT PROCESS	SCORING
<p>Auditors should review a copy of patient rights during document review. They should compare the copy with any signs posted or other information given to the patient or family, and determine whether the statement of rights complies with laws and regulations. In addition, they should interview patients and/or family members.</p>	<ul style="list-style-type: none"> <li>• Score as fully met if there is a written policy and it is displayed where it is visible to the public.</li> <li>• If there is no written statement or if it is not displayed, score as not met.</li> </ul>

## 3.2 ACCESS AND CONTINUITY OF CARE

### STANDARD (AC.1.3.1)

A copy of the referral sheet containing patient clinical information is completed and sent with the patient when he or she is referred to another facility. The original is retained in the patient's record. The referral sheet contains at least the following:

- Reason for referral/transfer.
- Significant findings, including investigations.
- Procedures, medications, and/or other treatments.

AUDIT PROCESS	SCORING
During the medical record review session, auditors should review at least three medical records of patients who were transferred to another facility. A transfer summary should be in the medical file.	<ul style="list-style-type: none"><li>• If the transfer summary is found in all records and includes all the required elements, score as fully met.</li><li>• If only one element is missing, score as partially met.</li><li>• If two or more elements are missing, or if no transfer summary is present in any record, score as not met.</li></ul>

### STANDARD (AC.1.5)

The facility management ensures that patients are seen by the same doctor at each visit when possible.

AUDIT PROCESS	SCORING
Auditors should review a sample of medical records and determine how frequently the patient was seen by the same doctor.	<ul style="list-style-type: none"><li>• If the patient is seen by the same doctor more than 90 percent of the time, score as fully met.</li><li>• If the patient is seen by the same doctor between 75-90 percent of the time, score as partially met.</li><li>• If the patient is seen by the same doctor less than 75 percent of the time, score as not met.</li></ul>

### 3.3 PATIENT ASSESSMENT

#### STANDARD (PA.4)

The facility has a process to screen for all high-risk groups. The screening includes at least the following:

- Diabetes
- Hypertension
- Cholesterol control
- Cancer screening (at least for breast, cervical, colon, and prostate)

AUDIT PROCESS	SCORING
Auditors should review the process to determine two things: (1) Is there a screening process? (2) Has the facility clearly defined the high-risk groups?	<ul style="list-style-type: none"><li>• If there is a screening process and it covers all the identified high-risk groups, score as fully met.</li><li>• If there is a screening process but the facility has not clearly defined which high-risk groups should be screened, score as partially met.</li><li>• If there is no screening process, or if it is only random, score as not met.</li></ul>

### 3.4 LABORATORY SERVICES

#### STANDARD (LB.1)

The facility has written policies and procedures for quality control of laboratory services.

AUDIT PROCESS	SCORING
<p>The auditors should review the quality control logbook or any other document that validates quality controls exist for all laboratory tests. The auditor should recognize that some tests (for example, urine dipsticks) may not need quality control. However, the auditor should ask the laboratory head to explain the reason if there are any tests for which no quality control process exists.</p>	<ul style="list-style-type: none"> <li>• Since quality control is critical to the accuracy of laboratory results, there must be an ongoing quality control program for all tests requiring quality control for this to be scored as fully met.</li> <li>• If any are missing, score as not met.</li> </ul>

#### STANDARD (LB.9)

Reporting of significantly abnormal values is documented. The documentation includes the following:

- Name of patient.
- Date and time of sample examination.
- Date and time of notification of the abnormal result.
- Name of the individual to whom the result was reported.

AUDIT PROCESS	SCORING
<p>Auditors should determine if there is a process for reporting significantly abnormal values. The laboratory should have a definition of what is a significant abnormal result since without a definition; it is not possible to consistently report. The laboratory should have a logbook or other documentation.</p>	<ul style="list-style-type: none"> <li>• If there is a process for reporting abnormal values and it is based on the laboratory's definition, score as fully met.</li> <li>• If there is no process for reporting, score as not met.</li> </ul>

### 3.5 RADIOLOGY SERVICES

#### STANDARD (RD.7)

All diagnostic equipment is regularly inspected, maintained, and calibrated and appropriate records are maintained.

AUDIT PROCESS	SCORING
Auditors should review a log or other documents that demonstrate the inspection, maintenance, and calibration of equipment. They should ensure that all equipment is included. Documentation may be found in the radiology department, or such information may be reviewed while auditors are evaluating environmental safety standards.	<ul style="list-style-type: none"> <li>To be scored as fully met, the program must be ongoing with no gaps in scheduled maintenance of more than 1 month and must cover all equipment.</li> </ul>

#### STANDARD (RD.8.1)

If the X-ray is initially interpreted by a non-radiologist, there is a defined process for a qualified radiologist to confirm the accuracy of the interpretation.

AUDIT PROCESS	SCORING
Auditors should interview radiology staff and physicians and look for a mechanism to have a qualified radiologist review all films that were initially interpreted by a non-radiologist.	<ul style="list-style-type: none"> <li>If there is a process for all films to be subsequently reviewed by a radiologist, score as fully met.</li> <li>If there is a process for only selected films to be reviewed and clear written guidelines exist that define which films must be subsequently reviewed by a radiologist, score as partially met.</li> <li>If there is no process for any subsequent review by a radiologist, score as not met.</li> </ul>

#### STANDARD (RD.9)

The radiology report of examination is kept in patient's medical record.

AUDIT PROCESS	SCORING
While reviewing medical records, auditors should determine if radiology reports are in the record. A sample technique is to look at the physician orders and then look to see if there is a radiology report that matches what was ordered.	<ul style="list-style-type: none"> <li>To be scored as fully compliant, 98 percent of all ordered radiology procedures and tests must have a copy of the report in the record.</li> <li>If the report is present in less than 98 percent of records, but more than 90 percent, score as partially met.</li> <li>If the report is present in less than 90 percent, score as not met.</li> </ul>

## 3.6 PATIENT EDUCATION

### STANDARD (PE.1)

The facility has an active education program for its patients that includes education on the following:

- Accident Prevention for Children
- Diabetes
- Hypertension
- Cholesterol Control
- Cancer
- Breastfeeding

AUDIT PROCESS	SCORING
<p>Auditors should review education materials, scheduled courses/counseling sessions, interviews with staff who provide the education. Determine if the education can be provided in a manner understandable to the patient/family (verbal, videotape, written material).</p>	<ul style="list-style-type: none"><li>• If there is an education program for all six requirements and it can be provided in a manner understandable to the patient/family, score as fully met.</li><li>• If at least five of the six education requirements are available in a manner understandable, score as partially met.</li><li>• If fewer than five of the requirements are met or if there is only a written format that would be understood by patients and families, score as not met.</li></ul>

## 3.7 GENERAL CARE

### STANDARD (GC.1)

Clinical guidelines are present, implemented, and include assessment, investigations treatment, and referrals.

AUDIT PROCESS	SCORING
Auditors should review the requirements for the clinical guidelines and then review randomly selected medical records of patients with conditions or diagnoses covered by these guidelines to determine compliance with the guidelines.	<ul style="list-style-type: none"><li>• Since clinical guidelines are never expected to be an absolute rule that must be used for every patient, if the medical records document that guidelines were followed for 90 percent or more of patients, score as fully met.</li><li>• If guidelines were followed for 75–90 percent of patients, score as partially met.</li><li>• If followed for less than 75 percent, score as not met.</li></ul>

## 3.8 MEDICATION USE AND PHARMACY SERVICES

### STANDARD (MU.1)

Pharmacy and medication use practices comply with laws and regulations.

AUDIT PROCESS	SCORING
The auditors should be familiar with the applicable laws and regulations. They must review all medication use-related policies for compliance with applicable laws and regulations. They should interview the leader of pharmacy services to determine this person's understanding of the law.	<ul style="list-style-type: none"> <li>• If all laws and regulations are met, score as fully met.</li> <li>• If any are not, score as not met.</li> </ul>

### STANDARD (MU.3)

A licensed pharmacist is available at all times and is responsible for supervising all pharmaceutical services.

AUDIT PROCESS	SCORING
Auditors should interview pharmacy staff to determine if they are available. Available can mean any of the following: in-house, on-call, or available by phone from another clinic, center, or hospital.	<ul style="list-style-type: none"> <li>• If a pharmacist is available at all times, score as fully met.</li> <li>• If not available at all times, score as not met. This is an all or none standard.</li> </ul>

### STANDARD (MU.6)

There is a system to ensure availability, safety, and security of required emergency and lifesaving drugs during the unit's operating hours.

AUDIT PROCESS	SCORING
This is audited by observation. If emergency lifesaving drugs are readily (within 1 minute) available and are secured from loss or nonemergency use, the auditor can assume an effective system is in place.	<ul style="list-style-type: none"> <li>• Score as fully met if emergency lifesaving drugs are present and secure and are readily available in all patient care areas (they do not necessarily have to be physically present in each area, but must be available within less than 1 minute).</li> <li>• If there are only one or two areas (depending on the size of the clinic) where the drugs could not be readily obtained within 1 minute and these are not high-risk areas such as the emergency room, score as partially met.</li> <li>• If such areas are either absent or not readily available or not secured, score as not met.</li> </ul>

## STANDARD (MU.9)

Medication dispensed from the pharmacy is labeled with at least the following before being provided to the patient:

- Patient name
- Name of the drug and its concentration/strength
- Expiration date
- Instructions for use

AUDIT PROCESS	SCORING
When visiting the pharmacy, auditors should check to see how medications are labeled. If the prescription (or a copy) is attached to the medication container (such as a plastic bag), this is acceptable, provided it contains all the required elements.	<ul style="list-style-type: none"><li>• To be scored as fully met, all medications must have the patient's name, name of the drug and its concentration/strength, and directions for administration.</li><li>• If only the expiration date is missing, score as partially met.</li><li>• If any of the other three elements is not present, score as not met.</li></ul>

## STANDARD (MU.12)

There is a defined written process and procedures to dispense or administer medications that ensures the medication is given:

- The right patient
- The right medication
- The right dose
- The right route of administration
- The right time

AUDIT PROCESS	SCORING
There should be a written policy or procedure on administration of medication that defines all the requirements. Auditors should interview pharmacy personnel, nurses, and doctors to determine whether they know the procedure and follow it.	<ul style="list-style-type: none"><li>• To be fully met, all the requirements must be met.</li><li>• Since this is one of the most critical patient safety issues, if any are missing, score as not met.</li></ul>

## 3.9 EMERGENCY CARE

### STANDARD (EM.4)

The clinic must have and use clinical guidelines on emergency care. The guidelines must include at least the following:

- Emergency stabilization of chest pain
- Emergency stabilization of shock
- Emergency stabilization of polytrauma

AUDIT PROCESS	SCORING
<p>This is an overall standard. To be scored as fully met, all the required clinical guidelines must be present and used. The auditor should review the guidelines and then randomly review one or two patient records covered by the guideline to see if the guidelines were followed. Alternatively, if the emergency room has data indicating that ER staff have reviewed compliance with the guidelines, these data may be used. When auditors review emergency room records, if a guideline is not followed, they should look for a note by the physician explaining why. If a note is available, auditors can consider that the record “passes.” If the clinic has elected to create more guidelines for high-risk diagnoses rather than most common diagnoses or presenting complaint, this is acceptable.</p>	<ul style="list-style-type: none"> <li>• If all the guidelines are present (there should be at least five) and more than 90 percent of records reviewed show that the guideline was followed, score as fully met.</li> <li>• If all the guidelines are present and are followed in 75–90 percent of cases, score as partially met.</li> <li>• If any of the guidelines are missing or only rarely followed, score as not met.</li> </ul>

### STANDARD (EM.10)

The clinic has a plan and process for responding to resuscitation emergencies anywhere in the clinic, including personnel who will respond; required emergency life saving drugs, including their location, types, and security; and required equipment.

AUDIT PROCESS	SCORING
<p>The clinic should have a written plan for responding to resuscitation emergencies anywhere in the clinic that includes all the above requirements.</p>	<ul style="list-style-type: none"> <li>• To be scored as fully met, a plan must exist and it must include all the above-listed requirements.</li> <li>• If there is no plan, or if it does not include all the requirements, score as not met. This is an all or none standard.</li> </ul>

### 3.10 PATIENT SAFETY

#### STANDARD (PS.3)

At least two methods are used to identify a patient when giving medicines, blood, or blood products; taking blood samples and other specimens for clinical testing; or providing any other treatments or procedures.

AUDIT PROCESS	SCORING
<p>Basically, this standard can be audited only by interviewing or observing a nurse administering medication, a phlebotomist drawing blood, or medical personnel performing one of the above-mentioned functions.</p>	<ul style="list-style-type: none"> <li>• If interviews and observations consistently demonstrate compliance with this requirement, score as fully met.</li> <li>• Since this is critical, any evidence that procedures to identify a patient have not been followed would lead to a score of not met.</li> </ul>

#### STANDARD (PS.4)

Current published and generally accepted hand-hygiene guidelines, laws, and regulations are implemented to prevent health care-associated infections.

AUDIT PROCESS	SCORING
<p>This can only effectively be audited by observation while the auditors are in patient care areas. The auditors should pay special attention as to whether physicians follow the guidelines.</p>	<ul style="list-style-type: none"> <li>• If the consensus of the audit team is that hand-hygiene guidelines are consistently followed, score as fully met.</li> <li>• If only an occasional failure to follow the guidelines is noted, score as partially met.</li> <li>• If it is apparent that the guidelines are not consistently followed or enforced, score as not met.</li> </ul>

## 3.11 INFECTION CONTROL

### STANDARD (IC.1)

The facility has an active program to reduce the risks of facility-acquired infections.

AUDIT PROCESS	SCORING
An active program is defined as having at least the following components: a committee, a qualified nurse or physician who manages the program, collection of data for all high-risk areas, evidence of aggregation and analysis of these data, and evidence of effective action when indicated based on findings.	<ul style="list-style-type: none"> <li>This standard requires some auditor judgment. Score as fully met if the program meets most of the definition of “active.”</li> <li>Only score as less than fully met with the concurrence of the entire audit team.</li> </ul>

### STANDARD (IC.8)

The facility has written infection control policies and procedures. The policies and procedures are followed and include, but are not limited to, the following:

- Handwashing.
- Prevention of blood–born infections among facility staff, including disposal of sharps
- Policies for specific high-risk areas applicable to the facility, including but not limited to the following:
  - ✦ Procedure rooms
  - ✦ Laboratory
  - ✦ Emergency Department
  - ✦ Disposal of infectious waste and body fluids
  - ✦ Facility cleaning policy
  - ✦ Training of staff

AUDIT PROCESS	SCORING
Auditors should review at least the index of the infection control policy and procedure manual. There may not be time to review each and every policy; however, auditors should evaluate whether policies and procedures exist for all the above requirements. The auditors should observe any compliance or noncompliance with the policies and procedures while visiting patient care units.	<ul style="list-style-type: none"> <li>Observations of noncompliance will require agreement of the entire audit team.</li> </ul>

### STANDARD (IC.12)

There are hand-hygiene facilities in or readily available to each area where patients are evaluated or treated.

AUDIT PROCESS	SCORING
This standard is audited by observation. Auditors should look for either a sink that has water and soap or an alcohol-based handwashing station in each area.	<ul style="list-style-type: none"> <li>If each area has a hand-hygiene facility, score as fully met.</li> <li>If any area does not have hand-hygiene facilities, score as not met. This is an all or none standard.</li> </ul>

## 3.12 STERILIZATION

### STANDARD (ST.1)

The facility has a sterilization area.

AUDIT PROCESS	SCORING
There should be one area where sterilization, including disinfection, is done.	<ul style="list-style-type: none"> <li>• If there is a central area where control/oversight of sterilization is done and sterile supplies are stored, score as fully met.</li> <li>• If there is no central location for sterilization, but sterilization and storage of sterile supplies is fragmented into more than one area and there is no central control/oversight, score as not met.</li> </ul>

### STANDARD (ST.2)

The functions of dirty/cleaning, processing, and sterile storage and distribution are physically separated.

AUDIT PROCESS	SCORING
This is audited by observation. Auditors should look for this separation of functions either by locating different spaces that prevent cross-contamination or by observing physical barriers (such as plexiglass partitions).	<ul style="list-style-type: none"> <li>• If there is adequate separation of the functions to prevent cross-contamination, score as fully met.</li> <li>• If cross-contamination could possibly occur, score as partially met.</li> <li>• If the functions are co-mingled without any separation, score as not met.</li> </ul>

### STANDARD (ES.1.1)

The organization has a documented, current, and accurate inspection of the physical facilities.

AUDIT PROCESS	SCORING
Auditors should review the plans and other documents to determine if there is a documented current and accurate inspection of the facility's physical facilities. There must be an ongoing process to identify safety or security risks, the safety related to both the patient care and the environment. The plan should identify this ongoing process.	<ul style="list-style-type: none"> <li>• If there is a documented and current (no more than 2-years old) inspection, score as fully met.</li> <li>• If there is a documented inspection, but it is more than 2-years old but less than 3-years old, or if the audit team finds numerous (10 or more) significant safety or maintenance problems that are not documented in the inspection, score as partially met.</li> <li>• If there is no documented inspection, or if it is more than 3-years old, score as not met.</li> </ul>

## STANDARD (ES.2.2)

The facility has a fire safety plan and an implemented program that addresses prevention, early detection, response, and safe exit when required by fire or other emergencies. The plan includes at least the following:

- Documented training of staff in fire response and evacuation
- The facility has and enforces a policy prohibiting smoking in the facility
- Audit process
- Review of the plan and evidence of implementation

AUDIT PROCESS	SCORING
Auditors should review the plan and evidence of implementation.	<ul style="list-style-type: none"> <li>• If the plan includes fire safety prevention, early detection, response, and safe exit when required by fire or other emergencies and is fully implemented, score as fully met.</li> <li>• If there is a plan but it has not been implemented, score as partially met.</li> <li>• If there is no plan, score as not met.</li> </ul>

## STANDARD (ES.2.2)

There is documented training of staff in fire response and evacuation.

AUDIT PROCESS	SCORING
All key staff members should have received training in evacuation. All personnel must know how to report a fire and the immediate steps to take until the formal fire responders arrive. This can be evaluated from two potential sources. First, facility management personnel may keep a list of all staff members who received training in response and evacuation. Second, the training should be documented. The most important aspect is for surveyors to interview a sample of staff members to determine whether they know their responsibilities and how to carry them out.	<ul style="list-style-type: none"> <li>• If it is apparent that more than 90 percent of key personnel have been trained in evacuation and that there is always at least one trained member on duty in each unit, area, or department at all times, score as fully met.</li> <li>• If 75–90 percent of key personnel have been trained in evacuation and there is always at least one trained member on duty in each unit, area, or department at all times, score as partially met.</li> <li>• If less than 75 percent of key personnel have been trained in evacuation, score as not met. If less than 75 percent of staff members know how to report a fire or what do until the formal fire responders arrive, also score as not met.</li> </ul>

### STANDARD (ES.2.3)

The facility has a hazardous materials waste plan and an implemented program for the use, handling, storage, and disposal of hazardous materials and wastes. The plan includes at least the following:

- An inventory of the types and locations of hazardous materials and waste
- Disposal in accordance with applicable laws or regulations
- Labeling of hazardous materials and wastes

AUDIT PROCESS	SCORING
Auditors should review the plan and observe whether there is evidence of implementation.	<ul style="list-style-type: none"><li>• If the plan includes hazardous materials and waste and includes all the requirements and is fully implemented, score as fully met.</li><li>• If there is a plan but it has not been implemented, score as partially met.</li><li>• If there is no plan, score as not met.</li></ul>

### STANDARD (ES.2.4)

The facility has a medical equipment plan and an implemented program for inspecting, maintaining, and testing medical equipment. The plan includes at least the following:

- Inventory of all medical equipment
- Schedule for inspection and preventive maintenance according to manufacturer's recommendations

AUDIT PROCESS	SCORING
The auditors should review the plan to determine if it includes the above requirements. Auditors should look for inventory tags on all medical equipment. The facility should have a system to ensure that the scheduled maintenance and testing has been done. Each auditor should choose two or three pieces of equipment, write down the inventory number, or if no inventory tag, write down the type and model of the equipment and its location. Then one auditor should compare this list of equipment with the facility's inventory and inspection, testing, or maintenance schedule.	<ul style="list-style-type: none"><li>• If there is a plan that includes the above requirements and there is evidence that it is completely implemented, score as fully met.</li><li>• If all the requirements are present but there are minor delays (less than 1 month) in the scheduled maintenance, inspection, or testing for more than three pieces of equipment, score as partially met.</li><li>• If any of the requirements are not present, score as not met.</li></ul>

### 3.13 QUALITY IMPROVEMENT

#### STANDARD (QI.1)

The facility has a quality improvement and patient safety committee assigned to improving the quality of care at the facility.

