UNITED NATIONS MANUAL
on
Healthcare Quality and Patient Safety

Level 1+, 2 and 3 Medical Facilities

Preface

A. General

The United Nations (UN) is committed to providing a consistent level of high quality care to all mission personnel, regardless of the country, situation or environment in which they receive medical treatment.

Standards and accreditation are a core pillar of modern healthcare management. In the absence of standards, the quality of care delivered is "luck of the draw". The duration of UN operations means that our hospital facilities are more likely to be fixed facilities, and less likely to be true "field" hospitals. There is hence a need to ensure that the UN health care system implements best-practice methods to standardize and improve the quality of healthcare.

Troop Contributing Countries (TCC), Police Contributing Countries (PCC) and commercial vendors have their own health care standards, processes, and systems that are customary and acceptable and most likely, subject to regulation and oversight in their home countries. It does not automatically follow that these same standards will be faithfully implemented in the peacekeeping environment, where domestic or even host-country regulators have no jurisdiction, and both operations and oversight face the challenges of distance and diversity.

Recognizing the central importance of standards, and to reduce ambiguity regarding which standards are applicable in UN settings, the Division of Health Management and Occupational Safety and Health (DHMOSH), developed standards for health care quality management and patient safety applicable to all UN healthcare facilities. Many national and international standard regimens were reviewed, and Joint Commission International (JCI) standards were consequently adopted as the basis for development of customized UN standards[1]. Through these standards, the mission of DHMOSH is to improve the safety and quality of care in the UN healthcare facilities through the provision of education, publications, consultation, and evaluation services.

Expected outcomes of implementing UN health care standards include the following:

- Reduce preventable harm and reduce morbidity and mortality;
- Provide consistency and reliability in processes and systems in all UN Hospitals and Clinics;
- Meet expectations of all mission and UN personnel for trustworthy, consistent and dependable care;
- Create the ability to collect and measure clinical outcomes for quality improvement; and
- Create the ability to measure patient experience.

[1] Customized Documentation based on JCI Standards in the *United Nations Manual for Health Care Quality and Patient Safety for Clinics*, is used therein with permission from JCI.

B. Structure of the manual

This manual comprises of three sections: UN International Patient Safety Goals, Clinical focussed standards and Administration focussed standards. It serves as a reference document for troop contributing countries/police contributing countries deploying Level 1 +, 2 and 3 medical facilities in peacekeeping operations and serves as a guide to implement healthcare quality and patient safety standards in their medical facilities.
These standards have been compiled in 3 (three) manuals, the *United Nations Manual for Health Care Quality and Patient Safety for Hospitals,* the *United Nations Manual for Health Care Quality and Patient Safety for UN Clinics, and the United Nations Manual for Health Care Quality and Patient Safety for UN Referral Hospitals*

C. Relationship to other official documents

The contents of this manual are compatible with the rules and regulations of the United Nations, administrative issuance, official United Nations guidelines and other documents relevant to the administration of United Nations field operations such as the Medical Support Manual. References are made in the manual to the relevant documents when compliance with a standard is expected. The chapter on Surgical and Anaesthesia safety and Hand hygiene for example reference the WHO guidelines. The hope is that this manual will create uniformity in the delivery of medical services in all the medical facilities of the United Nations.

D. Distribution and revision

The Medical Director, Division of Healthcare Management and Occupational Health and Safety, controls the distribution of this manual. The manual will be updated and distributed every three years.

E. Acknowledgements

The Department of Operational Support/Division of health care Management and Occupational Health and Safety would like to thank Joint Commission International for their support in offering to the United Nations their standards and allowing the UN to adapt these standards to meet the field conditions. The following individuals worked on this document to bring it to fruition:
Jillann Farmer
Adarsh Tiwathia
Sherry Kaufield
Stefan Goebbels

Table of Contents

Introduction 5
Section I - UN International Patient Safety Goals (UN-IPSG) 7
Goal 1: Patient Identification 7
Goal 2: Improve Effective communication 7
Goal 3: Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery 9
Goal 4: Reduce the Risk of Health Care-Associated Infections 10
Section II - Clinical Focused Standards 12
Chapter 1 - Access to Care (UNAC) 12
Admission to the Hospital 12
Chapter 2 - Continuity of Care (UNCC) 14
Medevac of Patients 20
Chapter 3 - Assessment of Patients (UNAP) 23
Laboratory Services 25
Radiology and Diagnostic Imaging Services 29
Chapter 4 - Care of Patients (UNCP) 33
Resuscitation Services 37
Food and Nutrition Therapy 38
Chapter 5 - Anesthesia and Surgical Care (UNAS) 40
Sedation Care 40
Anesthesia Care 41
Surgical Care 44
Chapter 6 - Medication Management (UNMM) 47
Chapter 7 - Patient and Family Education (UNPE) 49
Section III - Administration-Focused Standards 50
Chapter 8 - Quality and Patient Safety (UNQS) 50
Chapter 9 - Prevention and Control of Infections (UNPI) 55
Chapter 10 - Governance, Leadership and Direction (UNGL) 61
Chapter 11 - Facility Management and Safety (UNFS) 63
Overview 63
Disaster Preparedness 65
Chapter 12 - Staff Health and Safety (UNSH) 67
Chapter 13 - Staff Qualifications and Education (UNSQ) 68
Chapter 14 - Management of Information (UNMI) 71

Introduction

The United Nations (UN) is committed to providing a consistent level of high quality care to all mission personnel, regardless of the country, situation or environment in which he or she receives medical treatment.

Troop Contributing Countries (TCC) and Police Contributing Countries (PCC) have their own standards, processes, and systems of care that are customary and acceptable in their home countries. It follows that these same standards are replicated in the hospitals they set up in the field. This, by default, allows for wide variation in hospital performance from one Peacekeeping medical facility to another.

The upswing in the number of Peacekeeping and political missions over the last several years has highlighted this variation. Patient identification, clinical assessments, expectations for hand hygiene, surgical safety procedures and many other processes and activities that directly impact patient safety vary widely among field mission hospitals. As the number of field hospitals has increased, the differences in performance have become more pronounced. While there are excellent examples of evidence-based practice being implemented by hospitals, there is also an unjustifiable risk of negative variation in patient outcomes. It is critical that the UN be able to provide a robust, timely and consistent medical support system for all personnel.

To this end, Division of Healthcare Management and Occupational Health and Safety / Office of Operational Support/Department of Operations have undertaken the effort to standardize the procedures for health care quality management and patient safety through the development of standards of care. Many national and inter- national standard regimens were reviewed and Joint Commission International (JCI) standards were consequently adopted as the basis for development of UN standards. Customized Documentation based on JCI Standards in the *United Nations Manual for Healthcare Quality and Patient Safety*, is used therein with permission from JCI.

Standards have been compiled in this manual, the *United Nations Manual for Healthcare Quality and Patient Safety, 1st Edition.* Expected outcomes of implementing the standards include the following:

- Reduce preventable harm and reduce comorbidity and mortality;
- Provide consistency in processes and systems in all Peacekeeping hospitals with surgical capacity, and later in all UN medical facilities.
- Meet expectations of all mission personnel for trustworthy, consistent and dependable care;
- Create the ability to collect and measure clinical outcomes for quality improvement; and
- Create the ability to measure patient and staff satisfaction.