AUDIT PROCESS	SCORING
This is straightforward; there is either a committee or there is none.	<ul style="list-style-type: none"> <li>If there is a quality improvement and patient safety committee, score as fully met.</li> <li>If there is none, score as not met.</li> </ul>

#### STANDARD (QI.1.1)

The committee is chaired by the facility director.

AUDIT PROCESS	SCORING
The auditors determine who is designated as the chairperson.	<ul style="list-style-type: none"> <li>If the committee is chaired by the facility director, score as fully met.</li> <li>If not, score as not met.</li> </ul>

#### STANDARD (QI.1.4)

Quality monitoring measurements (data collection) include at least the following:

- Percentage of patients at risk who are screened for diabetes
- Percentage of diabetic patients who have had an annual eye examination
- Percentage of women who receive their first prenatal care visit during the first trimester of pregnancy
- Percentage of women who receive a postpartum checkup within 8 weeks of delivery
- Percentage of children who are current on all required immunizations

AUDIT PROCESS	SCORING
Auditors should look for these data in the minutes of the quality improvement committee.	<ul style="list-style-type: none"> <li>If data have been collected for all five requirements, score as fully met.</li> <li>If only one measurement is missing, score as partially met.</li> <li>If two or more measurements are missing, score as not met.</li> </ul>

#### STANDARD (QI.2)

There is an assigned quality improvement coordinator whose role is to coordinate QI activities.

AUDIT PROCESS	SCORING
This is straightforward.; either there is an assigned quality improvement coordinator or there is not.	<ul style="list-style-type: none"> <li>If there is an assigned quality improvement coordinator, score as fully met.</li> <li>If there is not, score as not met.</li> </ul>

### STANDARD (QI.3.6.3)

Data concerning compliance with all required clinical guidelines are collected, aggregated, analyzed, and acted upon.

AUDIT PROCESS	SCORING
Auditors should review the plan to determine whether it requires measurement of compliance with clinical guidelines for all programs required by HIO.	<ul style="list-style-type: none"><li>• If the plan requires measurement of compliance with clinical guidelines for all HIO-required guidelines, score as fully met.</li><li>• If it does not, score as not met.</li></ul>

### STANDARD (QI.4)

There is an incident reporting policy and system, which includes the following:

- A list of reportable incidents
- How, when, and by whom incidents are investigated
- Corrective action plan and assigned responsibilities

AUDIT PROCESS	SCORING
This is an overall standard requiring an incident reporting system. Auditors should review the policy and ask to see any documented incident reports.	<ul style="list-style-type: none"><li>• If there is an incident reporting system with written procedures that include all the requirements, score as fully met.</li><li>• If not all requirements are included, score as not met. This is an all or none standard.</li></ul>

### STANDARD (QI.7)

The facility has a process to review the use of antibiotics and other medications, and this process occurs on a regular schedule.

AUDIT PROCESS	SCORING
Auditors should review meeting minutes or reports that demonstrate that appropriate use of antibiotic and other medications has been reviewed and action taken when indicated	<ul style="list-style-type: none"><li>• If there are meetings or reports for at least every 3 months, including actions taken, , score as fully met.</li><li>• If there are regular meetings or reports, but no action, score as partially met.</li><li>• If there are no meetings or reports, score as not met.</li></ul>

### 3.14 MEDICAL RECORDS

#### STANDARD (MR.1)

The facility has a medical record for each patient evaluated or treated.

AUDIT PROCESS	SCORING
<p>Auditors should interview the head of medical records. In addition to looking for a record for every patient, auditors should look for whether a patient may have more than one record and, if so, how the facility merges these records so that all information is available.</p>	<ul style="list-style-type: none"> <li>• If every patient has a record or, if a patient has more than one record, there is a way to retrieve and consolidate these records so that all the patient information is available, score as fully met.</li> <li>• If a record is not kept for every patient, score as not met. This is an all or none standard.</li> </ul>

#### STANDARD (MR.2)

Each medical record contains sufficient information to perform the following:

- Identify the patient, including name, address, and date of birth.
- Promote continuity of care
- Support the diagnosis
- Justify the treatment
- Document the patient’s course and results of treatment (when applicable)

AUDIT PROCESS	SCORING
<p>This standard is audited based on review of medical records. This will require some auditor judgment.</p>	<ul style="list-style-type: none"> <li>• If 95 percent of all records contain the five requirements, score as fully met.</li> <li>• If 85–95 percent contain all the required information, score as partially met.</li> <li>• If less than 85 percent contain all the required information, score as not met.</li> </ul>

#### STANDARD (MR.3)

Results of all diagnostic tests are documented in the patient’s medical record and are received within the timeframe established by each department that does diagnostic tests.

AUDIT PROCESS	SCORING
<p>While reviewing medical records, auditors should look at the physician’s orders for diagnostic tests and ensure these results are in the medical record. This is the same process as used to audit the timeliness of laboratory and radiology reports.</p>	<ul style="list-style-type: none"> <li>• If 100 percent of results (except those that would not yet be expected to be on the record, such as a culture ordered yesterday) are on the record in the appropriate timeframe, score as fully met.</li> <li>• If 95 percent of results are on the record and at least 90 percent are on time, score as partially met.</li> <li>• If less than 95 percent of results are in the medical record or less than 90 percent are timely, score as not met.</li> </ul>

## STANDARD (MR.5)

All diagnoses are recorded and updated according to the results of investigations and/or reassessments.

AUDIT PROCESS	SCORING
Auditors should primarily review physician progress notes, results of investigations, and any consultations. This standard has two parts: (1) all diagnoses must be recorded, and (2) diagnoses must be updated when indicated. An example might be a patient with a fever and cough thought to be pneumonia but a chest X-ray shows a tumor.	<ul style="list-style-type: none"><li>• If all diagnoses and any updates are documented, score as fully met.</li><li>• If any medical record does not have a diagnosis documented, or if any record does not have documentation of the change in diagnosis when indicated, score as not met. This is an all or none standard.</li></ul>

## STANDARD (MR.6)

All treatments, including medications administered, are recorded when given and are signed by the person providing the treatment.

AUDIT PROCESS	SCORING
Auditors should review medical records, particularly nurse's notes. Auditors should review physician's orders to determine what treatment was ordered and then check a sample of orders to see if there is documentation that the treatment was given to the patient. "When given" refers to documentation of the time the treatment or medication was given and does not mean that the documentation must occur simultaneously.	<ul style="list-style-type: none"><li>• This is difficult to quantify without requiring the auditors to spend excessive time on this single standard. The auditors should use their own judgment. If when sampling records, the overwhelming majority (only the rare exception) shows that treatments and the time they were given are documented, default to a score of fully met. To score as partially or not met requires the agreement of the entire audit team.</li></ul>

## STANDARD (MR.9)

In event of transfer or referral of the patient to another facility, a copy of the transfer summary written by the physician will go with the patient. The original is placed in the facility record.

AUDIT PROCESS	SCORING
Auditors should ask to see at least three records of patients who were transferred or referred to another facility.	<ul style="list-style-type: none"><li>• If all records have the original of the transfer summary, score as fully met.</li><li>• If any do not, score as not met.</li></ul>

## STANDARD (MR.11)

The facility has a process for review of medical records and the process includes representatives of all disciplines who make entries in the medical record.

AUDIT PROCESS	SCORING
Auditors should interview head of medical records and review minutes of a medical records committee or any other document that demonstrates the medical record review process.	<ul style="list-style-type: none"><li>• If there is a review process and it includes all appropriate disciplines, score as fully met.</li><li>• If there is no review process, or if it does not include all appropriate disciplines, score as not met. This is an all or none standard.</li></ul>

## STANDARD (MR.15)

The clinic defines the minimum content of outpatient medical records for new patients for the following:

- Comprehensive initial assessment
- Procedures
- Brief illness or injury visit
- Return visits
- Emergency area visits

AUDIT PROCESS	SCORING
<p>Auditors should review the policy or other documents that define the content of clinic medical records for each of the five requirements above. They should also review a sample of medical records to determine if the policy is being followed.</p>	<ul style="list-style-type: none"><li>• If the minimum content has been defined and review of medical records reflect that this is followed in more than 85 percent of records, score as fully met.</li><li>• If the minimum content has been defined and review of medical records reflect that this is followed in 60–85 percent of records, score as partially met.</li><li>• If it has not been defined or is being followed in less than 60 percent of records, score as not met.</li></ul>



## 4. FAMILY HEALTH UNIT PERFORMANCE INDICATORS

- Percentage of referrals: Total number of referral requests per 100 enrolled patients X 100 (per quarter).
- Percentage of patients who have seen the same provider at least three out of four visits.
- Total number of laboratory tests ordered per 100 enrolled patients.
- Percentage of patient visits when the patient received an antibiotic: Number of patients who received a prescription for an antibiotic per total number of patient visits X 100.
- Percentage of diabetic patients who have a documented fundoscopic examination within the previous 12 months: Total number of diabetic patients with a documented fundoscopic examination within the previous 12 months per 100 diabetic patients X 100.
- Percentage of women who delivered who had at least one documented postpartum visit within 8 weeks of delivery: Number of women who had a postpartum visit within 8 weeks of delivery per total number of women who delivered X 100.
- Percentage of patients with hypertension who have their blood pressure controlled: Number of patients with at least three consecutive (over at least 6 months) normal blood pressure measurements per 100 known hypertensive patients X 100.
- Percentage of patients over the age of 20 who were evaluated for hypercholesterolemia: Number of patients over age 20 who have been screened for hypercholesterolemia by laboratory means per 100 patients over age 20.
- Percentage of patients with known elevated cholesterol who have documented evidence of having received education about cholesterol-lowering techniques: Number of patients known to have elevated cholesterol who have documentation of having received education about cholesterol per 100 patients with known elevated cholesterol X 100.
- Percentage of medical records that are legible: Number of medical records in which both of two individuals (Case Management Office or the Beneficiary support office CMO or BSP and a doctor) can read ALL the entries per 100 medical records X 100.
- Percentage of enrolled patients who are CURRENTLY being treated with more than four medications: Number of patients currently being treated with MORE than 4 medications per 100 enrolled patients X 100.
- Number of visits in one year per 100 enrolled patients.
- Percentage of enrolled patients with more than six visits to the primary care facility in a one-year period per 100 enrolled patients X 100 (Divided into chronic patients and non-chronic patients).



# **PART II: MEDICAL AUDIT FOR HOSPITALS**



# 5. AUDITING HOSPITALS' COMPLIANCE WITH HIO CONTRACTS

## 5.1 SCOPE OF THE CONTRACT

### ARTICLE 1

The preceding introduction, as well as the appendices and amendments agreed upon, are considered an inseparable part of this contract.

### ARTICLE 2

The Second Party, in accordance with this contract, will provide the following services (...) for the beneficiaries of the First Party according to the articles of this contract.

AUDIT PROCESS	SCORING
<p>The auditors first need to review the contract to determine what services the hospital has agreed to provide (this can be done prior to the audit, and the services will be dependent on the precontract audit) (see Section 5.8, Article 50). Next, the auditors should confirm, by interview, tour of the facility, and observation, that the services are actually being provided. It may also be useful to review any encounter logs or other documents that show evidence of provided services.</p>	<ul style="list-style-type: none"><li>• If there is evidence that all agreed-upon services in the contract are being provided, score as fully met.</li><li>• This standard should default to a score of fully met unless the entire audit team agrees that one or more services are not being provided and, if this is temporary, the hospital has not notified HIO (See Section 5.5, Article 37).</li></ul>

## 5.2 GENERAL RULES

### ARTICLE 3

Facilities of the Second Party must fulfill all licensing and registration requirements for medical facilities set by the pertinent authorities determined by the Ministry of Health (MOH).

AUDIT PROCESS	SCORING
This is audited by reviewing all the documents relating to licensing and registration requirements for all the hospital's medical facilities. It is important to note that the definition of a hospital is an organization and not a particular physical location or facility. See Section 5.2, Article 5.	<ul style="list-style-type: none"><li>• Since this is a legal obligation, to be scored as fully met, evidence that the hospital has met ALL requirements must be documented.</li></ul>

### ARTICLE 4

Medical team members of the Second Party must fulfill all the registration requirements of the various professional syndicates, and for those whose work nature requires, have the licenses necessary for practicing the profession.

AUDIT PROCESS	SCORING
Since the hospital may have dozens, if not hundreds, of medical team members, it is acceptable to audit the files or other forms of written documentation of randomly selected individuals (10 to 20, depending on the size of the hospital). Also see Section 5.2, Article 5, paragraph 2.	<ul style="list-style-type: none"><li>• This will be scored the same as for Article 5.</li></ul>

### ARTICLE 5

All documents necessary for the conclusion of contracting must be fulfilled according to the list attached to the contract, which is considered an inseparable part of this contract.

The First Party has the right to view the academic certificates, certificates of experience, and curricula vitae of the medical team members, as well as the certificates of registration with the syndicates, licenses for practice, and documentation of professional malpractice insurance of the medical team members and the facility, with the First Party having the right to retain a copy of these documents.

AUDIT PROCESS	SCORING
Section 5.2, Article 5, paragraph 2 has six requirements. Auditors should review at least two human resource files for each discipline that requires license. They should ask the hospital to "flag" the appropriate documents that demonstrate compliance with these six requirements.	<ul style="list-style-type: none"><li>• As noted in Section 5.2, Article 3, since this is a legal requirement, to be scored as fully met, all documentation must be present.</li><li>• If any documentation is missing, score as not met.</li></ul>

## ARTICLE 6

The Second Party commits to allocating an office to handle the affairs of the beneficiaries of the First Party. A coordinator from the Second Party shall manage its affairs and supervise its functions that will be made available the various methods of communication (telephone, fax, electronic mail).

AUDIT PROCESS	SCORING
<p>This standard is audited by observation. Auditors should visit the office to determine whether it is large enough for its functions, a coordinator is available, and the office has adequate means of communicating.</p>	<ul style="list-style-type: none"> <li>• If an office exists and it is large enough to provide privacy for beneficiary interviews when necessary and has a full range of communication devices, score as fully met.</li> <li>• If an office exists, but it is cramped and does not offer beneficiary privacy, or if there is no email capability, score as partially met.</li> <li>• If there is no office or if there is no assigned coordinator, score as not met.</li> </ul>

## ARTICLE 7

The Second Party will declare, in a visible location that it is contracted to provide the services specified in this contract.

AUDIT PROCESS	SCORING
<p>This standard is audited by observation. Auditors should look for placards or other signage designating services provided. Although not specifically required by the contract, the auditors might suggest that the above-named coordinator (Section 5.2, Article 6) prepare a brochure outlining for HIO beneficiaries what services the hospital is required to provide.</p>	<ul style="list-style-type: none"> <li>• This should default to a score of fully met unless the entire audit team agrees that the hospital has not made public the services it is obligated to provide.</li> <li>• If the entire team agrees, this may be scored as not met.</li> </ul>

## ARTICLE 8

HIO patients are equal to all patients dealing with the Second Party without discrimination.

AUDIT PROCESS	SCORING
<p>A good auditing technique is to ask doctors and nurses if they know the payer class of an individual patient. If the caregivers are unaware of the payer class, one can assume that all patients are treated alike. It is also valuable for auditors to interview several HIO beneficiaries as to their experience in receiving treatment from caregivers.</p>	<ul style="list-style-type: none"> <li>• This standard should also default to a score of fully met unless the entire audit team agrees that there is evidence that HIO patients are not treated equally.</li> </ul>

## 5.3 TECHNICAL STANDARDS

### ARTICLE 9

The Second Party commits to satisfying the standards for quality, accreditation, and patient safety, including a visible declaration of patients' rights, according to the standards issued by the accrediting authorities determined by the MOH, in addition to the guideline standards specified by the First Party in the appendices.

AUDIT PROCESS
The specific MOH-approved accreditation standards that relate directly to HIO's business are found in the second portion of this audit guide and will be addressed there.

### ARTICLE 10

The Second Party commits to making sure the medical teams are complete in terms of their numbers and qualifications to match the contracted level of service according to the terms and conditions set by the pertinent authorities in the MOH.

AUDIT PROCESS	SCORING
The medical team's qualifications can be audited using the same process found in Section 5.2, Article 5. The appropriate number of medical team members can be audited by reviewing the performance improvement (PI) requirement to monitor waiting times. If waiting times are "reasonable" (no more than 4 to 6 weeks), the auditors can assume that the medical teams have adequate numbers.	<ul style="list-style-type: none"> <li>• If patient flow is "reasonable" (does not exceed capacity) and the medical team members' qualification allow assurance that the agreed-upon services can be provided, score as fully met.</li> <li>• If patient flow exceeds capacity for less than a cumulative 3 months out of the year, score as partially met.</li> <li>• If patient flow consistently (4 or more months out of the year) exceeds capacity, or if no appropriately qualified physician is available for any of the agreed-upon services, score as not met.</li> </ul>

### ARTICLE 11

The Second Party commits to providing the protocols and clinical practice guidelines under which they currently operate, to be accredited by the First Party. If these are not available, the Second Party will commit to the protocols and guidelines of the First Party (HIO). In all cases, the guidelines must concur with the rules of practice of evidence-based medicine.

AUDIT PROCESS	SCORING
To audit this requirement, the auditors should determine three factors: (1) Does the hospital have protocols or clinical practice? (2) Is there documented evidence that the protocols or clinical practice guidelines are implemented and actually being consistently followed? (3) Is there documented evidence that the protocols or clinical practice guidelines are current and based on professional evidence-based medicine (and not on personal preference)?	<ul style="list-style-type: none"> <li>• If there is documented evidence that protocols or clinical practice guidelines exist, are consistently followed, and are evidence based, score as fully met.</li> <li>• If there are protocols or clinical practice guidelines, but the documented evidence shows they are inconsistently followed (less than 50 percent), score as partially met.</li> <li>• If there are no protocols or clinical practice guidelines, or if they are rarely followed (less than 25 percent), or if they are not evidence based, score as not met.</li> </ul>

## ARTICLE 12

The Second Party commits to assembling pertinent technical committees/processes assigned to monitor medical performance and activating their function (specified in the appendices).