These standards will be required for compliance in all hospitals in Peacekeeping Missions according to an implementation timeline set by Division of Healthcare Quality and Patient Safety (DHMOSH) Medical Director. **To facilitate the implementation, the most critical standards are defined as CORE standards and are marked with red color and underlined. CORE standards are expected to be implemented immediately by every Level 1+ and above UN hospital.** The black headlined standards are supplementary and are a next level priority during the implementation process.

The Manual is comprised of three sections:

- Section I, International Patient Safety Goals, originally published by Joint Commission International (JCI), adapted and renumbered in this Manual,
- Section II, Clinical-Focused Standards, Chapters 1-7, and
- Section III, Administration-Focused Standards, Chapters 8-14.

Section I UN International Patient Safety Goals (UN-IPSG)

Goal 1: Patient Identification

Standard UN-IPSG.1

The hospital develops and implements a process to improve accuracy of patient identification.

Intent of UN-IPSG.1

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. Patients may be sedated, disoriented, not fully alert or comatose; may change beds, rooms, or locations within the hospital; may have sensory disabilities; may not remember their identity; or may be subject to other situations that may lead to errors in correct identification. The intent of this goal is twofold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual.

The identification process used throughout the hospital requires at least two ways in which to identify a patient, such as the patient's name and birth date. The patient's room number or location cannot be used for identification. Two different identifiers are utilized in all locations within the hospital.

Two different patient identifiers are required in any circumstance involving patient interventions. These include before administering medications, blood or blood products; before taking blood and other specimens for clinical testing; and before performing procedures and treatments. In situations where name and date of birth cannot be utilized to reliably identify the patient to match them to their intended treatment; a visible body identification mark may be utilized."

Measurable Elements of UN-IPSG.1

1. Patients are identified using the minimum (mandatory) of patient's name and date of birth.
2. Patients are identified before providing treatments and procedures.
3. Patients are identified before any diagnostic procedures.

Goal 2: Improve Effective Communication

Standard UN-IPSG.2

The hospital develops and implements a process to ensure that all orders are written.

Standard UN-IPSG.2.1

The hospital develops and implements a process for reporting critical results of diagnostic tests and critical events.

Standard UNIPSG.2.2

The hospital develops and implements a process for handover communication.

Intent of UN-IPSG.2 through UN-IPSG.2.2

Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved patient safety. Communication can be electronic, or written, or in emergency situations, verbal. Patient care circumstances that can be critically impacted by poor communication include patient care orders, communication of critical test results, and hand-over communications. For example, drug names and numbers which sound alike, such as erythromycin instead of azithromycin or fifteen instead of fifty, can affect the accuracy of the order.

The reporting of critical results of diagnostic tests is also a patient safety issue. This includes critical results from any diagnostic tests performed at the bedside, such as point-of-care testing. Results that are significantly outside the normal range may indicate a high-risk or life-threatening condition and must be reported in a timely manner. In addition, timely reporting of critical events such as outbreaks, signs of abuse or violence, etc. to the Chief Medical Officer is crucial to formulating a safety plan in a timely manner.

Essential patient information is communicated among those caring for the patient during patient hand-overs using standardized patient records, information exchange when care of the patient is transferred between clinicians and when a patient is transferred to another hospital.

Measurable Elements of UN-IPSG.2

1. The complete physician order is documented in the medical record or if available in the electronic health record.

2. When a verbal order is unavoidable, such as in an emergency, the order should be written on a UN approved verbal order form, and then read-back for confirmation of accuracy from the recipient to the sender and signed by the ordering physician within 24 hours

Measurable Elements of UN-IPSG.2.1

1. The hospital has defined critical values for each type of diagnostic test.

2. The hospital has identified how, by whom, and to whom critical results of diagnostic tests are reported.

3. The hospital follows the UN time frame of 60 minutes for reporting of critical results.

4. The hospital has identified what information is documented in the patient record.

Measurable Elements of UN-IPSG.2.2

1. Standardized critical content is communicated between healthcare providers during hand-overs of patient care utilizing the UN approved IPASS methodology (See Annex A).

2. The content of the medical record is available to all those caring for a patient, and the content is standardized, including the use of any abbreviations, signs, and symbols, and for medication changes.

3. There is a process to periodically review a sample of patient records, and this information is used to improve completeness, legibility, and accuracy of the content of all patient records.

Goal 3: Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

Standard UN-IPSG.3

The hospital implements the process for ensuring correct-site, correct-procedure, and correct-patient surgery.

Standard UN-IPSG.3.1

The hospital implements the process for time-out that is performed in the operating theatre immediately prior to the start of surgery to ensure correct-site, correct-procedure, and correct-patient surgery.

Intent of UN-IPSG.3 and UN-IPSG.3.1

Wrong-site, wrong-procedure, wrong-patient surgery is an alarmingly common occurrence in hospitals. These errors are the result of ineffective or inadequate communication between members of the surgical team, lack of patient involvement in site marking, and lack of procedures for verifying the operative site. In addition, inadequate patient assessment, inadequate medical record review, a culture that does not support open communication among surgical team members, problems related to illegible handwriting, and the use of abbreviations are frequent contributing factors.

Surgery and invasive procedures include all procedures that investigate and/or treat diseases and disorders of the human body through cutting, removing, altering, or insertion of diagnostic/therapeutic scopes. The approach the hospital takes to ensuring correct-site, correct-procedure, and correct-patient surgery applies to all areas of the hospital in which surgical and invasive procedures occur.

Evidence-based practices are described in the WHO Surgical Safety Checklist. Another example is the (US) Joint Commission's Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™. The essential processes found in the Universal Protocol are:

- marking the surgical site;
- a preoperative verification process; and
- a time-out that is held immediately before the start of a procedure.

Marking the surgical and invasive procedure site involves the patient and is done with an instantly recognizable mark. The mark must be consistent throughout the hospital; must be made by the person performing the procedure; should take place with the patient awake and aware, if possible; and must be visible after the patient is prepped and draped. The surgical site is marked in all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine).

The purpose of the preoperative verification process is to:

- verify the correct site, procedure, and patient;
- ensure that all relevant documents, images, and studies are available, properly labeled, and displayed; and
- verify that any required special medical technology is present.

There are various elements of the preoperative verification process that can be completed before the patient arrives at the preoperative area—such as ensuring that documents, imaging and test results,

and paperwork are properly labeled and available, and marking the surgical site. In fact, waiting until the time-out to complete the preoperative verification process may unnecessarily delay surgery if paperwork or imaging are not labeled and available when surgery is about to begin. It is more likely that portions of the preoperative verification may occur more than once and in more than one place. For example, the surgical consent may be obtained in the emergency department or the patient's room and then verification that it is completed may take place in the preoperative holding area; marking the surgical site may occur in the preoperative holding area; and verifying that the right medical technology is available may occur in the operating theatre.