AUDIT PROCESS	SCORING
<p>The auditors should look for the following processes: Quality Improvement, Infection Control, Morbidity and Mortality, as required. In addition, the following committees should also exist: Medication Management (Pharmacy and Therapeutics), Medical Records, Safety, Peer Review (unless already part of the PI or Morbidity and Mortality committee). The auditors should then look for evidence that the frequency of meetings follows what is required by their terms of reference, minutes are kept, and documented evidence exists that the committee has taken effective action when needed.</p>	<ul style="list-style-type: none"> <li>• If the required committees are present, have followed their terms of reference, and have taken effective action as documented in their minutes, score as fully met.</li> <li>• If the only committee not present is Peer Review and if the committees are not meeting regularly, score as partially met.</li> <li>• If more than two required committees are not present, or if any has not met at all, or if there are no minutes, score as not met.</li> </ul>

## ARTICLE 13

The consultant or specialist attending to the case throughout the entire stay, from patient admission to discharge, will be specified. In the event of changing the consultant or specialist, this shall be done through a procedure where responsibility for the case will be transferred in a specific and clear way.

AUDIT PROCESS	SCORING
<p>Auditors should review any policy relating to the responsibility of the attending physician. review a sample of medical records to determine if the attending physician remained in charge of the patient, and interview patients or family members to see if they were comfortable that the same physician supervised their care during their hospital stay. It is also valuable to ask a nurse “What doctor is in charge of this patient?” Finally, auditors should ask for the medical records (currently hospitalized or recently discharged) where the attending physician was changed and determine how this was documented, including specifically how the nursing staff knew about such change.</p>	<ul style="list-style-type: none"> <li>• If there is evidence that the same attending physician remained in charge of the patient during the hospitalization, or if a different attending physician assumed control and there is clear documentation (in the medical record, including the physician order sheet), score as fully met.</li> <li>• If the hospital has a policy of randomly rotating attending physicians, or if transfer of responsibility is not documented, score as not met.</li> </ul>

## ARTICLE 14

For each patient, the Second Party commits to opening a medical file, which contains the forms mentioned in the attached list (see below). The medical team of the Second Party commits to making daily regular patient rounds and adhering to the recording of notes and recommendations according to the development of the case, and to completing all the forms in the medical file.

### CHECKLIST TO AUDIT THE MEDICAL RECORD

Item	Yes	No
Patient name		
Admission number		
Discharge summary		
Medical history and clinical examination		
Consents		
Risk consent		
Anesthesia sheet		
Operation room sheet		
Physiotherapy request		
Interdepartmental transfer form		
Consultation report		
Investigation results form		
Clinical progress notes		
Medication sheet		
Blood transfusion request		
Medication prescribed list		
Recovery sheet		
Blood gases form		
List to check patient at the OR		
ECG request		
Nursing notes		
Patient changing position plan		
Blood acidity form		
Fluid balance form		
Blood glucose monitoring form		
Vital signs form		
Treatment sheet		
<i>Treatment implementation sheet</i>		

AUDIT PROCESS	SCORING
Auditors should review a sample of at least 10 medical records to determine if all contain the forms found in the “attached list” and if the record shows documented evidence of daily rounds on the patient and documentation of the course of care.	<ul style="list-style-type: none"> <li>• If all records contain the required forms and if the medical team has documented daily care, score as fully met.</li> <li>• If less than a cumulative number of two records are missing some of the required forms, or if there is no documentation of the medical team making rounds at least once daily, score as partially met.</li> <li>• If three or more (of the 10) records are missing the required forms or if the medical team has failed to document daily rounds on more than three of the 10 records, score as not met.</li> </ul>

## ARTICLE 15

The Second Party commits to providing medical and nonmedical equipment and supplies suitable to the contracted medical service and to conducting routine maintenance and inspection, through a certified inspection authority and in accordance with factory specifications through valid maintenance contracts.

AUDIT PROCESS	SCORING
This standard is to be audited and scored under the audit of the applicable accreditation standards. Also see the audit process for accreditation standards Section 6.7, ES.51– Section 6.7, ES.51.5.	<ul style="list-style-type: none"> <li>• If Section 6.7, ES.51– Section 6.7, ES.51.5 are fully met, this Article can be scored as fully met.</li> <li>• If not, then score the same as for Section 6.7, ES.51.1– Section 6.7, ES.51.5.</li> </ul>

## ARTICLE 16

The Second Party commits to using medical supplies that conform to standard Egyptian specifications, and the First Party has the right to view the certificates that validate such conformity.

AUDIT PROCESS	SCORING
Auditors should review the documentation (certificates or other formats) that demonstrate that the hospital only uses medical supplies that conform to standard Egyptian specifications. The best approach may be to review this information in a purchasing or stores department.	<ul style="list-style-type: none"> <li>• If there is documentation that only approved supplies are procured and used, score as fully met.</li> <li>• Since this is a legal requirement, if any supplies are used that are not approved, score as not met.</li> </ul>

## ARTICLE 17

The Second Party commits to prescribing drugs using their generic name, according to the medications guide of the First Party, and bans the use of any drugs not registered with the MOH and that have not proven their efficacy.

AUDIT PROCESS	SCORING
This is best audited by visiting the pharmacy. Auditors should review the dispensing of drugs to ensure that only generic names (generic equivalent) on the HIO Essential Drug List are used and that the pharmacy does not stock or dispense any medications that are not registered with MOH. Auditors should ensure that a process or mechanism is in place to ensure that any physician order for a nonregistered drug or one known to have no efficacy is not acted upon.	<ul style="list-style-type: none"> <li>• Since this is a legal requirement, to be scored as fully met, all generic equivalents must be used and no drugs not registered with MOH can be stocked or used.</li> <li>• If there is any use of “brand” named drugs rather than generic equivalents or if any non-MOH-registered drugs are stocked or used, score as not met.</li> </ul>

## ARTICLE 18

The Second Party commits to not performing any medical researches on the beneficiaries of the First Party except with the written consent of the beneficiary and in accordance with the regulating charters, certified protocols, and legal procedures of the MOH and pertinent authorities, without the First Party bearing any responsibility or cost.

AUDIT PROCESS	SCORING
The written consent (informed consent) will be audited and scored under the audit of the relevant accreditation standards PR.32–PR.34. The auditors will need access to the regulating charters, certified protocols, and legal procedures of the MOH and pertinent authorities.	<ul style="list-style-type: none"> <li>If PR.32–PR.34 are scored as fully met, this Article can also be scored as fully met.</li> <li>If any of the above accreditation standards are not fully met, score this Article the same.</li> </ul>

## ARTICLE 19

The Second Party commits to notifying the First Party of the weekly mortality rate on the attached form (see below) and to providing a detailed report on every case, which is signed by the attending doctor, the head of the medical department, and a reviewer from the mortality commission in the hospital, and is certified by the hospital head manager. The First Party has the right to request medical files and all documents for viewing and revision.

Name	Age	Date & Time of Admission	Diagnosis at Admission	Medical Procedures	Date of Death	Cause of Death

AUDIT PROCESS	SCORING
This can be audited at the HIO central offices to determine if the hospital has submitted the report weekly, or auditors can review the hospital’s forms to determine that they were completed and submitted weekly.	<ul style="list-style-type: none"> <li>If the forms were signed weekly and include a signature of the reviewer from the mortality commission in the hospital and are certified by the hospital head manager, score as fully met.</li> <li>If, in the past 6 months, fewer than one weekly report was not submitted, score as partially met.</li> <li>If, in the past 6 months, more than two weekly reports were not submitted, or if any report is not signed by the hospital head manager (or his designated representative when absent), score as not met.</li> </ul>

## ARTICLE 20

The Second Party commits to notifying the First Party of unexpected cases of death and grave complications (specified in the appendices, see below), by means of a full medical report on the case within 24 hours of its occurrence. In addition, the Second Party commits to promptly notifying the First Party of all the measures taken to conduct a root cause analysis, as well as the policies and procedures that will be carried out in the future to avoid the occurrence of such cases. The First Party has the right to review all documents and procedures.

## DEFINITIONS OF THE UNEXPECTED CASES OF DEATH AND GRAVE COMPLICATIONS:

1. Any procedure to the wrong patient or wrong body part.
2. Death due to IV gas embolism.
3. Incompatibility blood transfusion reaction.
4. Inpatient suicidal case.
5. Postoperative forgetting of instruments and foreign bodies inside the patient.
6. Death due to medical error, especially wrong medication.
7. Prenatal death.
8. Any complications that cause disability or death or increase the length of stay at hospital (due to the medical care, not due to the patient him/herself).
9. Identification and registration of the neonate to wrong parents.

AUDIT PROCESS	SCORING
<p>The auditors should validate that the hospital has a list of the unexpected deaths or grave complications that must be notified to HIO and must require a root cause analysis. Auditors should ask for the documentation of at least one such incident, specifically one that includes the actions taken to avoid future occurrences. It is extremely unlikely that a hospital has not experienced such an event in the past year.</p>	<ul style="list-style-type: none"> <li>• If the hospital has a list of reportable and reviewable events and there is evidence that when one has occurred, a root cause analysis was done and that the corrective action has been effective, score as fully met.</li> <li>• If the hospital has no list of reportable events, or if none have been identified, reported, and analyzed, consider a score of not met unless the audit team is convinced that in fact there have been no such events.</li> </ul>

## ARTICLE 21

The Second Party will notify the First Party on a monthly basis of all technical Key Performance Indicators (KPIs) for the facility as a whole and for the beneficiaries of the Second Party in particular (specified in the appendices, see below).

## HOSPITAL KEY PERFORMANCE INDICATORS

1. The total number of inpatients per month, including Intensive Care Unit (ICU) and one-day surgery patients who stay more than 24 hours.
2. Mortality rate (except those cases who are admitted directly at ICU, or cases that died in ER or inpatient ward within the first 24 hours).
3. Nosocomial infection rate.
4. Total number of readmissions within month.
5. Total number of patients revisiting ER within 72 hours for the same condition.
6. Average length of stay.
7. Occupancy rate.
8. The rate of the wound infection.
9. The rate of complicated cases due to wrong medication.
10. The mortality rate in each clinical department.
11. The percent of patients scheduled for elective surgical procedures who had their procedure postponed.
12. The number of inpatient cases that stayed more than 10 days.

13. Waiting time for selected cold surgical cases.

AUDIT PROCESS	SCORING
<p>This should be audited in two ways. First, auditors should confirm that HIO has received monthly reports of the KPIs. Next, auditors should confirm their data with the hospital and, specifically, confirm the mechanism they use to ensure that all performance indicators can be clearly and accurately identified AND reported.</p>	<ul style="list-style-type: none"> <li>• If HIO has received ALL monthly reports from the hospital AND the hospital has a clear system to identify and report the performance indicators, score as fully met.</li> <li>• If only one monthly report has not been received by HIO AND the hospital has a clear system to identify and report the performance indicators, score as partially met.</li> <li>• If two or more monthly reports were not submitted or received by HIO, or if the hospital does not have a clear system to identify and report the performance indicators, score as not met.</li> </ul>

**ARTICLE 22**

The Second Party commits to taking all necessary technical measures to ensure that the condition of the patient has stabilized to the extent that allows safe discharge. The patient shall be given a discharge form that includes a summary of the disease condition, interventions conducted, treatment used during the period of stay, treatment recommended after discharge and the necessary instructions and guiding orders.

AUDIT PROCESS	SCORING
<p>This will require some auditor clinical judgment. Auditors should review at least 10 to 20 medical records to determine if the record documents the patient’s response to care and the patient’s condition allowed safe discharge. Next, auditors should review the discharge summary for all the required elements (see also Section 6.8, IM.29.1– Section 6.8, IM 29.9). In addition, auditors should review data about the frequency of readmission for the same diagnosis or condition within one week of discharge.</p>	<ul style="list-style-type: none"> <li>• The clinical decision about the patient being ready for discharge should default to a score of fully met unless the entire audit team agrees that there is evidence that some patients are discharged before it is safe to do so or if the data on readmissions shows a pattern of frequent (greater than 5 percent) of readmissions.</li> <li>• The audit of the adequacy of the discharge summary will be the same score as assigned to Section 6.8, IM.29.</li> </ul>

## 5.4 INFORMATION

### ARTICLE 23

Both parties commit to applying computerized systems and necessary operating programs to prepare databases for patients who are HIO beneficiaries (data and methods of sharing it are specified in the appendices).

AUDIT PROCESS	SCORING
The auditors will need to review the appendices and, by interview, observation, or reports, validate that the databases include all the required data.	<ul style="list-style-type: none"><li>• If the databases include all the required data as defined in the appendices, score as fully met.</li><li>• If not, score as not met.</li></ul>

### ARTICLE 24

The Second Party commits to preparing and supplying the First Party with a database of its facilities (specified in the appendices), which will be updated on a continuous basis.

AUDIT PROCESS	SCORING
The auditors will need to review the appendices and, by interview, observation, or reports, validate that the databases include all the required data.	<ul style="list-style-type: none"><li>• If the databases include all the required data as defined in the appendices, score as fully met.</li><li>• If not, score as not met.</li></ul>

### ARTICLE 25

The Second Party commits to the confidentiality of patient data and to following the specified authorizations for their sharing, in addition to being committed to not giving out any patient information except to the First Party or to the patient, or by written consent from the patient.

AUDIT PROCESS	SCORING
Auditors should review any policies that define confidentiality and define who has authorized access to medical records. Also, by observation, auditors should look for unsecured medical records where they might be seen or taken by unauthorized personnel.	<ul style="list-style-type: none"><li>• This should default to a score of fully met unless the audit team agrees that there is evidence of breach of confidentiality or unauthorized access to medical records.</li></ul>

### ARTICLE 26

The Second Party commits to preserving patient files in a safe manner and specifying a system for their disposal after specific periods determined by the First Party.

AUDIT PROCESS	SCORING
Paper medical records should be stored in an area that can be locked and is protected from fire, water damage, or tampering. If the records are in electronic format, they must be password protected and a backup or archiving system should be in place in case of failure of the main computers. There should be a clear policy of disposal according to HIO policy.	<ul style="list-style-type: none"><li>• This should also default to a score of fully met unless the entire audit team agrees that there are significant deficiencies in storage of paper records, or if there is no electronic backup or password protection of electronic records.</li></ul>

## ARTICLE 27

The First Party has the right to take all necessary legal measures in the event of the Second Party concealing information or purposely presenting inaccurate data or information requested.

AUDIT PROCESS	SCORING
If the audit team identifies that the hospital is intentionally concealing information or presenting false data or information, it should immediately notify the HIO central office and request guidance.	<ul style="list-style-type: none"><li>• This standard is not scored.</li></ul>

## 5.5 ADMINISTRATIVE PROCEDURES

### ARTICLE 28

The Second Party will receive nonemergency cases by means of the referral form issued by the First Party and certified by the pertinent authority. The Second Party will be responsible for verifying the identity of the beneficiary by way of their valid Health Insurance ID card and National ID card.

AUDIT PROCESS	SCORING
<p>Auditors should visit the admission department and review their policies and procedures. Auditors should validate that all HIO beneficiaries have a referral form and that the hospital verifies their identity. The main issue here is what the hospital will do if an HIO beneficiary “self-refers” without HIO authorization</p>	<ul style="list-style-type: none"> <li>• If all HIO beneficiaries have a referral form, or, if they do not, the hospital verifies the authorized care from HIO, score as fully met.</li> <li>• If there is no consistent process to validate that the beneficiary has a referral form from HIO or that the hospital does not validate the patient’s identity, score as not met.</li> </ul>

### ARTICLE 29

With emergency cases and urgent cases, the Second Party commits to taking all the necessary urgent curative measures, as well as notifying the First Party within 24 hours of receiving the case and obtaining the consent of the First Party by way of a preliminary report (form included in the appendices, see below), otherwise the Second Party loses its right to any financial claims.

#### Medical report

Patient’s name:	Occupation:	Age:	Sex:
Date of admission:..... At:.....			
Complaint:			
Present history:			
Examination:			
- General ex.			
- Local ex.			
Investigation:			
Treatment:			
Provisional diagnosis:			
Reason for admission:			
Doctor signature:		Manager signature:	

AUDIT PROCESS	SCORING
<p>Auditors should ask for approximately 10 records of patients with diagnoses or presenting complaints that would have justified an emergency admission. Next, auditors should review the documentation in the medical record that the patient received emergent care. Then validate through the hospitals HIO beneficiary office (Section 5.2, Article 6) that HIO was notified within 24 hours of the admission and had received preliminary approval.</p>	<ul style="list-style-type: none"> <li>• This may not need to be scored since if the hospital does not adhere to these requirements it loses its right to be paid. However, the audit may focus on cases where the hospital submitted a claim but neither HIO nor the hospital has documentation that HIO was notified within 24 hours or that the hospital received authorization from HIO.</li> </ul>

### ARTICLE 30

The Second Party commits to performing the service specified in the referral letter of the beneficiary, with the necessity of obtaining prior consent from the First Party in the event of needing to change the curative pathway for the patient. With urgent cases, Section 5.5, Article 29 of this contract is applied.

AUDIT PROCESS	SCORING
<p>Auditors should select 10 medical records, review the referral letter, and validate that the patient received the services specified in the referral letter. Auditors should review the process and ask for examples of cases in which the care the patient needed was determined to be different from that authorized in the referral letter. Auditors should furthermore ask for documentation of how the hospital obtained authorization from HIO for this change in care. The auditors can also focus on cases identified by claims management at HIO where the claim was for care different than that authorized in the referral letter.</p>	<ul style="list-style-type: none"> <li>• If the care provided was in accordance with the referral letter, or if there is documentation that the hospital obtained HIO authorization for different care, score as fully met.</li> <li>• If there are any examples of care that did not meet the specifications in the referral letter or if different care was provided without prior HIO authorization (except in emergencies), score as not met.</li> </ul>

### ARTICLE 31

The Second Party commits to receiving patients referred to it as long as they have arrived with certified letters issued by the First Party, without them bearing any burdens or administrative procedures. In the event of there being a need to complete any procedure, this will be done through the coordinator responsible for health insurance that the Second Party has, and who is indicated in Section 5.2, Article 6 of this contract.

AUDIT PROCESS	SCORING
<p>This will be audited the same as for Section 5.5, Article 31 with the exception that the auditors should identify any instances in which the hospital did not accept a patient with a valid referral letter.</p>	<ul style="list-style-type: none"> <li>• This will default to a score of fully met unless the audit team agrees that there is evidence that the hospital sometimes refuses to accept a patient who has a valid referral letter from HIO.</li> </ul>

## ARTICLE 32

Stay at facilities of the Second Party will be in the insurance class, with the patient having the right to stay in the higher classes in which case the patient must state in writing his desire and consent to bear the financial differences.

AUDIT PROCESS	SCORING
<p>Auditors should review the hospital's policy on insurance class stays at the facility by reviewing examples (two or three) instances where patients expressed a desire to stay in a higher class room and confirm that the beneficiary stated in writing his/her consent to bear the financial difference.</p>	<ul style="list-style-type: none"> <li>• If patients are located in the hospital according to their insurance class or if there is documented evidence that the patient agreed in writing to bear the financial difference if they wished a higher class room, score as fully met.</li> <li>• If not, score as not met.</li> </ul>

## ARTICLE 33

The Second Party commits to having a specific plan for client support that is based on clear and declared mechanisms for procedures within the facility, and which also includes following up on and supporting the patient after discharge. It is also mandatory that there be a mechanism to survey patient opinion and notify the First Party of the results.

AUDIT PROCESS	SCORING
<p>This should be reviewed while visiting the hospital's HIO beneficiary support office and its coordinator. The facility should have a written plan, including necessary support after discharge. Auditors should review the documented results of patient satisfaction surveys and any effective corrective action based on the survey findings. Patient satisfaction surveys should be conducted at least every 3 months using an adequate sample. Auditors should review reports that were sent to HIO.</p>	<ul style="list-style-type: none"> <li>• If there is a written plan for support of HIO beneficiaries and documented results of patient satisfaction surveys, including corrective actions, and the results were sent to HIO, score as fully met.</li> <li>• If there is a written plan for support of HIO beneficiaries and only a single patient satisfaction survey in the past year, score as partially met.</li> <li>• If there is no plan for support of HIO beneficiaries, or if there has been no patient satisfaction survey, or if the results have not been sent to HIO, score as not met.</li> </ul>

## ARTICLE 34

The bill for medical treatment must be settled as soon as the medical decision for discharge is issued, with there being clear and facilitated steps to conclude discharge procedures for the patient within 2 hours of the medical authority decision.