The time-out, held immediately before the start of the procedure with all team members present, permits any unanswered questions or confusion to be resolved. The time-out is conducted in the location at which the procedure will be done, just before starting the procedure, and involves the entire operative team. When possible, the patient will participate in the time out procedure to ensure correct site, correct procedure and correct patient prior to induction of anesthesia.

Measurable Elements of UN-IPSG.3

1. The hospital uses an instantly recognizable mark for surgical and invasive procedure site identification that is consistent throughout the hospital.

2. Surgical and invasive procedure site marking is done by the person performing the procedure and involves the patient in the marking process.

3. The hospital uses the WHO Surgical Safety Checklist, including the Time Out Process, and includes this documentation in the patient record.

4. Documentation of the Time Out Process is signed.

Measurable Elements of UN-IPSG.3.1

1. The full surgical team conducts and documents a time-out procedure in the area in which the surgery/invasive procedure will be performed, just before starting a surgical/invasive procedure.

2. The components of the time-out include correct patient identification, correct site and side, agreement of the procedure to be done, and confirmation that the verification process has been completed.

3. When surgery is performed, including medical and dental procedures done in settings other than the operating theatre, the hospital uses uniform processes to ensure the correct site, correct procedure, and correct patient.

Goal 4: Reduce the Risk of Health Care-Associated Infections

Standard UN-IPSG-4

The hospital adopts and implements WHO Guidelines for Hand Hygiene in Health Care to reduce the risk of healthcare–associated infections.

Intent of UN-IPSG.4

Infection prevention and control are challenging in most healthcare settings, and rising rates of health care–associated infections are a major concern for patients and health care practitioners. Infections common to all healthcare settings include catheter-associated urinary tract infections, bloodstream infections, and pneumonia (often associated with mechanical ventilation).

Central to the elimination of these and other infections is proper hand hygiene. Internationally acceptable hand-hygiene guidelines are available from the World Health Organization (WHO). Hand-hygiene guidelines and information materials are posted in appropriate areas, and staff members are educated in proper hand-washing and hand-disinfection procedures. Soap, disinfectants, and towels or other means of drying are located in those areas where hand-washing and hand-disinfecting procedures are required.

Measurable Elements of UN-IPSG.4

1. The hospital uses and follows the current WHO Guidelines for Hand Hygiene in Health Care.
2. The hospital has a written policy for implementing an effective hand-hygiene program throughout the entire facility.
3. Hand-washing and hand-disinfection procedures are used in accordance with hand-hygiene guidelines and information materials throughout the hospital.

Section II Clinical Focused Standards

Chapter 1 - Access to Care (UNAC)

Admission to the Hospital

Standard UNAC.1

The hospital has a process for admitting inpatients for elective care and for registering outpatients.

Intent of UNAC.1

The process for admitting inpatients to the hospital for care and for registering outpatients for services is standardized. Staff members are familiar with and follow the standardized process defined by the UN.

The process addresses:

- registration for outpatient services,
- admission for inpatient services; and
- holding patients for observation.

Measurable Elements of UNAC.1

1. The hospital follows the UN standardized outpatient registration process.
2. The hospital follows the UN standardized inpatient admitting process.
3. The hospital has a standardized process for holding patients for observation.
4. Staff members are familiar with and follow the admission registration and holding processes.

Standard UNAC.2

The hospital has a process for admitting patients with emergent needs.

Intent of UNAC.2

It is critical for patients with emergency needs to receive care as efficiently as possible. A person qualified in clinical triage must be available in the hospital at all times. The processes for triaging and admitting emergency patients are standardized to ensure follow on steps are understood by all, and needed next steps are in place. Refer also to the MSM[2], Chapter 10, C for additional direction on mass casualty triage management.

Measurable Elements of UNAC.2

1. The hospital uses the UN triage process to prioritize treatment for patients with emergency needs who present at the hospital.

[2] Medical Support manual for United Nations Field Missions, 3rd Edition, Chapter 10, pg. 167-171

2. A person qualified in providing clinical triage is available at all times.
3. The triage process is standardized as per UN standards.
4. Staff members are familiar with and follow processes for admitting patients with emergency needs.

Standard UNAC.3

At admission as an inpatient, patients receive information on the proposed care and the expected outcomes of care.

Intent of UNAC.3

During the admission process, patients receive sufficient information to make knowledgeable decisions. Information is provided about the proposed care and the expected outcomes. Such information can be in written form or provided verbally, noting such in the patient's record.

Measurable Elements of UNAC.3

1. The patient is provided with as much information as possible about their medical condition at time of admission.
2. The information includes proposed care.
3. The information includes expected outcomes of care.

Chapter 2 - Continuity of Care (UNCC)

Standard UNCC.1

The hospital carries out processes to provide continuity of patient care services in the hospital and co-ordination among health care practitioners.

Intent of UNCC.1

As patients move through the hospital from admission to discharge or transfer, several departments and services and many different healthcare practitioners may be involved in providing care. Throughout all phases of care, patient needs are matched with the required resources within and, when necessary, outside the hospital.

Continuity is enhanced when all patient care providers have the information needed from the patient's current and past medical experiences to help in decision making.

The patient's record is a primary source of information on the care process and the patient's progress and thus is an essential communication tool. For this information to be useful and to support the continuity of the patient's care, the patient record needs to be available during inpatient care, for outpatient visits, and at other times as needed, and is kept up to date. Medical, nursing, and other patient care notes are available to all the patient's health care practitioners who need them for the care of the patient. The leaders of the departments and services work together to design and to implement the processes of care coordination and continuity. These processes may be supported with the use of tools such as guidelines, clinical pathways, care plans, referral forms, checklists, and the like.

Measurable Elements of UNCC.1

1. The patient's record is available to those practitioners who are authorized to have access and need it for the care of the patient. See also UNMI.2
2. The patient's record is up to date to ensure communication of the latest information.
3. Continuity and coordination of care processes are supported by the use of tools in the medical record, such as care plans and guidelines. See Annex A for sample.
4. Continuity and coordination are evident throughout all phases of patient care.

Standard UNCC.2

During all phases of inpatient care, there is a qualified individual identified as responsible for the patient's care.

Intent of UNCC.2

To maintain continuity of care throughout the patient's stay in the hospital, the individual with overall responsibility for coordination and continuity of the patient's care or particular phase of the patient's care is clearly identified. This individual may be a physician or other qualified individual. The responsible individual is identified in the patient's record. A single individual providing the oversight of care during the entire hospital stay will improve continuity, coordination, patient satisfaction, quality, and potentially the outcomes, and thus is desirable for certain complex patients and others the hospital

may identify. This individual would need to collaborate and to communicate with the other health care practitioners.

When a patient moves from one phase of care to another (for example, from surgical to a ward), the individual responsible for the patient's care may change, or the same individual may continue overseeing the entire patient's care.

Measurable Elements of UNCC.2

1. The individual(s) responsible for the coordination of the patient's care is identified in the patient's record and available through all phases of inpatient care.
2. The individual(s) is qualified to assume responsibility for the patient's care.
3. There is a process for transferring the responsibility for coordination of care from individual to individual.
4. The process identifies how these individuals assume the transferred responsibility and document their participation or coverage.