AUDIT PROCESS	SCORING
<p>This relates to any bill for which the patient is responsible rather than submission of a claim to HIO. Auditors should review this with the hospital's finance and billing department to determine if there are clear procedures. Also, auditors should review 10 medical records of patients who have been discharged and look for the time of the doctor's discharge order and the time of actual discharge.</p>	<ul style="list-style-type: none"> <li>• If there are clear procedures for settling the patient's bill promptly and if discharge takes place consistently within 2 hours of the doctor's order, score as partially met.</li> <li>• If there are clear procedures for settling the patient's bill and if discharge is delayed beyond 2 hours in less than 25 percent of cases, score as partially met.</li> <li>• If there are no clear procedures for settling the patient's bill promptly, or if discharge is delayed beyond 2 hours in more than 25 percent of cases, score as not met.</li> </ul>

## ARTICLE 35

In the event the Second Party recommends sick leave to cases that deserve it, the Second Party commits to the rules governing the granting of sick leaves issued by the HIO and on the forms attached to this document. Repeated violation of this article will nullify the contract.

### THE RULES GOVERNING THE GRANTING OF SICK LEAVES ISSUED BY THE HIO ORTHOPEDIC SURGERY

Operation	Type	Sick leave days
Spinal cord fracture and fixation, alignment of the spinal cord, and artificial prosthesis.	Skilled	3 months
Femur neck fracture, compound fracture of pelvis, static exploration, intra-articular ligament operation, intra- medullar nails, non-compound spinal cord fracture, and shortening or elongating of limbs.	Major	2-3 months
Closed reduction of fracture, alignment of the fingers or toes, Excision of small necrotic tissue, and ankle alignment operation.	Medium	1 month
<i>Joint movement, removal of nails from limbs, knee arthroscopy and removal of any nails.</i>	Minor	2-3 weeks

### GENERAL SURGERY

Operation	Type	Sick leave days
Diaphragmatic hernioraphy, gastric and duodenal surgeries, pancreatic surgery, hepatectomy, and thyroidectomy.	Skilled	2 months
Gall bladder surgeries, splenectomy, intestinal re-anastomosis, intestinal part excision and colectomy, intestinal obstruction, limb amputation, and total rectal prolapsed.	Major	2 months
Small hernioraphy, appendectomy, piles, partial rectal prolapsed, amputation of the fingers or toes, coccegal fissure, and anal fissure.	Medium	1 month
Hydrocele, piles injection, gastro-intestinal endoscopy, prostatic biopsy, and circumcision for non children.	Minor	2-3 weeks

### TUMOR SURGERY

Operation	Type	Sick leave days
Malignant tumor excision, lymphectomy, chest exploration for tumor causes, re-anaestomosis of the biliary duct to the intestine.	Skilled	2 months
Simple mastectomy, limb tumor excision, partial gastrectomy or intestinal excision due to tumor, Gastro-intestinal re-anaestomosis.	Major	2 months
Thyroid biopsy, Abdominal exploration, and benign tumor excision.	Medium	1 month
Biopsy of (pleura, liver, kidney, lymph nodes, or limb).	Minor	2-3 weeks

## PLASTIC SURGERY

Operation	Type	Sick leave days
Plastic surgery of (breasts, face, nose), excision of facial bone with bone grafting, and facial sanding and grafting.	Skilled	2 months
Tendon grafting in the hand, excision of filariasis (Elephantiasis) Abdominal incision hernioraphy, cleft palate, and fracture of jaws.	Major	2 months
Unilateral cleft lip, alignment of the nasal or jaw bones fracture and skin grafting of 5 percent of the body.	Medium	3 weeks
Facial polypectomy, and skin grafting of less than 5 percent of the body.	Minor	2 weeks

## OPHTHALMOLOGY

Operation	Type	Sick leave days
Replace the globe liquid and retinal detachment, corneoraphy, Cataract+ lens implantation, eyebrow tumors.	Skilled	2 months
Glaucoma, bilateral squint, eye globe extraction, eyelid plastic surgery, anastomosis of the tear duct to the nose.	Major	1 month
Tritium, unilateral squint, corneal color, eyelid sores, hematoma evacuation.	Medium	10 days
Removal of eye lashes, abscess in eyelids, dilatation of tear duct, removal of trachoma.	Minor	3 days

AUDIT PROCESS	SCORING
The auditors must be aware of the rules governing the granting of sick leave issued by the HIO and on the forms attached to this document. Auditors should review 10 records of patients for whom sick leave was recommended to determine if the HIO requirements were met.	<ul style="list-style-type: none"> <li>• If all the cases reviewed documented that the rules governing the granting of sick leave issued by the HIO and on the forms attached to this document were met, score as fully met.</li> <li>• If any did not follow the prescribed procedures and documentation, score as not met.</li> </ul>

### ARTICLE 36

When the Second Party needs to refer a patient to complete his or her medical treatment or undergo any intervention or investigation at another destination, it is obligatory that the First Party be notified and its consent be obtained through specific simple procedures that guarantee rapidity of referral through the coordinator or the office designated to handle the affairs of the beneficiaries of the First Party, indicated in Article 6, and without the patient being encumbered with any hardship or burdens.

AUDIT PROCESS	SCORING
Auditors should review several (approximately five) cases that were referred to another facility. Auditors need to determine the time it took from the clinical decision to refer to the time HIO's consent was obtained and the actual time of the transfer/referral. The term "rapidity of referral" will require clinical judgment on the part of the auditor and will likely depend on the reason for referral and its urgency.	<ul style="list-style-type: none"> <li>• If the process of referral or transfer was consistently completed in a reasonable time as judged by the auditors, or if the delay was beyond the control of the hospital, score as fully met.</li> <li>• If only one or two minor delays occurred, score as partially met.</li> <li>• If the process always takes excessive time as judged by the auditors, score as not met.</li> </ul>

## ARTICLE 37

The Second Party commits to receiving all cases referred to it from the First Party that are within the scope of this contract, and also commits to notifying the First Party of any operational causes that may hinder its receiving of patients, along with specifying the date of resumption of work.

In the event of sudden unexpected breakdowns making it difficult to receive the patient, coordination will be conducted with the First Party, in the presence of the patient, through the coordinator indicated in Section 5.2, Article 6, to allow the patient to choose between being put on the waiting list or being referred to another destination.

In the event the Second Party repeatedly refuses to receive the beneficiaries of the First Party without an acceptable excuse, there will be a warning, then deduction from due sums, then termination of contract.

AUDIT PROCESS	SCORING
<p>If the hospital had any planned interruption in its ability to provide the contracted services, the auditors should review the documentation sent to HIO that explained the reason and the expected resolution date. If the hospital had any unplanned interruption in its services, the auditors should determine if it was coordinated with HIO and the patient was given the option of waiting or being referred to another facility. Also see Section 5.5, Article 31.</p>	<ul style="list-style-type: none"> <li>• If there is no evidence that the hospital has ever refused to provide care to an HIO beneficiary and had no interruption of services, or it had an interruption and it documented coordination and reporting to HIO, score as fully met.</li> <li>• If there is evidence that the hospital has rarely (only one or two instances where the reason was clearly documented) refused to provide services to an HIO beneficiary, or had only brief interruption (less than 24 hours) of its services, score as partially met.</li> <li>• If there is evidence that the hospital has frequently (more than once a week) refused to provide services to an HIO beneficiary, or if there was an interruption in services but HIO was not notified, score as not met.</li> </ul>

## ARTICLE 38

Both parties commit to directing the executive managers or their deputies to attend periodic meetings to present and discuss administrative problems, share opinions, and agree on appropriate solutions.

AUDIT PROCESS	SCORING
<p>Although the contract currently does not specify the frequency of such meetings, commonly these are meetings of the senior leaders of the hospital and are held at least once monthly.</p>	<ul style="list-style-type: none"> <li>• If meetings of the senior leadership are held monthly, score as fully met.</li> <li>• If meetings of the senior leadership are held infrequently (less than four times a year), score as partially met.</li> <li>• If there are no meetings of the senior leadership, score as not met.</li> </ul>

## 5.6 PROFESSIONAL MALPRACTICE

### ARTICLE 39

The Second Party commits to ensuring against professional malpractice and professional hazards, by means of an insurance policy proportional to the volume of transactions with the First Party. The Second Party also commits to completing all malpractice insurance documents for medical team members assigned to deal with the beneficiaries of the First Party according to the volume of transactions and type of specialty.

AUDIT PROCESS	SCORING
Auditors should review documentation indicating that the hospital has the required insurance currently in effect.	<ul style="list-style-type: none"><li>• If the hospital's insurance is currently in effect, as required by Section 5.6, Article 39, score as fully met.</li><li>• If it does not have such insurance in effect, score as not met.</li></ul>

### ARTICLE 40

The First Party retains its right to refer to the courts (alone or in solidarity with the beneficiaries) against the Second Party in all cases resulting from professional malpractice that necessitate compensation.

AUDIT PROCESS
This is not subject to audit or scoring. It is a right exclusively retained by HIO and not subject to the hospital's concurrence.

## 5.7 CHARGING

### ARTICLE 41

Charging will be conducted according to the price list approved by both parties and attached to this contract.

AUDIT PROCESS	SCORING
This is straightforward and would be audited only if there is an apparent discrepancy between the charges the hospital uses and those at HIO.	<ul style="list-style-type: none"> <li>This does not need to be scored.</li> </ul>

### ARTICLE 42

Charging will be conducted for the services indicated in the referral letter. The Second Party commits to recording all details, items, and consumable and non-consumable supplies pertaining to those services, as well as the complications that may result, all in the patient's medical file, along with the data and clinical information showing the patient's actual needs. The First Party has the right to conduct a random review of the medical files to check that they match with the services that have been provided to the patient. No monetary sums will be paid for any service that is not recorded. Additionally, no monetary sums will be paid for any service that is not recorded in the patient file and **"a penalty shall be added"**.

AUDIT PROCESS	SCORING
This will be audited by review of medical records. Auditors should select 10 claims and review the medical records to validate that the <u>documentation in the medical record</u> includes all the requirements in the second sentence of this Article and matches the claim.	<ul style="list-style-type: none"> <li>If all the information required is documented in the medical record and matches the claim, score as fully met.</li> <li>If more than one medical record fails to document all the requirements, or if the documentation in the medical record does not match the claim, score as not met.</li> </ul>

### ARTICLE 43

The Second Party commits to not collecting any monetary sums from HIO beneficiaries other than those indicated in this contract and its appendices.

AUDIT PROCESS	SCORING
Auditors should visit the hospital's billing department and ask about any bills that are the responsibility of the beneficiaries. They should review a random sample of patient bills to confirm that no inappropriate billing ("balance billing" where the patient is requested to pay the difference between the hospital's claim and what the HIO paid) occurred.	<ul style="list-style-type: none"> <li>If there is no evidence of inappropriate billing of the beneficiary, score as fully met.</li> <li>If there is evidence, even if occasionally, of inappropriate billing, score as not met.</li> </ul>

## ARTICLE 44

The two parties specify the following in the appendices:

- The layout pattern of the bill.
- The supporting documents for the bill, which must be enclosed with it.
- The periods during which payment claims are presented and the specific time for HIO to pay or notify the second party of its decision.
- Periods for payment and method of payment.

AUDIT PROCESS	SCORING
<p>Auditors should review a random sample of bills/claims and determine whether the format of the bill/claim meets the requirements and includes all the supporting documents required in the appendices. They should also determine whether the bill/claim was submitted within the required timeframe.</p>	<ul style="list-style-type: none"> <li>• If ALL the bills/claims reviewed meet all the required elements in the format and include all the required supporting documents, score as fully met.</li> <li>• If only a few (5 percent) of bills/claims are missing some of the required elements of the format or do not include ALL the required documents (missing documents in less than 5 percent), score as partially met.</li> <li>• If more than 5 percent of bills/claims are missing some of the elements in the format or did not include the required documents, score as not met.</li> </ul>

## ARTICLE 45

The Second Party commits to preparing payment claims and reviewing them technically and financially, with the claims being handed in at the specified due date and in accordance with a list of contents.

AUDIT PROCESS	SCORING
<p>This will require that HIO have an internal audit process of its claims processing process to determine if the hospital is meeting this requirement.</p>	<ul style="list-style-type: none"> <li>• If the hospital submits accurate and timely claims in 95 or more percent of cases, score as fully met.</li> <li>• If the hospital submits accurate and timely claims in 85 to 94 percent of cases, score as partially met.</li> <li>• If the hospital submits accurate and timely claims in less than 85 percent of cases, or if more than 10 percent are not complete or accurate, score as not met</li> </ul>

## ARTICLE 46

The First Party commits to a specific deadline to conclude the technical and financial review of payment claims, as well as a specific due date for payments to be made.

AUDIT PROCESS	SCORING
<p>Auditors should review any written evidence that the hospital has agreed to the HIO claims processing process and its timeframe for payment.</p>	<ul style="list-style-type: none"> <li>• This is not scored.</li> </ul>

## ARTICLE 47

The First Party has the right, when necessary and imperative, to request patient files and all documents to check for matching and to request scientific explanations of treatments from experts, with the claim becoming null and void if a response is not given within 2 weeks.

AUDIT PROCESS	SCORING
This article would be audited only if the hospital refuses HIO's request.	<ul style="list-style-type: none"><li>• This is not scored.</li><li>• If the hospital has agreed to ALL HIO's requests, score as fully met.</li><li>• If the hospital has refused ANY HIO request, score as not met.</li></ul>

## ARTICLE 48

The First Party, in the event of a partial dispute over a payment claim, commits to paying the part of the amount that there is agreement on, with only the remainder being deferred until settlement. A joint quarterly committee will be assembled from among the two parties to study and settle those disputes.

AUDIT PROCESS	SCORING
This would be subject to an internal HIO audit only if a hospital has alleged that HIO failed to make the partial payment as stipulated in this Article.	

## 5.8 REVIEWING AND AUDITING

### ARTICLE 49

The First Party has the right to conduct reviews and audits before this contract is concluded to ensure that the contracting conditions have been satisfied with respect to making sure the qualified medical team is complete, that the appropriate medical equipment and supplies are available, and that clear mechanisms are in place to handle the affairs of the beneficiaries of the First Party. This is in order to determine the services that will be contracted with the Second Party.

AUDIT PROCESS	SCORING
This audit should be done by an entire audit team and will focus on ensuring that all the contract conditions have been satisfied or are in place. The intent is to determine what services the hospital will be contractually obligated to provide.	<ul style="list-style-type: none"> <li>The audit team should report any issues that raise concerns about patient safety, lack of a quality improvement process, or any deficiencies in staffing, equipment, and supplies. The final decision rests with the HIO central office.</li> </ul>

### ARTICLE 50

The First Party has the right to conduct reviews and audits during the period that the contract is in effect to ensure that the Second Party is continuing to satisfy the articles of the contract. The First Party also has the right to conduct reviews and audits in cases where it sees it necessary to do so.

AUDIT PROCESS	SCORING
These audits may be done by an entire audit team if a comprehensive evaluation of the hospital's continued ability to meet its contractual obligations is needed, or by an individual auditor if the evaluation is based on a single issue (such as an adverse event).	<ul style="list-style-type: none"> <li>If it is a comprehensive audit, all the standards of this survey guide would be evaluated and scored.</li> <li>If it is a specific audit related to a single (or a few) issues, no scoring is required, but the auditor or team will submit a report to HIO detailing its findings and any recommendations.</li> </ul>

### ARTICLE 51

The First Party has the right to direct one of its doctors or other health professional to make rounds on its patients who are staying in a facility of the Second Party. This doctor will have the right to view those patients' medical files to verify the adherence of the Second Party to providing medical care in accordance with the agreed-upon standards. This will be done in coordination with the responsible officials of the Second Party.

AUDIT PROCESS	SCORING
The requirement of this audit is not subject to audit. However, when HIO exercises this right, the auditor doctor will submit a written report.	<ul style="list-style-type: none"> <li>This would be scored only if the auditor identified one or more standards or contract requirements that were not met. In that case, the auditor's report would also include those standards or contract requirements and their score.</li> </ul>

### ARTICLE 52

The First Party has the right, based on what may be revealed during the review and auditing process, to take whatever measures it sees fit to protect the safety of its beneficiaries, such as requesting an urgent corrective plan, temporarily suspending transactions, or terminating the contract.

AUDIT PROCESS	SCORING
Since this is the exclusive right of HIO, it is not subject to audit unless the hospital refuses to comply.	<ul style="list-style-type: none"> <li>This is not scored.</li> </ul>

### ARTICLE 53

The First Party commits to not disclosing the results of the reviews to any third party, unless it may be requested by the general district attorney or arbitration authorities.

AUDIT PROCESS	SCORING
This would be subject to an HIO internal audit only if there were allegations that HIO had inappropriately disclosed results of reviews.	• This is not scored.

# 6. AUDITING HOSPITALS' COMPLIANCE WITH RELEVANT MOH ACCREDITATION STANDARDS

## 6.1 PATIENTS' RIGHTS AND RESPONSIBILITIES

**A.PR.1** Policy and procedure defines at least the following patient rights:

- PR 1.1** Rights as defined by laws and regulations
- PR 1.2** Right to access care if provided by the organization
- PR 1.3** Right to know the name of the treating, supervising, and/or responsible physician
- PR.1.4** Right to care that respects the patient's personal values and beliefs
- PR 1.5** Right to be informed and participate in decisions relating to their care
- PR 1.6** Right to refuse care and discontinue treatment
- PR 1.7** Right to security, personal privacy, confidentiality, and dignity
- PR 1.8** Right to have pain treated
- PR 1.9** Right to make a complaint or suggestion without fear of retribution
- PR 1.10** Right to know the price of services and procedures

AUDIT PROCESS	SCORING
Auditors should review the written statement of patients' rights and ensure these rights are prominently displayed in the facility.	<ul style="list-style-type: none"> <li>• If the written statement of patients' rights includes all the requirements of Section 6.1, PR.1.1– Section 6.1, PR.1.10, score as fully met.</li> <li>• If the written statement of patients' rights does not include ALL the requirements of Section 6.1, PR.1.1– Section 6.1, PR.1.10, score as not met</li> </ul>

**A.PR.3** Patients' rights are made visible to patients and staff.

AUDIT PROCESS	SCORING
This audit can be done by observation. Auditors should look for signs or other visible means demonstrating that patients' rights are made public.	<ul style="list-style-type: none"> <li>• If patients' rights are clearly posted or otherwise easily visible, score as fully met.</li> <li>• If there is no visible posting of patients' rights, score as not met.</li> </ul>

**A.PR.14** General consent for treatment is obtained when the patient seeks service from the organization.

AUDIT PROCESS	SCORING
This is most easily audited by reviewing whether every medical record has an informed consent form.	<ul style="list-style-type: none"> <li>• If every reviewed medical record has an informed consent form, score as fully met.</li> <li>• If not, score as not met.</li> </ul>

**A.PR. 16** The organization has a list of procedures or treatments for which informed consent is required, including the following:

- PR. 16.1** Surgery and invasive procedures
- PR. 16.2** Anesthesia/moderate or deep sedation
- PR. 16.3** Use of blood
- PR. 16.4** High-risk procedures or treatments (including but not limited to Electro Convulsive Treatment, radiation therapy, and chemotherapy)
- PR. 16.5** Family planning interventions
- PR. 16.6** Research

<b>AUDIT PROCESS</b>	<b>SCORING</b>
Auditors should review a written list of procedures that require informed consent.	<ul style="list-style-type: none"> <li>• If there is evidence that all the procedures and treatments in Section 6.1, PR.16.1- Section 6.1, PR.16.6 require informed consent, score as fully met.</li> <li>• If any do not require informed consent, score as not met.</li> </ul>

## 6.2 PERFORMANCE IMPROVEMENT

### PROCESS AND DESIGN

- A.PI.1** The governing body, organization director, and heads of departments actively participate in the planning and monitoring of the performance improvement, patient safety and risk management plan(s).