Standard UNCC.3

The medical record of the patient's care goes with the patient when transferred within or outside the hospital.

Intent of UNCC.3

Patients may be transferred within the hospital from one service or inpatient unit to a different service or inpatient unit during their course of care and treatment. When the care team changes as a result of the transfer, continuity of patient care requires that essential information related to the patient be transferred with him or her. Thus, medications and other treatments can continue uninterrupted, and the patient's status can be monitored. To ensure that each care team receives the information needed to provide care, the patient's record(s) is transferred to the care team receiving the patient.

When a patient is transferred outside of the hospital, for example to a referral hospital, information from the patient's record is summarized and provided to the care team receiving the patient. Such a summary includes a) the reason for admission, b) significant findings, c) diagnosis, d) procedures performed, e) medications and other treatments, f) drug allergies/interactions, g) blood type, h) the purpose of transfer and i) patient's condition at transfer.

Measurable Elements of UNCC.3

1. The patient's record is transferred with the patient to another service or unit within the hospital.
2. A summary of the patient's care is transferred with the patient when he/she is transferred outside the hospital.
3. The summary contains a) through i) in the Intent Statement.

Standard UNCC.4

There is a process for the referral or discharge of patients that is based on the patient's health status and the need for continuing care or services.

Intent of UNCC.4

Referring or discharging a patient to a health care practitioner outside the hospital is based on the patient's health status and need for continuing care or services. The patient's physician or individual responsible for his or her care must determine readiness for discharge based on the policies and relevant criteria or indications of referral and discharge established by the hospital. Criteria may also be used to indicate when a patient is ready for discharge. An organized process is required to ensure that any continuing needs are met by appropriate health care practitioners or the receiving hospital.

Measurable Elements of UNCC.4

1. Patients are referred and/or discharged based on their health status and needs for continuing care.
2. The patient's readiness for discharge is determined by the use of relevant criteria or indications that ensure patient safety.
3. The hospital uses a standardized UN patient discharge form- Refer to Annex A.

Standard UNCC.5

Patient and family education and instruction are related to the patient's continuing care needs.

Intent of UNCC.5

The hospital routinely provides education in a language and method patients understand, on topic areas that carry high risk to patients. The hospital uses standardized materials and processes in educating patients on at least the following topics, as applicable:

- Safe and effective use of all medications taken by the patient (not just discharge medications), including potential medication side effects
- Safe and effective use of medical technology used by or near the patient
- Potential interactions between prescribed medications, other medications (including over-the-counter preparations) and food
- Diet and nutrition
- Pain management
- Rehabilitation techniques

Measurable Elements of UNCC.5

1. Patients are educated in a language and method they understand about the safe and effective use of all medications, potential side effects, and prevention of potential interactions with over-the-counter medications and/or food.

2. Patients are educated about proper diet and nutrition for their current condition.
3. Patients are educated about pain management.
4. Patients are educated about rehabilitation techniques, if appropriate.
5. Patients confirm their understanding of the education received and this is documented in the patient record.

Standard UNCC.6

A complete discharge summary is prepared for all inpatients.

Intent of UNCC.6

The discharge summary provides an overview of the patient's stay within the hospital. The summary includes the following:

- Reason for admission, diagnoses, and comorbidities
- Significant physical and other findings
- Diagnostic and therapeutic procedures performed
- Medications administered during hospitalization with the potential for residual effects after the medication has been discontinued and all medications to be taken after discharge
- The patient's condition/status at the time of discharge (examples include "condition improved," "condition unchanged," and the like)
- Follow-up instructions

Measurable Elements of UNCC.6

1. The discharge summary contains the reason(s) for admission, diagnoses, and comorbidities.
2. The discharge summary contains significant physical and other findings.
3. The discharge summary contains diagnostic and therapeutic procedures performed.
4. The discharge summary contains significant medications, including discharge medications.
5. The discharge summary contains the patient's condition/status at the time of discharge.
6. The discharge summary contains follow-up instructions.

Standard UNCC.7

Patient education and follow-up instructions are given in a form and language the patient can understand.

Intent of UNCC.7

For patients not directly referred or transferred, clear instructions on where and how to receive continuing care are essential to ensure optimal outcomes of care and that all care needs are met. The instructions include any return to the hospital for follow-up, and when urgent care should be obtained.

The hospital provides the instructions to the patient and, as appropriate, his or her family in a simple, understandable manner. The instructions are provided in writing or in the form most understandable to the patient when the patient is not able to understand written instructions. The hospital must confirm that the patient understands what he or she is being told. If this understanding cannot be confirmed, the hospital takes necessary steps to obtain reliable interpretation assistance in the language of the patient. Final confirmation of understanding must be documented in the patient record.

Measurable Elements of UNCC.7

1. Follow-up instructions are provided in writing and in a form and language the patient can understand.

2. The instructions include any return for follow-up care.

3. The instructions include when to obtain urgent care.

Standard UNCC.8

The clinical records of inpatients contain a copy of the discharge summary. Also see UNCC.5.

Intent of UNCC.8

A summary of the patient's care is prepared at discharge from the hospital. Any qualified individual can compile the discharge summary, such as the patient's physician, nurse or administrative clerk.

A copy of the discharge summary is provided to the practitioner who will be responsible for the continuing or follow-up care of the patient. In cases in which details of a patient's follow-up care are unknown, a copy of the discharge summary is given to the patient. The discharge summary is placed in the patient's record.

Measurable Elements of UNCC.8

1. A discharge summary is prepared by a qualified individual.

2. A copy of the discharge summary is provided to the patient in cases in which information regarding the practitioner responsible for the patient's continuing or follow-up care is unknown.

3. The completed discharge summary is placed in the patient's record immediately at the time of discharge.

Standard UNCC.9

The hospital has a process for the management and follow-up of patients who notify hospital staff that they intend to leave against medical advice.

Intent of UNCC.9

When a patient decides to leave the hospital after an examination has been completed and a treatment plan recommended, whether it is an inpatient or an outpatient, this is identified as "leaving against medical advice." Inpatients and outpatients (including patients from the emergency department) have the right to refuse medical treatment. However, these patients may be at risk, which may result in permanent harm or death. When a competent inpatient or outpatient requests to leave the hospital without medical approval, the medical risks must be explained by the health care professional providing the treatment plan or his or her designee prior to discharge. Also, normal discharge procedures should be followed, if the patient allows. Efforts should be made to identify the reason the patient is choosing to leave against medical advice. Hospitals need to understand these reasons in order to be able to provide better communication to patients and/or families and identify potential process improvements.

Measurable Elements of UNCC.9

1. The process for managing inpatients and outpatients who notify staff that they are leaving against medical advice is followed.

2. The process includes informing the patient of the medical risks of inadequate treatment.

3. The patient should be discharged according to the usual hospital discharge process including signing the UN approved form.