AUDIT PROCESS	SCORING
Auditors should review the plan (Section 6.2, PI.2) and at least the last 6 months of minutes of the committee meetings (Section 6.2, PI.2.1) to determine if members of the governing body, the hospital director, and heads of departments are members of the committee and routinely attend the meetings.	<ul style="list-style-type: none"> <li>• If all the above-mentioned personnel are members of the committee and there is evidence that they attend at least 75 percent of the meetings, score as fully met.</li> <li>• If only one department head is not a member of the committee, score as partially met.</li> <li>• If more than one department head is not a member or if any member attends less than 75 percent of the meetings (without prior excusal), score as not met.</li> </ul>

- A.PI.2** There is a performance improvement, patient safety, and risk management plan that defines at least the following:

- PI.2.1** The membership of the performance improvement, patient safety and risk management committee(s)
- PI.2.2** Authority of the committee
- PI.2.3** Criteria for establishing priorities
- PI.2.4** A description of the methodology to be used
- PI.2.5** Information flow and reporting frequency

AUDIT PROCESS	SCORING
Auditors should review the plan.	<ul style="list-style-type: none"> <li>• If there is a plan and it includes all the requirements in Section 6.2, PI.2.1– Section 6.2, PI.2.5, score as fully met.</li> <li>• If there is a plan but it does not include the performance improvement methodology, score as partially met.</li> <li>• If there is no plan or if it includes fewer than three of the requirements in Section 6.2, PI.2.1– Section 6.2, PI.2.5, score as not met.</li> </ul>

- A.PI.3** There is a performance improvement, patient safety, and risk management committee(s).

AUDIT PROCESS	SCORING
Either a committee exists or it does not, and either it meets at least every 2 months or it does not. Determine who is designated as the chairperson.	<ul style="list-style-type: none"> <li>• If there is a quality improvement and patient safety committee and it has met at least every 2 months and has a designated chairperson, score as fully met.</li> <li>• If there is no committee, or it has met less than every 2 months, or it does not have a designated chairperson, score as not met.</li> </ul>

**A.PI.4** The performance improvement, patient safety, and risk management committee(s) has a designated chairperson.

AUDIT PROCESS	SCORING
<p>Either a committee exists or it does not, and either it meets at least every month or it does not. Determine who is designated as the chairperson.</p>	<ul style="list-style-type: none"> <li>• If there is a quality improvement and patient safety committee and it has met at least every month and has a designated chairperson, score as fully met.</li> <li>• If there is no committee, or it has met less than every month, or it does not have a designated chairperson, score as not met.</li> </ul>

**A.PI.5** The membership is multidisciplinary and includes members of the medical and nursing staff, other department representatives, and the performance improvement coordinator.

AUDIT PROCESS	SCORING
<p>The membership of the committee should be found in the quality improvement plan or in the minutes of a meeting. Auditors should check to confirm that at least senior members of the medical and nursing staff and the QI coordinator are members. There should be sufficient representatives of other departments (clinical and support such as pharmacy, infection control, facility management, food services, etc.) to ensure a truly multidisciplinary representation. Most importantly, this cannot be a physician-only committee. Auditor judgment is needed to decide if the membership is adequately representative. The intent of “multidisciplinary” cannot be met if all non-physician members are nonvoting.</p>	<ul style="list-style-type: none"> <li>• If membership includes medical and nursing staff, the QI coordinator, and other members from clinical and support departments, score as fully met.</li> <li>• If some key representatives are not included in the membership, but the members include at least senior members of the medical and nursing staff and the QI coordinator, score as partially met.</li> <li>• If either nurses or the QI coordinator are not members, or if only physicians are permitted to vote, score as not met.</li> </ul>

**A.PI.6** There are terms of reference for the committee(s) that includes the following:

- PI.6.1** Ensuring that all departments participate
- PI.6.2** Establishing organization wide priorities for improvement
- PI.6.3** Ensuring that all required measurements are done, including the frequency of data collection
- PI.6.4** Reviewing the analysis of aggregate data
- PI.6.5** Taking action in response to identified performance improvement or patient safety issues
- PI.6.6** Reporting information both to leaders and to staff members

AUDIT PROCESS	SCORING
<p>Auditors should review the terms of reference for the committee or committees.</p>	<ul style="list-style-type: none"> <li>• If there are terms of reference and they include all the requirements in Section 6.2, PI.6.1–Section 6.2, PI.6.6, score as fully met.</li> <li>• If any terms of reference are not included, score as not met.</li> </ul>

**B.PI.7** The performance improvement, patient safety, and risk management committee(s) meets at least monthly.

AUDIT PROCESS	SCORING
Auditors should review the minutes of the committee(s) meetings for the previous 12 months to determine if it has met at least monthly.	<ul style="list-style-type: none"> <li>• If the committee(s) has met at least every month, score as fully met.</li> <li>• If only one monthly meeting was missed, score as partially met</li> <li>• If two or more monthly meetings were not held, score as not met.</li> </ul>

**B.PI.8** The performance improvement, patient safety, and risk management plan(s) is/are implemented organization wide.

AUDIT PROCESS	SCORING
Review the quality improvement, patient safety, and risk management plan(s).	<ul style="list-style-type: none"> <li>• If a quality improvement, patient safety, and risk management plan is implemented hospital-wide that addresses coordination among all components of the organization's quality monitoring and improvement activities, score as fully met.</li> <li>• If no approved plan exists or the plan has not been implemented, score as not met.</li> </ul>

**A.PI.9** There is an assigned, qualified performance improvement coordinator.

AUDIT PROCESS	SCORING
This is straightforward to audit. Either there is or there is not an assigned quality improvement coordinator who coordinates QI activities and attends appropriate meetings.	<ul style="list-style-type: none"> <li>• Some auditor judgment is needed to determine what committees the QI coordinator is to be a member of.</li> <li>• If the auditors agree that the committees are appropriate and if there is an assigned quality improvement coordinator with an appropriate job description, score as fully met.</li> <li>• If, in the opinion of the entire audit team, there is only one relevant committee where the QI coordinator should be a member, but is not, score as partially met.</li> <li>• If, in the opinion of the entire audit team, there is more than one relevant committee where the QI coordinator should be a member, but is not, score as not met.</li> </ul>

**A.PI.11** There is a written job description for the performance improvement coordinator.

AUDIT PROCESS	SCORING
This is straightforward to audit. Either there is or there is not an assigned quality improvement coordinator who has a formal written job description. However, the hospital may have assigned different individuals to QI, patient safety, and risk management. Therefore, if there are different individuals, review the job descriptions of each of these positions.	<ul style="list-style-type: none"> <li>• If the quality improvement coordinator has a written job description, score as fully met.</li> <li>• If no written job description exists, score as not met.</li> </ul>

**A.PI.12** Medical staff participates in performance improvement activities.

AUDIT PROCESS	SCORING
Auditors should review the minutes of the committee(s) meetings to determine if medical staff attend and participate. They should also review the department QI plans to determine if medical staff are actively involved. This will depend on the auditor's judgment.	<ul style="list-style-type: none"><li>This standard should default to fully met unless the audit team agrees that there is no, or there is only minimal, participation of the medical staff.</li></ul>

**A.PI.13** Nurses participate in performance improvement activities.

AUDIT PROCESS	SCORING
Auditors should review the minutes of the committee(s) meetings to determine if members of the nursing staff attend and participate. They should also review the department QI plans to determine if nursing staff members are actively involved. This will depend on the auditor's judgment.	<ul style="list-style-type: none"><li>This standard should default to fully met unless the audit team agrees that there is no, or there is only minimal, participation of the nursing staff.</li></ul>

**A.PI.14** Other staff participate in performance improvement activities.

AUDIT PROCESS	SCORING
Auditors should review the minutes of the committee(s) meetings to determine if other staff members (based on the membership as defined in the plan – Section 6.2, PI.5) attend and participate. They should also review the department QI plans to determine if other staff members are actively involved. This will depend on the auditor's judgment.	<ul style="list-style-type: none"><li>This standard should default to fully met unless the audit team agrees that there is no, or there is only minimal, participation of other staff members.</li></ul>

## COLLECTING AND MEASURING ACTIVITIES

**A.PI.15** Indicators are identified and monitored for all significant processes.

Indicators should include at least the following:

- A.PI.18** Waiting times are monitored
- B.PI.19** Patient assessment is monitored
- A.PI.20** Surgical and invasive procedures are monitored
- A.PI.21** Use of anesthesia and moderate and deep sedation are monitored
- A.PI.22** Use of medications is monitored
- A.PI.23** Use of blood and blood products is monitored
- A.PI.24** Medical records, including availability and content, are monitored
- A.PI.25** Infection control, surveillance, and reporting are monitored
- A.PI.26** Medication errors and adverse outcomes are monitored
- A.PI.27** Use of restraints and seclusion is monitored

AUDIT PROCESS	SCORING
Auditors should review both the performance improvement plan and minutes of the last 12 months of the committee(s) meetings.	<ul style="list-style-type: none"> <li>• If there is evidence that all the required items in PI.18–PI.27, plus the monitors required by Section 6.2, PI.28– Section 6.2, PI.30 and Section 6.2, PI.34– Section 6.2, PI.38 are monitored, score as fully met.</li> <li>• If any of these items are not being monitored, score as not met.</li> </ul>

## MANAGERIAL MONITORING

**A.PI.28** Compliance with law and regulations, including contractual obligations to the Health Insurance Organization, is monitored.

AUDIT PROCESS	SCORING
The HIO audit process should focus on whether the organization meets all its contractual responsibilities to HIO, one of which already is to comply with all laws and regulations. This is audited and scored under the Section 2.1, Article 1.	<ul style="list-style-type: none"> <li>• If there is evidence that all the required items in PI.18–PI.27, plus the monitors required by Section 6.2, PI.28– Section 6.2, PI.30 and Section 6.2, PI.34– Section 6.2, PI.38 are monitored, score as fully met.</li> <li>• If any are not being monitored, score as not met.</li> </ul>

**A.PI.29** Patient and family expectations and satisfaction are monitored.

AUDIT PROCESS	SCORING
Auditors should review any documentation of the results of patient and family satisfaction surveys. The results should have been sent to HIO. Auditors should also evaluate whether appropriate corrective action was taken when indicated by the results of the survey.	<ul style="list-style-type: none"> <li>• If results of patient and family satisfaction surveys have been reported to HIO, including any effective corrective action, score as fully met.</li> <li>• If results of the surveys have been reported to HIO, but no effective corrective action has been taken, score as partially met.</li> <li>• If there are no survey results or if survey results have not been reported to HIO, score as not met.</li> </ul>

**A.PI.30** Patient complaints are monitored.

AUDIT PROCESS	SCORING
<p>Auditors should review any documentation that demonstrates how patient complaints (individual complaints and aggregate data about the types of complaints) are monitored and that corrective action or response has been effective.</p>	<ul style="list-style-type: none"><li>• If there is documented evidence of appropriate response or action taken on individual complaints and on aggregate data about the types of complaints, score as fully met.</li><li>• If individual complaints are appropriately responded to, but there has been no analysis of patterns of complaints (aggregate data), score as partially met.</li><li>• If there has been no monitoring of patient complaints, score as not met.</li></ul>

**A.PI.35** Risk management is monitored.

AUDIT PROCESS
<p>At a minimum, this monitoring should include all the requirements of Section 6.2, PI.52–Section 6.2, PI.62 and will be audited and scored under these standards.</p>

**A.PI.36** Staff and professional performance is monitored.

AUDIT PROCESS	SCORING
<p>The auditors should review randomly selected personnel (human resource) files of at least members of the medical and nursing staffs. It is important to emphasize that this standard requires monitoring of <u>professional</u> performance and not only administrative evaluation. Also see Section 2.3, Article 12.</p>	<ul style="list-style-type: none"><li>• If there is documented evidence that the professional performance is monitored, score as fully met.</li><li>• If there is no evidence, score as not met.</li></ul>

**A.PI.37** Utilization management is monitored.

AUDIT PROCESS	SCORING
<p>Utilization management may be more in the hospital's financial interest than in HIO's. However, the auditors should determine if the hospital has a utilization management program that will assist in ensuring appropriate care to HIO beneficiaries.</p>	<ul style="list-style-type: none"><li>• If the hospital does have a utilization management process, score as fully met.</li><li>• If it does not, score as not met.</li></ul>

## ANALYZING DATA

**A.PI.44** The performance of individual staff is reviewed when indicated by the findings of quality improvement activities.

AUDIT PROCESS	SCORING
<p>It is important for HIO to know that the hospital has a mechanism to evaluate the clinical performance of its staff (doctors and nurses). Auditors should review the process and ask for evidence of such reviews. The annual performance review may only relate to whether the individual is a good employee, but for this standard to be met, there must be evidence of evaluation of actual clinical performance.</p>	<ul style="list-style-type: none"> <li>• If there is documented evidence of evaluation of staff member's clinical performance in all departments, score as fully met.</li> <li>• If two or fewer departments do not review the performance of individual staff members, score as partially met.</li> <li>• If three or more departments do not review the performance of individual staff members, score as not met.</li> </ul>

## IMPROVING ACTIVITIES

**A.PI.48** The organization documents the improvements.

AUDIT PROCESS	SCORING
<p>The auditors should review the minutes of the last 12 months of the committee(s) meetings to determine whether there is evidence of documented improvements. If there is no evidence of improvements, one can assume that the performance improvement program is not effective.</p>	<ul style="list-style-type: none"> <li>• If there is documented evidence of improvement(s), score as fully met.</li> <li>• If there is evidence of only minimal (one or two) improvements, score as partially met.</li> <li>• If there is no documented evidence of any improvements, score as not met.</li> </ul>

**A.PI.51** Information from performance improvement and evaluation of services is made available to HIO.

AUDIT PROCESS	SCORING
<p>Auditors should look for any information (reports, etc.) that shows evidence that the results of the performance program have been shared with HIO.</p>	<ul style="list-style-type: none"> <li>• If there is evidence that results have been shared with HIO, score as fully met.</li> <li>• If there is no evidence that results have been shared, or if there is no evidence of improvements (Section 6.2, PI.48), score as not met</li> </ul>

## RISK MANAGEMENT

- A.PI.52** There is a risk management program that includes the following:
- PI.52.1** Definition of the scope of the program's oversight
  - PI.52.2** Defined documented procedures to respond to system or process failures
  - PI.52.3** Preservation of factual information for subsequent analysis
  - PI.52.4** Defined documented procedures to report system or process failures

AUDIT PROCESS	SCORING
Since one of HIO's primary responsibilities to its beneficiaries is to ensure that their care is safe, the standards Section 6.2, PI.52– Section 6.2, P.62 are all critical!	<ul style="list-style-type: none"> <li>• If all the requirements in Section 6.2, PI.52– Section 6.2, PI. 62 are met, score as fully met.</li> <li>• If any are not present, score as not met.</li> </ul>

- A.PI.53** Policies and procedures define an incident-reporting system that includes at least the following:
- PI.53.1** List of reportable incidents and near misses.
  - PI.53.2** Persons responsible for initiating reports.
  - PI.53.3** How, when, and by whom incidents are investigated.
  - PI.53.4** Corrective action plan and assigned responsibilities.
- A.PI.54** Policies and procedures define the criteria and process for intensive analysis when significant unexpected events and undesirable trends and variation occur.
- Significant events to be analyzed include the following:
- B.PI.55** Patient elopement is analyzed.
  - A.PI.56** Patient suicide, attempted suicide, and violence are analyzed.
  - A.PI.57** Unexpected morbidity and mortality including those due to organization acquired infections are analyzed.
  - A.PI.58** Confirmed transfusion reactions are analyzed.
  - A.PI.59** Significant anesthesia and sedation events that cause harm to a patient are analyzed.
  - B.PI.60** Significant differences between pre- and post-operative diagnoses, including surgical pathology findings, are analyzed.
  - A.PI.61** Significant adverse drug reactions that cause harm to a patient are analyzed.
  - A.PI.62** Significant medication errors that cause harm to a patient are analyzed.

AUDIT PROCESS	SCORING
<p>This is an important patient safety issue for HIO. The auditors should verify that there is documented evidence of a process for intensive analysis when any of the events described in Section 6.2, PI.55– Section 6.2, PI.62 have occurred. If any such events have occurred, there must be evidence of intensive analysis and of reporting to HIO (see Section 2.3, Article 20).</p>	<ul style="list-style-type: none"> <li>• If there is documented evidence of a process for intensive analysis of all the events described in Section 6.2, PI.55– Section 6.2, PI.62, score as fully met. However, if such an event has occurred, to be scored as fully met, there must be documentation that there was intensive analysis and that the results, including corrective action, were reported to HIO.</li> <li>• If there is an example of intensive analysis, but it was not reported to HIO, score as partially met</li> <li>• If there is no documented evidence that there is a process to intensively analyze ALL the events in Section 6.2, PI.55– Section 6.2, PI.62, or if there was such an event and it was not intensively analyzed, score as not met.</li> </ul>

## 6.3 PATIENT CARE (ACCESS AND ADMISSION)

**B.PA. 1** Patients have access to services based on their health needs and mission and resources of the organization.

AUDIT PROCESS	SCORING
<p>Auditors should review admission and screening policies and evaluate if the hospital has clearly defined the services it is required to provide. Also see requirement in Section 5.2, Article 8.</p>	<ul style="list-style-type: none"> <li>• If there are clear mechanisms to allow access to services, score as fully met.</li> <li>• If there is no mechanism to determine if the hospital can meet the patient’s needs, or if the mechanism determines this differently for HIO beneficiaries than for others, score as not met</li> </ul>

**A.PA. 4** Waiting times for services meet the needs of the community.

AUDIT PROCESS	SCORING
<p>Auditors should review documented data that demonstrate that HIO beneficiary satisfaction with waiting times was monitored, that it was reported to HIO, and that appropriate action was taken when indicated by the data. (Waiting time, e.g., ER, OR). Also see Section 6.2, PI.29.</p>	<ul style="list-style-type: none"> <li>• If waiting time data are available and include HIO beneficiaries and have been reported to HIO, and appropriate action has been taken when indicated, score as fully met.</li> <li>• If waiting time data are available and include HIO beneficiaries, but have not been reported to HIO, score as partially met.</li> <li>• If no waiting time data are available or they do not include HIO beneficiaries, or if no action was taken even when the data indicated the need, score as not met.</li> </ul>

**A.PA. 7** All patient care between different clinical settings is coordinated.

AUDIT PROCESS	SCORING
<p>This is an important issue for HIO, particularly for ensuring effective case management. Auditors should look for delays in performing diagnostic investigations, delays in consultations, and presence (when indicated) of multidisciplinary rounds.</p>	<ul style="list-style-type: none"> <li>• This will default to a score of fully met unless the audit team finds that there are significant deficiencies in communication between units, excessive delays, or HIO beneficiaries do not have the same priority access to services as others.</li> <li>• If any of the above situations are found, score as not met.</li> </ul>

## 6.4 MEDICATION MANAGEMENT

### GENERAL

#### **B.MM.1** Pharmacy and medication use practices comply with law and regulation

AUDIT PROCESS	SCORING
<p>The auditors should be familiar with the applicable laws and regulations.</p> <p>They should review all medication use related policies for compliance with applicable laws and regulations and interview the leader of pharmacy services to determine his or her understanding of the law.</p>	<ul style="list-style-type: none"> <li>• If all laws and regulations are met, score as fully met.</li> <li>• If any are not, score as not met.</li> </ul>

#### **A.MM.2** A licensed pharmacist is available at all times for supervising all pharmaceutical services.

AUDIT PROCESS	SCORING
<p>The auditors should interview pharmacy staff. Availability can mean either in-house or on-call. Auditors should review the written “on-call” schedule to confirm that there is a pharmacist on call if in-house coverage is not available.</p>	<ul style="list-style-type: none"> <li>• If a pharmacist supervises pharmaceutical services and is available at all times, score as fully met.</li> <li>• If a pharmacist does not supervise pharmaceutical services or is not available at all times, score as not met.</li> </ul>

#### **A.MM.3** There is an interdisciplinary drug and therapeutic committee with established terms of reference.

AUDIT PROCESS	SCORING
<p>Review the minutes of the committee/ process to ensure that at least physicians, nurses, and pharmacists are members. There should be documented minutes of the meetings, and meetings should be held at least quarterly.</p>	<ul style="list-style-type: none"> <li>• If there is a committee, it is multidisciplinary, and it meets at least quarterly and keeps written minutes, score as fully met.</li> <li>• If there is a committee and it is multi-disciplinary, but has met only twice in the past year, score as partially met.</li> <li>• If there is no committee, or if only physicians are members, or if the committee meets rarely (once in the past year), or if there are no meeting minutes, score as not met.</li> </ul>

### PATIENT-SPECIFIC

#### **A.MM.5** Patient-specific information is available for physicians, pharmacists, and nurses, and includes age, gender, diagnoses, allergies, weight, current medications and relevant laboratory values, and other relevant information as required by policy.