4. The hospital has a process to try to identify the reasons for patients leaving against medical advice.

5. The process is consistent with applicable rules and regulations, including requirements for reporting cases of infectious disease and cases in which patients may be a threat to themselves or others.

Standard UNCC.10

The hospital has a process for the management of patients who leave the hospital against medical advice without notifying hospital staff.

Intent of UNCC.10

When a patient leaves the hospital against medical advice without notifying anyone in the hospital, or an outpatient receiving complex or lifesaving treatment does not return for treatment, the hospital must make reasonable efforts to contact the patient to inform him or her of potential risks. This process is consistent with UN specifications and is documented on a UN approved form.

When applicable, the hospital reports cases of infectious disease and provides information regarding patients who may harm themselves or others to local health authorities and the UN Medical Director.

Measurable Elements of UNCC.10

1. The process for the management of inpatients and outpatients who leave the hospital against medical advice without notifying hospital staff is followed.

2. The process for the management of outpatients receiving complex treatment who do not return for treatment is followed.

3. The process is consistent with applicable UN regulations, including requirements for reporting cases of infectious disease and cases in which patients may be a threat to themselves or others.

Medevac of Patients

Standard UNCC.11

Patients are medevaced to the next level of care based on their medical status, and the ability of the receiving organization to meet patients' needs.

Intent of UNCC.11

Medevacing a patient to another hospital is based on the patient's status and need for continuing health care services. Medevac may be in response to a patient's need for specialized consultation and treatment, urgent services, or less-intensive services such as subacute care. Criteria help to identify when a transfer is necessary in order to ensure that the patient's needs are met.

When referring a patient, the referring hospital must determine if the receiving organization provides services to meet the patient's needs and has the capacity to receive the patient. This determination is usually made well in advance, and the willingness to receive patients and the medevac conditions are described in formal or informal affiliations or agreements through a Memorandum of Understanding between the UN and the Hospital. This advance determination ensures continuity of care and that the patient's care needs will be met. Transfers may occur to other sources of specialized treatment or services without formal or informal transfer agreements.

Measurable Elements of UNCC.11

1. The need to medevac patients is based on criteria developed by the hospital to address patients' needs for continuing care.

2. Prior to approving the medevac of a patient, the referring physician through the CMO, or designee, will consult with the receiving hospital CMO, or designee, to confirm the patient's needs can be met.

3. Formal or informal arrangements are in place with receiving organizations when patients are frequently transferred to the same hospital.

Standard UNCC.12

The referring hospital follows the local and UN procedures for the medevac of patients as described in the current Medical Support Manual (MSM) to ensure that patients are transferred safely.

Intent of UNCC.12

The medevac of a patient directly to another health care facility may be a brief process with an alert and talking patient, or it may involve moving a comatose patient who needs continuous nursing or medical oversight. Thus, the condition and status of the patient determine the qualifications of the staff member monitoring the patient and the type of medical technology needed during medevac.

A consistent process for how patients are transferred from one medical facility to another is important to ensure that patients are transferred safely. Such a process addresses:

- how responsibility is transferred between practitioners and settings;
- criteria for when transfer is necessary to meet the patient's needs;
- who is responsible for the patient during transfer;
- what medications, supplies, and medical technology are required during transfer;
- a follow-up mechanism that provides the condition of the patient during transfer and upon arrival to the receiving organization;
- alternate evacuation plans should the patient's condition change during transfer; and
- what is done when transfer to another source of care is not possible.

The hospital evaluates the quality and safety of the transfer process to ensure that patients are transferred with qualified staff and the correct medical technology for the patient's condition.

Measurable Elements of UNCC.12

1. The hospital follows the process mandated by the UN for continuing care when a patient is moved to another hospital and uses the UN Form for Request to Medevac to initiate this process.
2. The medevac process identifies who is responsible for monitoring the patient during transfer and the staff qualifications required for the type of patient being transferred.
3. The medevac process identifies the medications, supplies, and medical technology required during transport.
4. The medevac process addresses a follow-up mechanism that provides information about the patient's condition upon arrival, and what information is reported back from the receiving hospital.

Standard UNCC.13

The receiving hospital is given a written summary of the patient's clinical condition and the interventions provided by the referring hospital.

Intent of UNCC.13

To ensure continuity of care, patient information is transferred with the patient. A copy of the discharge summary, or other necessary clinical records, is provided to the receiving hospital with the patient. Another copy is kept in the referring hospital.

Measurable Elements of UNCC.13

1. A patient clinical summary document is transferred with the patient.
2. The clinical summary includes patient status.
3. The clinical summary includes procedures and other interventions provided.
4. The clinical summary includes the patient's continuing care needs.

5. When appropriate, a copy of the entire clinical record is transferred with the patient along with their personal identification documents (passport, etc.).

Standard UNCC.14

The medevac process is documented in the patient's record.

Intent of UNCC.14

The medical record of each patient transferred to another health care facility contains documentation required by UN policy. This includes the name of the hospital and the name of the individual agreeing to receive the patient, the reason(s) for the medevac, and any special conditions for medevac. It is noted if the patient's condition or status changed during transfer (for example, the patient dies or requires resuscitation).

Measurable Elements of UNCC.14

1. The records of medevac patients note the name of the receiving health care organization and the name of the individual agreeing to receive the patient.
2. The records of medevac patients contain documentation or other notes as required by the policy of the UN.
3. The records of medevac patients note the reason(s) for transfer.
4. The records of medevac patients note any special conditions related to transfer.

Chapter 3 - Assessment of Patients (UNAP)

Standard UNAP.1

All patients cared for by the hospital have their health care needs identified through an assessment process that has been defined by the hospital.

Intent of UNAP.1

There is a medical assessment conducted within 1 hour for all patients admitted for care and treatment in the hospital. In cases of high acuity, the timeframe will be shortened to minutes. This includes a physical examination and health history and a nursing assessment. The assessments are documented in the patient's record within 2 hours of admission (or sooner in cases of high patient acuity) to permit care planning and treatment to begin as soon as possible.

Measurable Elements of UNAP.1

1. Medical and nursing assessments occur within 1 hour of admission, sooner when indicated.
2. The content and timeliness of medical and nursing assessments are monitored to improve the process of patient assessment.

Standard UNAP.2

Each patient's initial assessment includes an evaluation of physical, psychological, and social factors, including a physical examination and health history.

Intent of UNAP.2

The initial assessment of a patient, outpatient or inpatient, is critical to identifying his or her needs and starting the care process. The initial assessment provides information to

- understand the care the patient is seeking;
- select the best care setting for the patient;
- form a differential diagnosis; and
- understand the patient's response to any previous care.

To provide this information, the initial assessment includes an evaluation of the patient's medical status through a physical examination and health history. The psychological assessment determines the patient's emotional status (for example, if he or she is depressed, fearful, or belligerent and may harm him- or herself or others). Gathering social information on a patient is not intended to "classify" patients. Rather, a patient's social, cultural, family, and economic contexts are important factors that can influence his or her response to illness and treatment. Many different qualified individuals may be involved in the assessment of a patient. The most important factors are that the assessments are complete and available to those caring for the patient.

Patient assessment is most beneficial when it considers the patient's condition, age, and health needs, as well as his or her requests or preferences. These processes are most effectively carried out when the various health professionals responsible for the patient work together.

Measurable Elements of UNAP.2

1. All inpatients and outpatients have an initial assessment that includes a health history and physical examination, and a rapid diagnostic test consistent with the requirements defined in hospital policy.

2. Each patient receives an initial psychological assessment as indicated by his or her needs.

3. The initial assessment results in an initial diagnosis.

Standard UNAP.3

All inpatients and outpatients are screened for pain and assessed when pain is present.

Intent of UNAP.3

During the initial assessment and during any reassessments, a screening procedure is used to identify patients with pain.

Positive answers to questions regarding the presence of pain indicate the need for a more in-depth assessment of the patient's pain. When pain is identified in the outpatient setting, the patient may be more thoroughly assessed and treated in the hospital or provided with a referral for further assessment and treatment.

When the patient is an inpatient in the hospital, a more comprehensive assessment is performed as soon as pain is identified. This assessment is appropriate to the patient's age and measures pain intensity and quality, such as pain character, frequency, location, and duration. Additional information may include pain history, what makes pain better or worse, what are the patient's goals for pain relief, and the like. This assessment is recorded in a way that facilitates regular reassessment and follow-up per criteria developed by the hospital and the patient's needs.

Measurable Elements of UNAP.3

1. Patients are screened for pain.

2. When pain is identified from the initial screening exam, a comprehensive assessment of the patient's pain is performed. The hospital uses the process described in the MSM, Pg. 61, OPQRST[3]

3. The assessment is recorded in a way that facilitates regular reassessment and follow-up per criteria developed by the hospital and the patient's needs.

Standard UNAP.4

All patients are reassessed at intervals based on their condition and treatment to determine their response to treatment and to plan for continued treatment or discharge.

Intent of UNAP.4

Reassessment by all the patient's health care practitioners is key to understanding whether care decisions are appropriate and effective. Patients are reassessed throughout the care process at intervals

[3] Medical Support Manual for United Nations Field Missions, Chapter 4, Annex C, Pg. 61, J, OPQRST

based on their needs and plan of care or as defined in hospital policies and procedures. The results of these reassessments are noted in the patient's record for the information and use of all those caring for the patient.

Reassessment by a physician is integral to ongoing patient care. A physician assesses an acute care patient at least daily, including weekends, and whenever there has been a significant change in the patient's condition.

Reassessments are conducted, and results are entered in the patient's record:

- at regular intervals during care (for example, nursing staff periodically record vital signs, pain assessment, and lung and heart sounds, as needed based on the patient's condition);
- daily by a physician for acute care patients;
- in response to a significant change in the patient's condition;
- if the patient's diagnosis has changed and the care needs require revised planning; and
- to determine if medications and other treatments have been successful and the patient can be transferred or discharged.

Measurable Elements of UNAP.4

1. Patients are reassessed to determine their response to treatment and plan for continued treatment and/or discharge.
2. Patients are reassessed at intervals based on their condition and when there has been a significant change in their condition, plan of care, or individual needs.
3. A physician reassesses patients at least daily, including weekends, during the acute phase of their care and treatment.
4. Reassessments are documented in the patient record.

Laboratory Services

Standard UNAP.5

Laboratory services are available to meet patient needs.

Intent of UNAP.5

The hospital has a system for providing laboratory services, including clinical pathology services, required by its patient population, clinical services offered, and health care practitioner diagnostic needs.

Laboratory services, including those required for emergencies will be provided within the hospital. Laboratory services are available on a 24/7 basis. In addition, the hospital is able to identify and to contact experts in specialized diagnostic areas, such as parasitology, virology, or toxicology, when needed.

Outside sources are convenient for the patient to access if additional laboratory services are needed that the hospital cannot provide. The hospital selects outside sources based on the recommendation of the Chief Medical Officer.

Measurable Elements of UNAP.5

1. Laboratory services are available to meet the needs related to the hospital's mission, patient population, and emergency needs on a 24/7 basis.

Standard UNAP.6

A qualified individual(s) is responsible for managing the clinical laboratory service or pathology service.

Intent of UNAP.6

Clinical laboratory services are under the direction of an individual who is qualified by documented training, expertise, and experience, consistent with UN standards. This individual assumes professional responsibility for the laboratory facility and the services provided in the laboratory and the testing performed at bedside (point-of-care testing). When this individual provides clinical consultation or medical opinion, he or she is a physician. When needed, the physician has access to and consults with a pathologist through telemedicine channels, by telephone, or other means. Specialty and subspecialty laboratory services are under the direction of appropriately qualified individuals. Responsibilities of the laboratory leader include:

- developing, implementing, and maintaining policies and procedures;
- administrative oversight;
- maintaining a quality control program; and
- monitoring and reviewing all laboratory services.

Measurable Elements of UNAP.6

1. The clinical laboratory in the hospital is under the direction and oversight of one or more qualified individuals.
2. Responsibilities for developing, implementing, and maintaining SOPs are defined and carried out.
3. Responsibilities for administrative oversight are defined and carried out.
4. Responsibilities for maintaining quality control programs are defined and carried out.
5. Responsibilities for monitoring and reviewing all laboratory services within and outside the laboratory are defined and carried out.

Standard UNAP.7

All laboratory staff members have the required education, training, qualifications, and experience to administer and perform laboratory tests and interpret the results.

Intent of UNAP.7

The United Nations identifies the education, training, qualifications, and required experience of laboratory staff members performing and interpreting laboratory tests, and those who direct or supervise staff who perform testing. Technical staff members are given work assignments consistent with their training and experience. Refer to the MSM for specific requirements.

Measurable Elements of UNAP.7

1. All laboratory staff members have the required credentials to administer, perform, and interpret tests.

2. Laboratory supervisory staff members are identified and have the proper qualifications and experience.

Standard UNAP.8

A laboratory safety program is in place, followed, and documented, and compliance with the facility management and infection control programs is maintained.

Intent of UNAP.8

The laboratory has an active safety program to the degree required by the risks and hazards encountered in the laboratory. The program addresses safety practices and prevention measures (for example, eye-wash stations, spill kits, and the like) for laboratory staff, other staff, and patients when present. The laboratory program is coordinated with the hospital's facility management and infection control programs.

The laboratory safety management program includes

- compliance with standards addressing facility management and infection control programs;

- availability of safety devices appropriate to the laboratory's practices and hazards encountered;

- the orientation of all laboratory staff to safety procedures and practices; and

- in-service education for new procedures and newly acquired or recognized hazardous materials. (See UNFS.2, UNSH.1)

Measurable Elements of UNAP.8

1. The laboratory program is part of the hospital's facility management and infection control programs. Staff report when any safety event occurs, and a record of this report is kept on file.

2. Laboratory staff members are oriented to safety procedures and practices and receive ongoing education and training for new practices and procedures.

Standard UNAP.9

The laboratory uses a coordinated process to reduce the risks of infection because of exposure to bio-hazardous materials and waste, per Department of Operational Support (DOS) policy[4].