AUDIT PROCESS	SCORING
<p>This is a significant patient safety issue since having this information reduces the likelihood of medication errors. Auditors should review medical records to determine if this information is documented and how it is made available to nurses and pharmacists. Auditors should determine whether a specific policy exists and that it is being followed.</p>	<ul style="list-style-type: none"> <li>• If all the required information is clearly documented in the medical record and if there is a clear mechanism for pharmacists and nurses to have ready access to this information, score as fully met.</li> <li>• If there is no policy, but the information is complete and readily available, score as partially met.</li> <li>• If there is no policy or if two or more of the required information elements are not documented, score as not met.</li> </ul>

## SELECTION AND PROCUREMENT

- B.MM.6** Medications are selected and secured according to law and regulation and policy and procedure.

AUDIT PROCESS
This will already have been audited and scored under Section 5.3, Article 16 of the Contract.

- A.MM.7** Policy and procedure defines the selection and procurement of medications, including when the pharmacy is closed.

AUDIT PROCESS	SCORING
Auditors should review the policies and interview pharmacy and nursing staff to determine how the policies and procedures have been implemented.	<ul style="list-style-type: none"> <li>• If there are policies and/or procedures relating to the acquisition of medications and they are implemented, score as fully met.</li> <li>• If there are policies and/or procedures relating to the acquisition of medications but they have not been implemented, score as partially met.</li> <li>• If there is no policy or procedure, score as not met.</li> </ul>

- A.MM.8** The Essential Drug List (EDL) or organization-developed medication list (formulary) is approved and listed by generic name.

AUDIT PROCESS	SCORING
This will already have been audited and scored under Section 2.3, Article 17 of the HIO contract.	

- A.MM.12** There is a list of the high-risk and look-alike, sound-alike medications.

AUDIT PROCESS	SCORING
This is a significant patient safety issue. Therefore, the auditors need to be certain that the hospital has developed a list of high-risk, look-alike, sound-alike medications and has widely distributed this list to both the medical staff and the nursing staff and that it is clearly present in the pharmacy. Auditors should ask a physician and a nurse to show them the list and determine whether it is prominently posted in the pharmacy.	<ul style="list-style-type: none"> <li>• If there is a list of such medications and it is widely distributed and posted in the pharmacy, score as fully met.</li> <li>• If there is no list, or it is incomplete, or it has not been widely distributed, score as not met.</li> </ul>

- A.MM.15** There are defined processes to prevent errors with high-risk, concentrated, look-alike and sound-alike medications.

AUDIT PROCESS	SCORING
This is a critical issue. Auditors should determine the following: concentrated electrolytes (such as KCL) are not kept on patient units or they have readily identified warning labels; high-risk medications have specific different color codes with warning labels; look-alike and sound-alike medications have separate storage locations; a pharmacy process is in place to verify orders for sound-alike drugs. This will require auditor judgment to validate that the processes ensure safety of the use of these medications.	<ul style="list-style-type: none"> <li>• If, in the judgment of the audit team, adequate processes are in place to ensure the safe use of these high-risk medications, score as fully met.</li> <li>• Since this is such a critical patient safety issue, if the team has any concerns about the safety of the use of these high-risk medications, score as not met.</li> </ul>

**B.MM.21** Emergency medications must be readily available at all times.

AUDIT PROCESS	SCORING
<p>The organization should have defined the locations where emergency medications are to be readily available (emergency room, ICU, invasive procedure areas, radiology, etc.). During visits to these areas auditors should confirm that the emergency medications are secured in such a fashion that they could not be used routinely, so that they remain available in an emergency.</p>	<ul style="list-style-type: none"> <li>• If emergency medications are readily available in all critical areas and are kept secured, score as fully met.</li> <li>• If emergency medications are not readily available in at least one critical area (some auditor judgment needed), score as not met.</li> <li>• If emergency medications are not available in more than one critical area (some auditor judgment needed), or if they are not secured, score as not met.</li> </ul>

**PRESCRIBING/ORDERING AND TRANSCRIBING**

**A.MM.26** Policies and procedures define safe prescribing/ordering and transcribing and include at least the following:

- MM.26.1** Where medication orders are uniformly written in the medical record
- MM.26.2** Definition of a complete order
- MM.26.3** Legibility requirement
- MM.26.7** Actions to take if prescriptions/orders are incomplete, illegible, unclear
- MM.26.8** Requirement for prescriber's signature

AUDIT PROCESS	SCORING
<p>Since medication use is such a high-risk area of medical care, not only should the auditors confirm that there are written policies and procedures as required in Section 6.4, MM.26.1– Section 6.4, MM.26.8, but they should, by interview, medical record review, and observation, validate that the requirements have been implemented.</p>	<ul style="list-style-type: none"> <li>• If all the policies and procedures required in Section 6.4, MM.26.1– Section 6.4, MM.26.8 are present and fully implemented, score as fully met.</li> <li>• If all the policies and procedures required in Section 6.4, MM.26.1– Section 6.4, MM.26.8 are present, but one has not been fully implemented, score as partially met.</li> <li>• If any of the required policies and procedures are not present, or if two or more have not been implemented, score as not met.</li> </ul>

## PREPARING AND DISPENSING

**A.MM.33** There is a uniform medication and dispensing system to ensure the medication is dispensed.

**MM.33.1** Right drug

**MM.33.2** Right dose

**MM.33.3** Right route of administration

**MM.33.4** Right time

**MM.33.5** Right patient

AUDIT PROCESS	SCORING
<p>Although this is important, it may be difficult to audit. If medication errors have been reported, the auditors can review these data to determine if any of the medication “rights” are problematic. However, the most effect way to audit these requirements is by interviewing pharmacy and nursing staff members. The questions might take the format of “Tell me what you do to ensure that the patient receives the right drug,” etc.</p>	<ul style="list-style-type: none"> <li>• If the audit team agrees that there are uniformly applied processes to ensure compliance with all the “five rights,” score as fully met.</li> <li>• If only an occasional person (two to three) is unable to explain the process, score as partially met.</li> <li>• If there is no evidence of a consistent approach to ensuring the “five rights” (auditor judgment), score as not met.</li> </ul>

**C.MM.36** All medication dispensed from the pharmacy is labeled with at least the following:

**MM.36.1** The patient's name

**MM.36.2** The name of the drug and its concentration/strength

**MM.36.3** The expiration date

**MM.36.4** Written instructions for use/administration

AUDIT PROCESS	SCORING
<p>When visiting patient care units and the pharmacy, auditors should inspect the medication storage area during the tour of the unit. The label is not required for bulk storage; however, if medication is dispensed from the pharmacy for a particular patient, the label must include all of the required elements.</p>	<ul style="list-style-type: none"> <li>• If 80–100 percent of medications are labeled with all the required elements, score as fully met.</li> <li>• If 79–80 percent of medications have all the required elements on the label, score as partially met.</li> <li>• If less than 60 percent of medications have all the required elements on the label, score as not met.</li> </ul>

## ADMINISTRATION

**B.MM.45** Each medication dose administered is documented.

AUDIT PROCESS	SCORING
<p>Auditors should review 10 medical records, specifically, nursing notes or medication administration records. If the auditors wish to explore this further, they should check physician’s medication orders for the medication and frequency of administration and then check if the medication administration documentation reflects the requirement of the physician order.</p>	<ul style="list-style-type: none"> <li>• If there is documentation of all medications administered, score as fully met.</li> <li>• If there are only a few (three or four) “errors of oversight,” score as partially met.</li> <li>• If there are multiple (10 or more) failures to document administration, score as not met.</li> </ul>

## MONITORING

**B.MM.49** Antibiotics are monitored for appropriate use.

AUDIT PROCESS	SCORING
Auditors should review the minutes of a medication use (pharmacy and therapeutics) committee meeting or any other documentation that demonstrates monitoring of appropriate antibiotic use. Then they should evaluate whether the data were analyzed and acted upon effectively, if indicated.	<ul style="list-style-type: none"> <li>• If there is documented evidence of monitoring appropriate antibiotic use, including effective action if indicated, score as fully met.</li> <li>• If there is documented evidence of monitoring of appropriate antibiotic use, but no analysis of the data or action, score as partially met.</li> <li>• If there is no evidence of monitoring of appropriate antibiotic use, score as not met.</li> </ul>

**B.MM.50** Medication error and adverse drug reactions (ADRs) are defined.

AUDIT PROCESS	SCORING
Auditors should review any written definitions and determine whether they have been approved by an appropriate committee (such as medication use or pharmacy and therapeutics). A definition is a precursor to a reporting system. To be effective, evidence must exist that the definitions have been widely disseminated to medical and nursing staffs as well as to the pharmacy.	<ul style="list-style-type: none"> <li>• If there written definitions and they have been widely disseminated to medical and nursing staffs, as well as to the pharmacy, score as fully met.</li> <li>• If there are written definitions, but they have not been disseminated, score as partially met.</li> <li>• If there are no definitions, score as not met.</li> </ul>

**C.MM.52** Medication errors and adverse drug reactions are reported in a timely manner using the established process.

AUDIT PROCESS	SCORING
Auditors should review any available documentation of reporting of medication errors and adverse drug reactions	<ul style="list-style-type: none"> <li>• If there is a reporting process and it has been implemented (actual reports exist), score as fully met.</li> <li>• If there is no reporting system or if there have been no (or only one or two) reports, score as not met.</li> </ul>

## EVALUATION

**C.MM.53** Aggregate data about medication errors are analyzed to identify ways to reduce the most common type of errors.

AUDIT PROCESS	SCORING
The ability to evaluate this will depend on the findings for Section 6.4, MM.52. If there are no medication errors or ADRs, or only a few, this standard cannot be evaluated. If there are adequate numbers of reports, determine if the aggregate data have been analyzed.	<ul style="list-style-type: none"> <li>• If there are data on reported medication errors and ADRs, and these data have been analyzed and acted upon, score as fully met.</li> <li>• If there are data on reported medication errors and ADRs, but there has not yet been any analysis, score as partially met.</li> <li>• If no data exist, score as not met.</li> </ul>

**C.MM.54** The organization uses medication error and adverse drug reaction reporting information to improve medication use processes.

<b>AUDIT PROCESS</b>
----------------------

This will be audited and scored exactly as for Section 6.4, MM.53.
--

## 6.5 PATIENT SAFETY (PS)

### GENERAL PATIENT SAFETY

**B.PS.1** The organization and staff are aware of the Egyptian and World Health Organization (WHO) Patient Safety recommendations and solutions.

AUDIT PROCESS	SCORING
Although this standard only requires that the organization and staff are aware of the WHO patient safety goals, HIO should require that the hospitals have a plan and a schedule for implementing these goals.	<ul style="list-style-type: none"> <li>• If all the Egyptian and WHO patient safety goals are understood and implemented, score as fully met.</li> <li>• If there is clear awareness of the goals, but all have not been implemented yet, score as partially met.</li> <li>• If there is little awareness of the goals and none have been implemented, score as not met.</li> </ul>

**B.PS.3** At least two ways are used to identify a patient when giving medicines, blood, or blood products; taking blood samples and other specimens for clinical testing; or providing any other treatments or procedures.

AUDIT PROCESS	SCORING
This can be audited only by interviewing medical personnel or by observing a nurse administering medication, a phlebotomist drawing blood, etc.	<ul style="list-style-type: none"> <li>• If interviews and observations consistently demonstrate compliance with this requirement, score as fully met.</li> <li>• Since this is critical, any evidence that it was not followed would lead to a score of not met.</li> </ul>

**B.PS.4** Current published and generally accepted hand-hygiene guidelines, laws, and regulations are implemented to prevent health care-associated infections.

AUDIT PROCESS	SCORING
This can only be audited effectively by observation while in patient care areas. The auditors should pay special attention as to whether physicians follow the guidelines.	<ul style="list-style-type: none"> <li>• If the consensus of the audit team is that hand-hygiene guidelines are consistently followed, score as fully met.</li> <li>• If only an occasional failure to follow the guidelines is noted, score as partially met.</li> <li>• If it is apparent that the guidelines are not consistently followed or enforced, score as not met.</li> </ul>

### PATIENT SPECIFIC

**A.PS.6** There is a list of the tests that have critical values/test results and the critical values/test results are defined for each test.

AUDIT PROCESS	SCORING
Although there must be defined critical values/test results, the key patient safety issue is a process to inform the responsible physician as soon as possible.	<ul style="list-style-type: none"> <li>• If there is a list of tests that have critical values/results and there is a process to inform the responsible physician as soon as possible, score as fully met.</li> <li>• If there is a list of tests that have critical values/results but there is only random reporting to the responsible physician as soon as possible, score as partially met.</li> <li>• If there is no list or no notification process, score as not met.</li> </ul>

**B.PS.9** Each patient's risk for falling, including the potential risk associated with the patient's medication regimen, is assessed and periodically reassessed.

AUDIT PROCESS	SCORING
This is audited by reviewing medical records to see if there is documentation of the fall risk and reevaluation (e.g., when new medications are added).	<ul style="list-style-type: none"> <li>• If there is consistent documentation of fall risk (some auditor judgment needed since this may not be relevant to all patients), score as fully met.</li> <li>• If the process for fall risk assessment is inconsistent or if it is not applied uniformly to at-risk patients (auditor judgment), score as not met.</li> </ul>

**B.PS.10** Action is taken to decrease or eliminate any identified risks for falling.

AUDIT PROCESS	SCORING
This should be audited simultaneously with Section 6.5, PS.9. If the fall risk assessment so indicates, documented actions should be taken to reduce the risk.	<ul style="list-style-type: none"> <li>• If the medical record of the patient assessed to be at risk of falling documents the actions taken to reduce the risk, score as fully met.</li> <li>• If any medical record of patient assessed to be at risk of falling does not document the actions taken to reduce the risk, score as not met.</li> </ul>

**B.PS.11** Each patient's risk for developing pressure ulcers is assessed and documented.

AUDIT PROCESS	SCORING
This is also audited by review of medical records of patients who clinically might be at risk (auditor judgment) to see if the risk of pressure ulcers was assessed and documented.	<ul style="list-style-type: none"> <li>• If the medical records of "at risk" patients document assessment of risk for pressure ulcers (or "skin breakdown"), score as fully met.</li> <li>• If not, score as not met.</li> </ul>

**B.PS.12** Action is taken to decrease or eliminate any identified risks for developing pressure ulcers.

AUDIT PROCESS	SCORING
This should be audited simultaneously with Section 6.5, PS.11. If the risk assessment so indicates, documented actions should be taken to reduce the risk.	<ul style="list-style-type: none"> <li>• If the medical record of patient assessed to be at risk of pressure ulcers documents the actions taken to reduce the risk, score as fully met.</li> <li>• If any medical record of patient assessed to be at risk of pressure ulcers does not document the actions taken to reduce the risk, score as not met.</li> </ul>

**B.PS.13** Preventive maintenance and testing of critical alarm systems is implemented and documented.

AUDIT PROCESS	SCORING
This should be evaluated in high-risk areas such as ICU, recovery room, and hemodialysis. There should be clear documented evidence of routine preventive maintenance and routine checking of the alarms.	<ul style="list-style-type: none"> <li>• If there is clear documentation of preventive maintenance (specifically according to manufacturer's recommendations and routine checking, such as at the start of every shift), score as fully met.</li> <li>• If there is no documentation of scheduled (and performed) preventive maintenance or routine checking that the alarm system is functioning correctly, score as not met.</li> </ul>

## MEDICATION MANAGEMENT SAFETY

**B.PS.16** Abbreviations not to be used throughout the organization are the following:

U/IU

Q.D., QD, q.d. qd.

Q.O.D., QOD, q.o.d. qod.

MS, MSO<sub>4</sub>

MgSO<sub>4</sub>

Trailing zero

No leading zero

AUDIT PROCESS	SCORING
<p>The implementation of this (rather than simply having a written policy) must be determined by review of medication orders in at least 10 medical records. In addition, auditors should interview both nurses and pharmacists about what action they take if a “do not use” abbreviation is used. To effectively implement this safety measure, there must be a clear process that the order will not be acted upon until the order is corrected. The scoring is based on the cumulative findings in all records. Auditors should be aware of the tendency of nurses or pharmacists to say either “I really knew what the doctor meant” or “I assumed...”</p>	<ul style="list-style-type: none"> <li>• If none, or one or two, “do not use” abbreviations are found, score as fully met, provided that there is a clear and uniform practice of not acting on the order until it is corrected and evidence exists that this was done.</li> <li>• If there are 5 to 10 examples of these abbreviations being used, score as partially met, provided that there is a clear and uniform practice of not acting on the order until it is corrected and evidence exists that this was done.</li> <li>• If there are more than 10 examples, or if there is no evidence that the order was not acted on until it was corrected, score as not met.</li> </ul>

**B.PS.17** Look-alike and sound-alike medications are stored and dispensed in a way that minimizes risk.

AUDIT PROCESS
<p>This was covered in standard Section 6.4, MM.15 and need not be repeated here.</p>

**B.PS.18** Concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) are removed from patient care areas.

AUDIT PROCESS
<p>This was covered in standard Section 6.4, MM.15 and need not be repeated here.</p>

**B.PS.19** Concentrated medications not removed are segregated from other medications with additional warnings to remind staff to dilute before use.

AUDIT PROCESS
<p>This was covered in standard Section 6.4, MM.15 and need not be repeated here.</p>

**B.PS.20** All medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in peri-operative and other procedural settings are labeled.

AUDIT PROCESS	SCORING
<p>This is a common source of errors in the operating theater, particularly on anesthesia carts. When visiting the operating suite, auditors should observe if any medications, containers (particularly syringes), or other solutions are unlabeled. Even if the individual professes to know what is in the container because he/she prepared it, the risk is that someone else will administer or use it. The risk is particularly high when more than one unlabeled syringe is evident.</p>	<ul style="list-style-type: none"> <li>• If there are NO unlabeled medications, medication containers, or other solutions noted, score as fully met.</li> <li>• Since this is such a critical issue, if ANY unlabeled product is noted, score as not met.</li> </ul>

**B.PS.21** A process is implemented to obtain and document a complete list of the patient's current medications upon admission to the organization and with the involvement of the patient.

AUDIT PROCESS	SCORING
<p>This should be audited during review of sample medical records (at least 10 patients who were taking medications upon admission to the facility). Although the standard does not specifically state where the documentation should be located, logically it should be found in the patient's medical record. In addition, this documentation could be found in the physician's admission note or admission history and physical examination. The score is based on the cumulative findings of all the records reviewed.</p>	<ul style="list-style-type: none"> <li>• If all the records of appropriate (see above) patients demonstrate documentation of the patient's current medication, score as fully met.</li> <li>• If 9 of 10 records (90 percent) have this documented, score as partially met.</li> <li>• If less than 90 percent, score as not met.</li> </ul>

**B.PS.22** A complete list of the patient's medications to be taken after discharge is provided to the patient.

AUDIT PROCESS
<p>This is a duplication of the requirement for Section 6.8, IM.29.8 and should be audited and scored there.</p>

**B.PS.23** The discharge medication list is communicated to the next provider of service when the patient is referred or transferred outside the organization.

AUDIT PROCESS	SCORING
<p>Auditors should review at least two to three medical records of patients who were referred or transferred to another facility. Some auditors' judgment is needed since a patient could be referred for only a diagnostic investigation and not requires any medication. In such cases this documentation may not be needed.</p>	<ul style="list-style-type: none"> <li>• If the transfer form or sheet for all relevant referred or transferred patients includes the patient's discharge medication, score as fully met.</li> <li>• If the transfer form or sheet of ANY relevant referred or transferred patient does not include the patient's medications, score as not met.</li> </ul>

## OPERATIVE AND INVASIVE PROCEDURE SAFETY

- B.PS.24** A process or checklist is developed and used to verify that all documents and equipment needed for surgery or invasive procedures are on hand, correct, and functioning properly before beginning.

AUDIT PROCESS	SCORING
The key element for this standard is “used.” The checklist should be a part of the medical record and the checklist must include verification of all documents (at least including X-rays, laboratory reports, informed consent, physician history and physical examination, and pre-anesthesia evaluation). Auditors should review at least 10 patients who underwent surgery or an invasive procedure.	<ul style="list-style-type: none"> <li>• Since this is a critical patient safety issue, 100-percent compliance is necessary to be scored as fully met.</li> <li>• If ANY record does not include the checklist, score as not met.</li> </ul>

- B.PS.25** There is a documented process just before starting a surgical or invasive procedure to ensure the correct patient, procedure, and body part (a double check).

AUDIT PROCESS
This is frequently called the “time-out.” This process must also be documented in the patient’s medical record. Auditors should review at least 10 patients who underwent surgery or an invasive procedure (this can and should be the same 10 records as for Section 6.5, PS.24.).

- B.PS.26** The precise site where the surgery or invasive procedure will be performed is clearly marked with the involvement of the patient:

AUDIT PROCESS	SCORING
Although the standard does not so state, the practical application is to mark the site when there is bilaterality. It should be noted that although some surgeons have resisted this standard, it remains a requirement. Auditors should review at least 10 medical records of patients who underwent surgery on only one side (e.g., an extremity) and validate that the marking procedure was used. The auditors can also interview one or more such patients and ask if their surgical site was marked. They can also interview nurses in the operating theater.	<ul style="list-style-type: none"> <li>• If marking the surgical site is done in ALL relevant cases, score as fully met.</li> <li>• If it is not done in ALL cases, score as not met.</li> </ul>

- B.PS.27** There is a documented process to verify an accurate accounting of sponges, needles, and instruments pre- and post-procedure.

AUDIT PROCESS	SCORING
Although this has been standard procedure for many years, instances in which it has been overlooked continue to occur. Auditors should review the documentation (which must be part of the medical record) of the same patient record they reviewed for the other surgical safety standards.	<ul style="list-style-type: none"> <li>• To be scored as fully met, this must be documented in ALL medical records.</li> <li>• If it fails to be documented in ANY record, score as not met.</li> </ul>

## 6.6 INFECTION CONTROL (IC)

### INFECTION CONTROL, SURVEILLANCE AND PREVENTION PROGRAM PLAN AND MANAGEMENT

**A.IC.2** There is a continuous program to reduce the risks of organization-acquired infections.

AUDIT PROCESS	SCORING
<p>The auditors should review the infection control plan or plans and minutes of any meeting where the results of the infection control program was discussed.</p>	<ul style="list-style-type: none"> <li>• If there is an infection prevention and control program, which includes policies and procedures, an active infection prevention and control committee, and data related to infection prevention and control surveillance activities, score as fully met.</li> <li>• If the program includes policies and procedures but there is no active infection prevention and control committee and data related to infection prevention and control surveillance activities are not completed, score as partially met.</li> <li>• If there is no infection prevention and control program, score as not met.</li> </ul>

**A.IC.4** The infection control program is based on current scientific knowledge, accepted practice guidelines, and applicable laws and regulations.

AUDIT PROCESS	SCORING
<p>Auditors should interview the program manager/head to clarify what scientific resources were used to develop the program and/or modify it. The auditors will need to be familiar with applicable laws and regulations.</p>	<ul style="list-style-type: none"> <li>• If there is evidence that relevant scientific resources were used to develop or modify the program and it meets all applicable laws and regulations, score as fully met.</li> <li>• If there is no evidence of the use of scientific sources, or if any law or regulation is not followed, score as not met.</li> </ul>

**A.IC.8** There is an established functioning infection control committee.

AUDIT PROCESS	SCORING
<p>To be considered as fully functioning the committee must have the following: a qualified nurse or physician who manages the program, collection of data for all high-risk areas, evidence of aggregation and analysis of these data, and evidence of effective action when indicated based on findings. The committee must cover all aspects of the organization (inpatient and outpatient).</p> <p>The formation of the committee is the responsibility of the governing body, and all relevant disciplines should be represented in the committee.</p> <p>Membership includes physicians, nurses, infection prevention coordinator, laboratory personnel, quality improvement coordinator, environmental health staff, and pharmacist.</p> <p>All Interpersonal Communication (IPC) committee activities, recommendations, and actions taken are documented in the committee minutes.</p> <p>The committee responsibilities are identified in a committee term of reference document. Auditors should review the committee documents (committee term of reference and bylaws). They should also review the committee’s last 12 months’ meeting minutes.</p>	<ul style="list-style-type: none"> <li>• If an IPC committee exists and all the requirements are met, score as fully met.</li> <li>• If an IPC committee exists that has all related documents but the membership is not appropriate, score as partially met.</li> <li>• If there is no IPC committee in the hospital, or the committee has not met, or all related documents are not present, score as not met.</li> </ul>

**A.IC.11** There are clear terms of reference for the infection control committee that includes the following:

- IC.11.1** Coordination of infection control activities
- IC.11.2** Development, implementation, and monitoring of the infection control program
- IC.11.3** Approval of all relevant infection control policies and procedures
- IC.11.4** Approval of the surveillance activities
- IC.11.5** Reviewing, aggregating, and analyzing infection control data
- IC.11.6** Taking or recommending action (including education) when infection control issues are identified
- IC.11.7** Reviewing the effectiveness of the actions taken

AUDIT PROCESS	SCORING
<p>Auditors should review the terms of reference and then review committee minutes to determine whether the terms of reference are met.</p>	<ul style="list-style-type: none"> <li>• If all the terms of reference in Section 6.6, IC.11.1– Section 6.6, IC.11.7 are present and met, score as fully met.</li> <li>• If any are not present, score as not met.</li> </ul>

**A.IC.12** The organization has identified those procedures and processes associated with increased risk of infection.

AUDIT PROCESS	SCORING
<p>The procedures and processes associated with increased risk of infection surveillance and data collection should be found in the infection prevention and control plan or be reflected in the surveillance activities. The minutes of the meeting reflect what activities are occurring or have occurred. These processes and procedures are based on international data that show them to be the most common sources of hospital acquired infections. The specific policies, procedures, and activities are listed in Section 6.6, IC.13– Section 6.6, IC.16. The auditors should be aware that not all activities may be relevant to the hospital, depending on its physical structure and scope of services. The most common procedures or processes that have a high risk of nosocomial infection are urinary tract infections associated with catheters, blood stream infections associated with venous or arterial lines, surgical site infections, and ventilator- or intubation-associated pneumonia.</p>	<ul style="list-style-type: none"> <li>• If the infection prevention and control plan and minutes of the infection prevention and control committee indicate that all required relevant policies, procedures, activities, and data collection are occurring, score as fully met.</li> <li>• If any of the relevant requirements are missing, score as not met.</li> </ul>

**A.IC.13** Policy and procedure describe infection control practices and include at least the following:

- IC.13.1** Selection and uses of antiseptics and disinfectants
- IC.13.2** Handwashing techniques
- IC.13.3** All cleaning activities
- IC.13.4** Types of isolation with standard precautions (contact and airborne)
- IC.13.5** Immune-compromised patients
- IC.13.6** Hemorrhagic patients
- IC.13.7** Handling and disposal of sharps/needles and hazardous materials
- IC.13.8** Identification and management of organization-acquired infections
- IC.13.9** Infection control surveillance and data collection
- IC.13.10** Reporting of patients with suspected communicable diseases as required by law and regulation
- IC.13.11** Management of outbreaks of infections

**B.IC.14** Gloves, gowns, masks, soap, disinfectants, and washing detergents are available and used correctly when required.

**B.IC.15** Handwashing and disinfecting procedures are used correctly in the identified areas.

**B.IC.16** National guidelines for the care of infectious patients are followed when there is no isolation room available.

**B.IC.17** Approved policies and procedures are disseminated to all departments.

**B.IC.18** Infection control policies and procedures are implemented.

**C.IC.19** Infection control policies and procedures are reviewed and updated by the infection control committee at least every three years.

## STERILIZATION

**A.IC.20** The organization has a central sterilization supply department or defined area.

AUDIT PROCESS	SCORING
<p>An actual department may not exist, but auditors should review the organization chart to determine this. During the visit, auditors should at least determine if there is a separate physical location or unit where central sterilization and supply is located even if it is not a separate department. Small sterilizers may be available in certain locations for emergency use (such as the operating theater), but they must be under central oversight.</p>	<ul style="list-style-type: none"> <li>• If there is a central location and/or central control or oversight for sterilization and the storage of sterile supplies, score as fully met.</li> <li>• If there is no central location, but sterilization and storage of sterile supplies are fragmented into more than one area and there is central control or oversight, also score as fully met.</li> <li>• If there is no central location or no centralized oversight of standardized processes, score as not met.</li> </ul>

**B.IC.21** The functions of cleaning, processing, and sterile storage and distribution are physically separated.

AUDIT PROCESS	SCORING
<p>This is surveyed by observation. Auditors should look for separation of these functions either by their occurring in a different space that prevents cross-contamination or by their being separated by physical barriers.</p>	<ul style="list-style-type: none"> <li>• If there is adequate separation of the functions to prevent cross-contamination, score as fully met.</li> <li>• If cross-contamination could possibly occur, score as partially met.</li> <li>• If the functions are co-mingled without any separation, score as not met.</li> </ul>

**A.IC.23** There is at least one functioning sterilizer.

AUDIT PROCESS	SCORING
<p>The only exception to this requirement (that is surveyed by observation) would be a specialty hospital that has almost no need for sterile instruments or supplies.</p>	<ul style="list-style-type: none"> <li>• If there is at least one functioning steam sterilizer, score as fully met.</li> <li>• If there is none present, score as not met.</li> </ul>

**B.IC.24** There is documented evidence that complete sterilization has been accomplished.

AUDIT PROCESS	SCORING
<p>There should be a log that documents the results of testing for complete sterilization. There should be a policy and procedure to check for complete sterilization. The policy should also state how frequently the tests are to be done and how they are to be documented.</p>	<ul style="list-style-type: none"> <li>• If there is evidence that testing for sterilization is done according to the technique and frequency defined in the policy and the results prove complete sterilization has been accomplished, score as fully met.</li> <li>• If any testing indicated that complete sterilization had not occurred, look for evidence of corrective action and that after correction the items were re-sterilized. If so, continue to score as fully met.</li> <li>• If the testing is not done according to the technique and at the frequency defined in the policy, score as not met. Since sterilization is critical, there is no partially met score.</li> </ul>

## 6.7 FACILITY AND ENVIRONMENTAL SAFETY

### PLANNING AND IMPLEMENTATION ACTIVITIES

**B.ES.1** The organization follows laws, regulations, and facility inspection requirements that relate to management of the physical environment.

AUDIT PROCESS	SCORING
The auditors should be familiar with all laws, regulations, and inspection requirements. They should audit by interviewing facility management staff to determine if they are aware of all requirements. They should also review any documents that demonstrate compliance.	<ul style="list-style-type: none"> <li>If there is documented evidence of the hospital's full compliance with laws and regulations and all involved facility management staff members are aware of the laws and regulations, score as fully met.</li> <li>If no documented evidence of compliance exists and there is actual evidence of noncompliance or facility staff members are not aware of the laws and regulations, score as not met.</li> </ul>

**A.ES.7** The organization has a documented, current, and accurate inspection of the physical facilities.

AUDIT PROCESS	SCORING
Auditors should review the plans and other documents to determine if there is a documented, current, and accurate inspection of the hospital's physical facilities. There must be an ongoing process to identify safety or security risks, the safety related to both the patient care and the environment. The plan should identify this ongoing process.	<ul style="list-style-type: none"> <li>If there is a documented and current (no more than 2-years old) inspection, score as fully met.</li> <li>If there is a documented inspection but it is more than 2- but less than 3-years old, or if the audit team finds numerous (10 or more) significant safety or maintenance problems that are not documented in the inspection, score as partially met.</li> <li>If there is no documented inspection or if it is more than 3-years old, score as not met.</li> </ul>

**C.ES.8** Services are physically accessible for patients and families, including the elderly and physically challenged.

AUDIT PROCESS	SCORING
This is audited by observation. Auditors should look for ramps rather than stairs, functioning lifts to all patient areas, availability of wheel chairs, and other related items.	<ul style="list-style-type: none"> <li>If physically or otherwise challenged patients and families can access all patient care areas, score as fully met.</li> <li>If physically or otherwise challenged patients and families cannot access any patient care area, score as not met.</li> </ul>

**B.ES.10** Identified risks and hazards are eliminated when possible.

AUDIT PROCESS	SCORING
Based on the hospital's self-evaluation of risks and hazards, there should be a corrective action plan and documented evidence that at least some of the items on the plan have been effectively addressed. It is not required that every issue be addressed promptly, but a plan must exist.	<ul style="list-style-type: none"> <li>If there is a corrective action plan and at least some corrective action(s) have been taken, score as fully met.</li> <li>If there is a plan, but no action has yet been taken but the audit team is comfortable that the action is ready to be implemented (e.g., materials have been ordered), score as partially met.</li> <li>If there is either no plan or no evidence of any actual or planned corrective action, score as not met.</li> </ul>

- B.ES.12** The physical location of the emergency room must support at least the following:
- ES.12.1** Designated access(es) for ambulance, car, and walk-in patient
  - ES.12.2** Signage both within and outside the organization that provide clear directions
  - ES.12.3** A designated registration area
  - ES.12.4** A designated triage area

AUDIT PROCESS	SCORING
This is audited by observation. It is also valuable to evaluate the proximity of support services, such as laboratory and X-ray, to the emergency room.	<ul style="list-style-type: none"> <li>• If all the requirements of Section 6.7, ES.12.1–Section 6.7, ES.12.4 are met, this should default to a score of fully met unless the audit team agrees that there are significant issues with the physical location or “layout” of the emergency area.</li> </ul>

## SAFETY AND SECURITY

- B.ES.15** There are measures to protect against infant/child abduction and to protect patients, visitors, and staff from harm, including assault.

AUDIT PROCESS	SCORING
Auditors should interview staff in pediatric units and ask how they protect against infant abduction. They should ask if there has been a security risk assessment and what security measures are in place (e.g., guards, areas that are locked, means to identify persons in an area where they should not be, ways to prevent unwanted visitors if the patient requests, etc.) to protect patients, visitors, and staff.	<ul style="list-style-type: none"> <li>• If there is evidence that all the local hospital’s requirements for protection have been identified and are in place, score as fully met.</li> <li>• If there is evidence that only one of the identified requirements is missing (e.g., protection of staff), score as partially met.</li> <li>• If two or more of the requirements are missing, score as not met.</li> </ul>

## HAZARDOUS MATERIALS AND WASTE

- A.ES.33** There is a hazardous materials and waste management plan for the use, handling, storage, and disposal of hazardous materials and waste that addresses at least the following:
- ES.33.1** Safety and security requirements for handling and storage
  - ES.33.2** Requirements for personal protective equipment
  - ES.33.3** Procedures following spills and accidental contact or exposures
  - ES.33.4** Disposal in accordance with applicable laws and regulations
  - ES.33.5** Labeling of hazardous materials and waste
  - ES.33.6** Monitoring data on incidents to allow corrective action

AUDIT PROCESS	SCORING
This standard relates more to the safety of the hospital’s personnel than to the safety of the HIO beneficiaries.; however, it should be audited since it can demonstrate that the hospital takes its environmental safety responsibilities seriously. The audit may be limited to review of the plan itself.	<ul style="list-style-type: none"> <li>• If the plan includes all the requirements in Section 6.7, ES.33.1– Section 6.7, ES.33.6, score as fully met.</li> <li>• If the plan includes all the requirements except Section 6.7, ES.33.6, score as partially met.</li> <li>• If the plan includes fewer than five of the six requirements, score as not met.</li> </ul>

**A.ES.36** There is current inventory of the types and locations of hazardous materials and waste.

AUDIT PROCESS	SCORING
Auditors should review the inventory to determine if it covers all types and locations where hazardous materials and wastes might be used, stored, or disposed of. There should be a process to update the inventory annually. There should be a way to coordinate with purchasing to identify when hazardous materials are ordered.	<ul style="list-style-type: none"> <li>• If there is current inventory that has been updated annually and all types and locations of hazardous materials are included, score as fully met.</li> <li>• If there is current inventory that has been updated annually and only one or two hazardous materials have not been included, score as partially met.</li> <li>• If there is no inventory, or if it has not been updated annually, or if three or more hazardous materials have not been included, score as not met.</li> </ul>

### FIRE SAFETY

**A.ES.41** There is a fire and smoke safety plan that addresses prevention, early detection, response, and safe exit when required by fire or other emergencies that addresses at least the following:

- ES.41.1** Frequency of inspecting fire detection and suppression systems
- ES.41.2** Maintenance and testing of fire protection and abatement systems in all areas
- ES.41.3** Documentation requirements for staff training in fire response and evacuation
- ES.41.4** Assessment of fire risks when construction is present in or adjacent to the facility

AUDIT PROCESS	SCORING
Auditors should review the fire safety plan to validate that it includes all the requirements in Section 6.7, ES.41.1– Section 6.7, ES.41.4.	<ul style="list-style-type: none"> <li>• If the plan includes all the requirements in Section 6.7, ES.41.1– Section 6.7, ES.41.4, score as fully met.</li> <li>• If any of the requirements in Section 6.7, ES.41.1– Section 6.7, ES.41.4 are not included, score as not met.</li> </ul>

**B.ES.44** Fire drills are conducted at least quarterly in different clinical areas and different shifts.

AUDIT PROCESS	SCORING
Auditors should review the documentation that demonstrates that fire drills were held at least quarterly and included different areas and shifts. The documentation should also include the results of the drills (e.g., deficiencies noted, corrective action taken).	<ul style="list-style-type: none"> <li>• If fire drills were held at least quarterly and included different areas and shifts (e.g., over the past year), score as fully met.</li> <li>• If at least three quarterly drills were held and they were each in different areas or shifts, score as partially met.</li> <li>• If fewer than three quarterly drills were held, or if they were all held in the same area or shift, score as not met.</li> </ul>

**B.ES.45** The facility evacuation plan is tested annually.

AUDIT PROCESS	SCORING
<p>This standard does not require that the facility be evacuated; however, there must be at least an annual “walk-through” drill. The drill may be by individual unit, in which case there must be evidence that all units in the hospital have been tested once each year. If the hospital elects to do an “entire hospital” drill, this only needs to be done once per year. In fact, unit drills are more realistic since it is rare that an entire hospital must be evacuated. The purpose of the drill is to evaluate that all involved staff members know their responsibilities. The results of the drill and “lessons learned” must be documented and corrective action taken, if indicated. The corrective action may be refresher training.</p>	<ul style="list-style-type: none"><li>• If there is documented evidence that all units have been tested at least once per year or that there has been one “whole-house” drill during the past year, score as fully met.</li><li>• If one of the patient units has not been tested in the past year, or a “whole-house” drill has not been conducted during the past year, score as partially met.</li><li>• If two or more of the patient units have not been tested in the past year, score as not met.</li></ul>

**B.ES.46** The fire and smoke safety plan is implemented with documentation of all inspections, maintenance, testing, and training.