Intent of UNAP.9

UN policies, procedures, and practices are implemented to reduce the hazards of exposure to bio-hazardous materials. Infections acquired in the laboratory are reported internally and to the UN Medical Director. The following biosafety hazards and practices are addressed in written procedures, and the requirements of the procedures are followed:

1. Exposures to aerosols and droplets are controlled (for example, when mixing, sonicating, centrifuging, and flaming inoculating loops).

2. Laboratory coats, gowns, or uniforms are worn to protect street clothes and prevent contamination.

3. Biosafety cabinets are used when required.

4. SOPs govern how to handle laboratory exposure to infectious agents, accidental cuts, needlestick injuries, accidental ingestion, and contact of potentially infectious agents with mucus membranes. These SOPs include decontamination procedures, whom to contact for emergency treatment, and the location and use of safety equipment.

5. There are written procedures, per DOS Policy, defining safe collection, transport, and handling of all specimens. The procedure includes prohibiting anyone in laboratory technical areas from eating, drinking, smoking, applying cosmetics, manipulating contact lenses, and mouth pipetting.

6. When relevant to their jobs, personnel have received training about precautionary measures, modes of transmission, and prevention of blood-borne pathogens.

When problems with practice are identified, or accidents occur, corrective actions are taken, documented, and reviewed.

Measurable Elements of UNAP.9

1. The laboratory has a defined SOP for reducing the risks of infection.

2. Infections acquired in the laboratory are reported.

3. The laboratory follows biosafety rules for relevant practices addressed in elements 1-6 in the Intent Statement.

4. When problems with practice are identified or accidents occur, corrective actions are taken, documented, and reviewed.

[4] Environmental Policy for UN Field Missions

Standard UNAP.10

All equipment and medical technology used for laboratory testing is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.

Intent of UNAP.10

Laboratory staff members work to ensure that all equipment and medical technology, including medical devices used for point-of-care testing, function at acceptable levels and in a manner, that is safe to the operator(s). The laboratory develops and implements a program to manage equipment and medical technology that provides for:

- selecting and acquiring laboratory equipment and medical technology as per COE manual;
- identifying and taking inventory of laboratory equipment and medical technology;
- assessing laboratory equipment and medical technology use through inspection, testing, calibration, and maintenance;
- monitoring and acting on laboratory equipment and medical technology hazard notices, reportable incidents, problems, and failures; and
- documenting the management program.

Testing, maintenance, and calibration frequency are related to the laboratory's use of its equipment and medical technology and its documented history of service. See UNFS.8 and UNFS.8.1.

Measurable Elements of UNAP.10

1. The laboratory develops, implements, and documents a program to manage laboratory equipment and medical technology as per COE[5] Manual.
2. There is a documented inventory of all laboratory equipment and medical technology.
3. Laboratory equipment and medical technology are inspected and tested when new and according to age, use, and manufacturers' recommendations thereafter and the inspections are documented.
4. Laboratory equipment and medical technology are calibrated and maintained according to manufacturers' recommendations, and the calibration and maintenance are documented.
5. The hospital has a system in place for monitoring and acting on laboratory equipment and medical technology hazard notices, recalls, reportable incidents, problems, and failures.

Radiology and Diagnostic Imaging Services

Standard UNAP.11

Radiology and diagnostic imaging services are available to meet patient needs, and all such services meet applicable radiation protection measures.

[5] Manual on Policies and Procedures Concerning the Reimbursement and Control of Contingent-Owned Equipment of Troop/Police Contributors Participating in Peacekeeping Missions (COE Manual)

Intent of UNAP.11

The hospital has a system for providing radiology and diagnostic imaging services required by its patient population, clinical services offered, and health care practitioner needs. Radiology and diagnostic imaging services meet all applicable local and national standards, laws, and regulations. The hospital, under the supervision of the Chief Medical Officer, contacts outside experts when needed, such as through telemedicine resources.

Measurable Elements of UNAP.11

1. Radiology and diagnostic imaging services meet COE Manual standards.
2. Adequate, regular, and convenient radiology and diagnostic imaging services are available to meet the needs related to the hospital's mission and patient population, the community's health care needs, and emergency needs on a 24/7 basis.
3. The hospital contacts experts in specialized diagnostic areas when needed.
4. Outside sources are selected based on recommendations of the Chief Medical Officer.

Standard UNAP.12

A qualified individual(s) is responsible for managing the radiology and diagnostic imaging services.

Intent of UNAP.12

Radiology and diagnostic imaging services, provided at any location in the hospital, are under the direction of an individual who is qualified by documented education, training, expertise, and experience, consistent with UN requirements as documented in the Medical Support Manual. This individual assumes professional responsibility for the radiology and diagnostic imaging department and the services provided. When this individual provides clinical consultation or medical opinion, he or she is a physician, preferably a radiologist. When needed, this physician has access to and consults with a radiologist through telemedicine channels, by telephone, or other means.

The radiology and diagnostic imaging leader's responsibilities include:

- implementing, and maintaining policies and procedures;
- administrative oversight;
- maintaining a quality control program;
- recommending outside experts, if needed; and
- monitoring and reviewing all radiology and diagnostic imaging services.

Measurable Elements of UNAP.12

1. Radiology and diagnostic imaging services are under the direction of one or more qualified individuals.
2. Responsibilities for implementing, and maintaining policies and procedures are defined and carried out.

3. Responsibilities for administrative oversight are defined and carried out.

4. Responsibilities for maintaining quality control programs are defined and carried out.

5. Responsibilities for recommending outside experts in radiology and diagnostic imaging services are defined and carried out.

6. Responsibilities for monitoring and reviewing all radiology and diagnostic imaging services are defined and carried out.

Standard UNAP.13

A radiation safety program is in place, followed, and documented, and compliance with the facility management and infection control programs is maintained.

Intent of UNAP.13

The hospital has an active radiation safety program. The radiation safety program reflects the risks and hazards encountered. The program addresses safety practices and prevention measures for radiology and diagnostic imaging staff, other staff, and patients.

The radiation safety management program includes:

- compliance with standards addressing facility management and infection control programs;
- availability of safety protective devices appropriate to the practices and hazards encountered;
- the orientation of all radiology and diagnostic imaging staff to safety procedures and practices; and
- in-service education for new procedures and newly acquired or recognized hazardous materials.

Measurable Elements of UNAP.13

1. A radiation safety program is in place that addresses potential safety risks and hazards encountered within or outside the department.

2. Identified radiation safety risks are addressed by specific processes or devices that reduce safety risks (such as lead aprons, radiation badges, and the like).

3. Radiology and diagnostic imaging staff are oriented to safety procedures and practices and receive ongoing education and training for new procedures, equipment, and medical technology.

Standard UNAP.14

All equipment and medical technology used to conduct radiology and diagnostic imaging studies is regularly inspected, maintained, and calibrated, and appropriate records are maintained for these activities.