AUDIT PROCESS	SCORING
<p>This is an important standard since having a plan without evidence that it is fully implemented places patients and staff at risk. Auditors should review any documentation that can validate that all aspects of the plan have been implemented.</p>	<ul style="list-style-type: none"><li>• If documentation demonstrates that the plan is fully implemented, score as fully met.</li><li>• If not fully implemented, score as not met.</li></ul>

## MEDICAL EQUIPMENT

- A.ES.51** There is a plan for inspecting, maintaining, and testing medical equipment that addresses at least the following:
- ES.51.1** Inventory of all medical equipment
  - ES.51.2** Schedule for inspection and preventive maintenance according to manufacturer's recommendations
  - ES.51.3** Testing of all new equipment before use and repeat testing when required
  - ES.51.4** Qualified individuals who can provide these services
  - ES.51.5** Data monitoring for frequency of repair or equipment failure

AUDIT PROCESS	SCORING
<p>Auditors should review the plan to ensure that it addresses all the requirements in Section 6.7, ES.51.1– Section 6.7, ES.51.5. This is a particularly important patient safety issue. It is important that not only is a plan in place, but that there is documented evidence that it is implemented. Auditors should ask for and then review any documentation that can demonstrate that all aspects of the plan have been implemented. When visiting a patient care area, auditors should identify one or more pieces of medical equipment. Auditors should look for a maintenance “sticker” on the equipment documenting that it has been inspected. If there is not, see if it is listed on the equipment inventory and if the medical equipment department has documentation that it was inspected as required. Each piece of medical equipment should have a preventive maintenance schedule unless it is not required by the manufacturer. Also see Section 2.3, Article 15.</p>	<ul style="list-style-type: none"> <li>• If the plan includes all the requirements of Section 6.7, ES.51.1– Section 6.7, ES.51.4, and there is documented evidence that it is fully implemented, score as fully met.</li> <li>• If the plan is missing any of the requirements in Section 6.7, ES.51.1– Section 6.7, ES.51.5, or if any have not been implemented, score as not met</li> </ul>

## UTILITY SYSTEMS

- A.ES.64** There is a plan for regular inspection, maintenance, and repair of essential utilities that addresses at least the following:
- ES.64.1** Electricity, including standby generators
  - ES.64.2** Water
  - ES.64.3** Heating, ventilation, and air conditioning, including air flow in negative and positive pressure rooms, appropriate temperature, humidity, and elimination of odors
  - ES.64.4** Medical gases
  - ES.64.5** Communications
  - ES.64.6** Waste disposal
  - ES.64.7** Regular inspections
  - ES.64.8** Regular testing

**ES.64.9** Regularly scheduled maintenance

**ES.64.10** Correction of deficiencies identified

<b>AUDIT PROCESS</b>	<b>SCORING</b>
<p>The audit of this standard can be limited to review of the plan to verify that it addresses all the requirements in Section 6.7, ES.64.1– Section 6.7, ES.64.10. Although not required by the standard, it is helpful to ask if the hospital has a “backup” plan of how to operate if any of its utilities are out of commission for more than a brief period (a few hours).</p>	<ul style="list-style-type: none"><li>• If the plan includes all the requirements in Section 6.7, ES.64.1– Section 6.7, ES.64.10, score as fully met.</li><li>• If it does not, score as not met.</li></ul>

## 6.8 PATIENT-SPECIFIC INFORMATION – MEDICAL RECORDS

**A.IM.11** There is a medical record with a unique identifier for each patient evaluated and treated.

AUDIT PROCESS	SCORING
Auditors should interview the head of medical records. In addition to ensuring the facility has a record for every patient, auditors should look for whether there may be more than one record for a patient and, if so, how the hospital merges them so that all information is available.	<ul style="list-style-type: none"> <li>If there is a record for every patient, including outpatients as defined by the hospital, or if more than one record exists, there is a way to retrieve and consolidate these records so that all the patient information is available, score as fully met.</li> <li>If a record is not kept for every patient, score as not met.</li> </ul>

**A.IM.12** Each medical record contains sufficient information to:

**IM.12.1** Identify the patient, including name, address, and date of birth

**IM.12.2** Promote continuity of care

**IM.12.3** Support the diagnosis

**IM.12.4** Justify the treatment

IM.12.5 DOCUMENT THE COURSE AND RESULTS OF TREATMENT AUDIT PROCESS	SCORING
This is the overall standard. The specific requirements are found in Section 6.8, IM.12.1– Section 6.8, IM.12.5. Audit is based on accumulated results of the review of at least 10 medical records.	<ul style="list-style-type: none"> <li>If 95 percent of all records contain the information required by Section 6.8, IM.12.1– Section 6.8, IM.12.5, score as fully met.</li> <li>If 85–95 percent contain all the required information, score as partially met.</li> <li>If less than 85 percent contain all the required information, score as not met.</li> </ul>

**IM.12.1** Identify the patient, including name, address, and date of birth.

AUDIT PROCESS	SCORING
Auditors should review medical records.	<ul style="list-style-type: none"> <li>If all records identify the patient, including name, address, and date of birth, score as fully met.</li> <li>If any record does not identify the patient, including name, address, and date of birth, score as not met.</li> </ul>

**IM.12.2** Promote continuity of care.

AUDIT PROCESS	SCORING
This standard may not be applicable to all records. There will need to be some auditor judgment. In reviewing records, auditors should look for items such as incomplete assessment forms, outdated care plans, missing transfer summaries, incomplete discharge summaries, missing operative reports, and physician progress notes that are infrequent or illegible	<ul style="list-style-type: none"> <li>Since this is an auditor judgment standard, it will require agreement by the entire audit team, but general guidelines are that if 95 percent of records promote continuity of care, score as fully met.</li> <li>If 90–95 percent promote continuity of care, score as partially met.</li> <li>If less than 90 percent, score as not met.</li> </ul>

**IM.12.3** Support the diagnosis.

AUDIT PROCESS	SCORING
When reviewing medical records, auditors should look for the physician History and Physical examination (H & P), physician progress notes, results of investigations, surgical findings, and other methods of supporting the diagnosis.	<ul style="list-style-type: none"> <li>• If 100 percent of records support the diagnosis, score as fully met.</li> <li>• If 95–99 percent support the diagnosis, score as partially met.</li> <li>• If less than 95 percent, score as not met.</li> </ul>

**IM.12.4** Justify the treatment.

AUDIT PROCESS	SCORING
Frequently the diagnosis itself will justify the treatment. When reviewing medical records, auditors should look for pre-operative diagnoses, the care plan, and physician progress notes.	<ul style="list-style-type: none"> <li>• If 100 percent of records justify the treatment, score as fully met.</li> <li>• If 95–99 percent of records justify the treatment, score as partially met.</li> <li>• If less than 95 percent, score as not met.</li> </ul>

**IM.12.5** Document the course and results of treatment

AUDIT PROCESS	SCORING
When reviewing medical records, auditors should review both physician and nursing notes. In addition, vital signs (e.g., the patient with an infection that becomes afebrile, weight loss in a patient who is being treated for congestive heart failure with diuretics) may show the patient's response.	<ul style="list-style-type: none"> <li>• If 100 percent of records document the patient's course and results of treatment, score as fully met.</li> <li>• If 95–99 percent document the patient's course and results of treatment, score as partially met.</li> <li>• If less than 95 percent, score as not met.</li> </ul>

**A.IM.13** Policy and procedure define a uniform/consistent structure of the medical record including the following:

**IM.13.1** The order of filing of the notes and reports

**IM.13.2** Uniform location of medication and other orders

AUDIT PROCESS	SCORING
Auditors should review the policy and procedure manual to determine if it includes both Section 6.8, IM13.1 and Section 6.8, IM13.2 requirements.	<ul style="list-style-type: none"> <li>• If there is a policy and procedure manual and it includes both requirements, score as fully met.</li> <li>• If there is no policy and procedure manual, or if it only includes one of the two requirements, score as not met.</li> </ul>

**IM.13.1** The order of filing of the notes and reports.

AUDIT PROCESS	SCORING
Auditors should review policy and procedure manual.	<ul style="list-style-type: none"> <li>• If there is a policy on standard chart order, score as fully met.</li> <li>• If not, score as not met.</li> </ul>

**IM.13.2** Uniform location of medication and other orders.

AUDIT PROCESS	SCORING
Auditors should review policy and procedure manual.	<ul style="list-style-type: none"> <li>• If there is a policy on uniform location of medication and other orders, score as fully met.</li> <li>• If not, score as not met.</li> </ul>

**A.IM.14** Each page of the medical record contains the patient's name and unique identifier.

AUDIT PROCESS	SCORING
Auditors should review medical records and score based on the accumulation of findings in 10 medical records.	<ul style="list-style-type: none"> <li>• If details are in the same location on every page, score as fully met.</li> <li>• If only an occasional variation exists, score as partially met.</li> <li>• If the patient information's location is random or missing, score as not met.</li> </ul>

**B.IM.15** The organization has defined who is authorized to make entries in the medical record.

AUDIT PROCESS	SCORING
Auditors should review medical records and any policy or written guidance.	<ul style="list-style-type: none"> <li>• If the organization has defined who is authorized to make entries in the medical record, score as fully met.</li> <li>• If not, score as not met.</li> </ul>

**A.IM.16** Nurses document directly in the patient's medical record.

AUDIT PROCESS	SCORING
Auditors should review medical records and any nursing policies and procedures and score based on the accumulated findings in 10 medical records	<ul style="list-style-type: none"> <li>• If nurses consistently document directly in the medical record, score as fully met.</li> <li>• If not, score as not met.</li> </ul>

**A.IM.17** All entries in the medical record are dated.

AUDIT PROCESS	SCORING
Auditors should review medical records and score based on the accumulation of findings in 10 medical records.	<ul style="list-style-type: none"> <li>• If all entries are dated, or if only an occasional entry (one or two) is not dated, score as fully met.</li> <li>• If fewer than five entries are not dated, score as partially met.</li> <li>• If six or more entries are not dated, score as not met.</li> </ul>

**A.IM.18** The author of all entries in the medical record can be clearly identified by name and title.

AUDIT PROCESS	SCORING
Auditors should review medical records and score based on the accumulation of findings in 10 medical records.	<ul style="list-style-type: none"> <li>• If the author of all entries can be identified by name and title, score as fully met.</li> <li>• If fewer than five entries cannot be identified by name and title, score as partially met.</li> <li>• If six or more entries cannot be identified by name and title, score as not met.</li> </ul>

**A.IM.19** All entries in the medical record are legible.

AUDIT PROCESS	SCORING
Auditors should review medical records and score based on the accumulation of findings in 10 medical records. <b><i>This standard is critical to allow HIO to evaluate appropriateness, safety, and quality of the care provided to its beneficiaries.</i></b>	<ul style="list-style-type: none"> <li>• If all entries are legible, score as fully met.</li> <li>• If fewer than five entries are not legible, score as partially met.</li> <li>• If six or more entries are not legible, score as not met.</li> </ul>

**A.IM.22** All diagnostic and therapeutic orders are signed by the ordering practitioner.

AUDIT PROCESS	SCORING
Auditors should review medical records and score based on the accumulation of findings in 10 medical records.	<ul style="list-style-type: none"> <li>• If the author of all orders can be identified by name and title, score as fully met.</li> <li>• If more than two orders cannot be identified by name and title, score as not met.</li> </ul>

**A.IM.23** Results of diagnostic tests are documented in the patient's medical record.

AUDIT PROCESS	SCORING
While reviewing medical records, auditors should look at the physician orders for diagnostic tests and then check to see if the results are in the medical record.	<ul style="list-style-type: none"> <li>• If 100 percent of results (except those that would not yet be expected to be on the record such as a blood culture ordered yesterday) are on the record in the appropriate timeframe, score as fully met.</li> <li>• If 95 percent of results are on the record and at least 90 percent are on time, score as partially met.</li> <li>• If less than 95 percent of results are in the medical record or less than 90 percent are timely, score as not met.</li> </ul>

**A.IM.24** All treatments are documented and signed by the person providing the treatment.

AUDIT PROCESS	SCORING
While reviewing medical records, auditors should look at the physician's orders for treatments and ensure that the treatments documented are in the medical record. Also, they should check for nursing procedures. Auditors should score this based on accumulated findings based on review of 10 medical records and select records for which a patient would have been expected to have specific treatment (medication, procedure, rehabilitation). <b><i>This standard is critical to allow HIO to evaluate appropriateness, safety, and quality of the care provided to its beneficiaries and to confirm accuracy of billing.</i></b>	<ul style="list-style-type: none"> <li>• If 100 percent of treatments are documented in the record, score as fully met.</li> <li>• If any are not documented, score as not met.</li> </ul>

**A.IM.25** The medical record of every patient receiving emergency care includes at least the following:

- IM.25.1** Time of arrival and discharge
- IM.25.2** Conclusions at termination of treatment
- IM.25.3** Patient's condition at discharge
- IM.25.4** Patient's destination at discharge
- IM.25.5** Follow-up care instructions

AUDIT PROCESS	SCORING
Auditors should review a sample of at least 10 emergency room records or an emergency room logbook. Score is based on the accumulated findings of these 10 records.	<ul style="list-style-type: none"> <li>• To be scored as fully met, all the elements found in IM.25.1–IM.25.5 must be documented in 90 percent of the records or logbook entries reviewed.</li> <li>• If only one element is missing in 25 percent or fewer of the records reviewed, score as partially met.</li> <li>• If one element is missing in more than 25 percent, or if any record is missing two elements, score as not met.</li> </ul>

**A.IM.26** Medical records of discharged patients are completed within 15 days.

AUDIT PROCESS	SCORING
Auditors should review the policy and procedure manual. The policy should include the time definition of a delinquent record (such as 15 days after discharge).	<ul style="list-style-type: none"> <li>• If there is a policy and it includes the definition of a delinquent record, score as fully met.</li> <li>• If there is a policy but it does not define a delinquent record, or if there is no policy, score as not met.</li> </ul>

**A.IM.27** The patient's medical record must be available when needed to care providers and contain up-to-date information.

AUDIT PROCESS	SCORING
Auditors should randomly select names of 10 patients who have been discharged (use surgery log book, radiology log book, and other logs as the source of names of patients seen more than 2 to 3 months ago). Auditors should ask that the medical records of these patients be brought to them and measure the time it takes to receive them. If all 10 records are requested at once, it will logically take more time to retrieve them.	<ul style="list-style-type: none"> <li>• If all records are available within 15 minutes, and can be retrieved 24 hours a day, score as fully met.</li> <li>• If eight of the 10 are available within 15 minutes and none take longer than 30 minutes to be retrieved, score as partially met.</li> <li>• If seven or fewer are available within 15 minutes, or if any of the 10 records cannot be found, score as not met.</li> </ul>

**A.IM.28** The closed medical record must contain a discharge summary.

**A.IM.29** The discharge summary must include the following:

- IM.29.1** The reason for admission
- IM.29.2** Any diagnosis made
- IM.29.3** Investigations
- IM.29.4** Significant findings

- IM.29.5** Procedures performed
- IM.29.6** Medications and/or other treatments
- IM.29.7** Patient's condition and destination (home, transfer) at discharge
- IM.29.8** Discharge instructions, including diet, medications, and follow-up instructions
- IM.29.9** The name of the physician who discharged the patient

<b>AUDIT PROCESS</b>	<b>SCORING</b>
<p>This standard requires a discharge summary. The specific information that is required to be in the discharge summary is found in Section 6.8, IM.29.1–Section 6.8, IM.29.9. Since this requires review of the records of patients who have been discharged, auditors should review this during the medical record interview.</p>	<ul style="list-style-type: none"> <li>• To be scored as fully met, 100 percent of records must have a discharge summary and all must have all the elements in Section 6.8, IM.29.1–Section 6.8, IM.29.9.</li> <li>• If less than 5 percent do not have a discharge summary or do not include all the elements, score as partially met.</li> <li>• If more than 5 percent do not have a discharge summary, score as not met.</li> </ul>

**B.IM.30** A copy of the discharge summary is given to the patient on discharge.

<b>AUDIT PROCESS</b>	<b>SCORING</b>
<p>Auditors should review any policy relating to providing the patient (or family) with a copy of the discharge summary. If needed, auditors should interview a patient who is about to be discharged. For this standard to be fully met, the discharge summary must be completed prior to the patient leaving the hospital.</p>	<ul style="list-style-type: none"> <li>• If all patients (or family members) are provided with a copy of the discharge summary, score as fully met.</li> <li>• If not, score as not met.</li> </ul>

**A.IM.31** The referral/transfer sheet is sent with the patient when referred to another facility.

<b>AUDIT PROCESS</b>	<b>SCORING</b>
<p>Auditors should request the medical records of at least five patients who were transferred or referred to another facility.</p>	<ul style="list-style-type: none"> <li>• If there is evidence that the referral/transfer sheet was sent with all patients, score as fully met.</li> <li>• If not, score as not met.</li> </ul>

- A.IM.34** The organization has a process for review of medical records at least quarterly that includes the following:
- IM.34.1** Review of a representative sample of all services
  - IM.34.2** Review of a representative sample of all disciplines/staff
  - IM.34.3** Involvement of representatives of all disciplines who make entries in the medical record
  - IM.34.4** Review of the completeness and legibility of entries

<b>AUDIT PROCESS</b>	<b>SCORING</b>
<p>Auditors should review the minutes of a medical record committee or any other documentation that demonstrates that the review process covers all the requirements in Section 6.8, IM.34.1– Section 6.8, IM.34.4 <b>AND</b> shows evidence of effective (improvement) when the review shows problems, particularly data that demonstrates a pattern of problems.</p>	<ul style="list-style-type: none"> <li>• If the documentation shows that all four of the requirements in Section 6.8, IM.34.1– Section 6.8, IM.34.4 are included in the review process <b>AND</b> there is evidence of effective action, score as fully met.</li> <li>• If the documentation shows that all four of the requirements in Section 6.8, IM.34.1– Section 6.8, IM.34.4 are included in the review process, but there is no evidence of any action, or if action was taken but there was no follow-up to determine if it was effective, score as partially met.</li> <li>• If there is no process, or it does not include all the requirements in Section 6.8, IM.34.1– Section 6.8, IM.34.4, score as not met.</li> </ul>