Intent of UNAP.14

Radiology and diagnostic imaging staff work to ensure that all equipment and medical technology function at acceptable levels and in a manner that is safe to the operator(s). Testing, maintenance, and calibration frequency are related to the use of the equipment and medical technology and its documented history of service.

Radiology and diagnostic imaging develops and implements a program to manage equipment and medical technology that provides for

- identifying and inventorying equipment and medical technology;
- assessing equipment and medical technology use through inspection, testing, calibration, and maintenance;
- monitoring and acting on equipment and medical technology hazard notices, reportable incidents, problems, and failures; and
- documenting the required activities in the program.

Measurable Elements of UNAP.14

1. Individual responsible for Radiology and diagnostic imaging develops, implements, and documents a program to manage equipment and medical technology.
2. Radiology equipment and medical technology are inspected and tested when new and according to age, use, and manufacturers' recommendations.
3. Radiology equipment and medical technology are calibrated and maintained per manufacturers' recommendations.
4. The hospital has a system in place for monitoring and acting on radiology equipment and medical technology hazard notices, recalls, reportable incidents, problems, and failures.

Chapter 4 - Care of Patients (UNCP)

Standard UNCP.1

There is a process to integrate and to coordinate the care provided to each patient.

Intent of UNCP.1

The patient care process is dynamic, may involve many health care practitioners and can involve multiple care settings and services. The patient's record facilitates and reflects the integration and coordination of care. Each practitioner records observations and treatments in the patient's record.

Measurable Elements of UNCP.1

1. Care planning and delivery is integrated and coordinated among settings, and services.
2. The results or conclusions of any patient care team meetings or other collaborative discussions are documented in the patient's record.

Standard UNCP.2

An individualized plan of care is developed and documented for each patient.

Intent of UNCP.2

The plan of care outlines any treatment to be provided to an individual patient. The plan of care identifies a set of actions that the healthcare team will implement to resolve or support the diagnosis identified by assessment. The overall goal of a plan of care is to achieve optimal clinical outcomes.

The planning process is collaborative and uses the data from the initial assessment and from periodic reassessments performed by physicians, nurses, and other health care professionals to identify and to prioritize the treatments, procedures, nursing care, and other care to meet the patient's needs. The plan of care is developed no more than 6 hours after admission and sooner if the clinical status of the patient so requires. Based on the reassessment of the patient, the plan of care is updated as appropriate to reflect the evolving condition of the patient. The plan of care is documented in the patient's record.

One method of developing care plans is to identify and establish measurable goals. Measurable goals can be selected by the responsible physician in collaboration with the nurse and other health care practitioners.

Measurable goals are observable, achievable targets related to patient care and expected clinical outcomes. They must be realistic, specific to the patient, and time-based to provide a means for measuring progress and outcomes related to the plan of care. Examples of measurable, realistic goals include the following:

- The patient will resume and maintain an adequate cardiac output as indicated by a heart rate, rhythm, and blood pressure that are within normal limits.
- The patient will demonstrate proper self-administration of insulin injections prior to hospital discharge.
- The patient will be able to walk from his bed to nurses' station with a standard walker, bearing weight as tolerated on the affected leg.

Measurable Elements of UNCP.2

1. The care for each patient is planned by the responsible physician, nurse, and other health care practitioners no more than 6 hours after admission and sooner if the clinical status of the patient so requires.

2. The plan of care is updated or revised and reviewed by the multidisciplinary team based on the reassessment of the patient by the patient's health care providers.

3. The initial plan of care and any revisions to the plan of care are documented in the patient's record.

4. The plan of care for each patient is reviewed by the multidisciplinary team if needed, revised based on changes in the patient's condition and documented in the patient's record.

Standard UNCP.3

The hospital implements a uniform process for prescribing patient orders.

Intent of UNCP.3

Many patient care activities require a qualified individual to prescribe an order for that activity that must be documented in the patient record. Such activities may include, for example, orders for laboratory testing, administration of medications, specific nursing care, nutrition therapy, rehabilitative therapy, and the like. Patient care activities requiring orders are ordered by individuals qualified to do so. Such orders must be easily accessible if they are to be acted on in a timely manner. Locating orders on a common sheet or in a uniform location in patient records facilitates the carrying out of orders. Documented orders help staff understand the specifics of an order, when the order is to be carried out, and who is to carry out the order. Orders can be written on an order sheet that is transferred to the patient's record periodically or at discharge, or a computerized order entry system may be used in hospitals that are using electronic patient records.

All hospitals must ensure that:

- All orders should be in written format. In case of a necessary verbal order, the order must be documented by the person receiving the order and countersigned as soon as possible by the person giving the order. See also UN-IPSG.2;

- Without exemptions written orders are always required for blood and blood products, fluids and medications;

- Diagnostic imaging and clinical laboratory test orders must provide a clinical indication/rationale;

- Only those who are permitted to prescribe do; and

- Orders are to be documented in the patient record.

Measurable Elements of UNCP.3

1. The hospital implements a uniform process for prescribing patient orders.

2. Diagnostic imaging and clinical laboratory test orders include a clinical indication/rationale when required for interpretation.

3. Orders are prescribed only by those qualified to do so.

4. Orders are found in a uniform location in patient records.

Standard UNCP.4

Clinical and diagnostic procedures and treatments performed, and the results or outcomes, are documented in the patient's record.

Intent of UNCP.4

Examples of such procedures and treatments include all invasive and non-invasive diagnostic procedures and treatments. Information about who requested the procedure or treatment and the reason for the procedure or treatment are included in the documentation.

Measurable Elements of UNCP.4

1. Procedures and treatments performed are documented in the patient's record.

2. The person requesting, and the reason for requesting the procedure or treatment are documented in the patient's record.

3. The results of procedures and treatments performed are documented in the patient's record.

Standard UNCP.5

The care of high-risk patients and the provision of high-risk services are guided by professional practice guidelines, clinical pathways, and policies.

Intent of UNCP.5

The frightened, confused, comatose, or emergency patient is unable to understand the care process when care needs to be provided efficiently and rapidly.

Care for these high-risk patients is supported by the use of tools such as, guidelines, procedures, care plans, clinical pathways, and the like. Examples can be found in the *UN Guidelines for Clinical Pathways*. Hospital leadership is also responsible for:

• identifying the patients and services considered high risk in the hospital;
• using a collaborative process to develop written tools for guiding the uniform care; and training staff in implementing these tools.

Written tools for care must be tailored to the hospital's at-risk patient population or high-risk service, to be appropriate and effective in reducing the related risk. Clinical pathways are utilized for at least the following: a) malaria, b) sepsis, c) chest pain, d) head injury, e) DVT and f) Trauma.

When serving any high-risk patients, or providing any of the high-risk services identified above, the hospital establishes and implements guidelines and procedures for the services.
Hospital leadership also identifies additional risk as the result of any procedures or plan of care (for example, pressure injury, ventilator-associated infections in patients on life support; central line

infections; and falls). Such risks, when present, need to be addressed and prevented by educating staff and developing appropriate policies, guidelines, and procedures.

Measurable Elements of UNCP.5

1. Hospital leadership has identified the high-risk patients and services.
2. Clinical pathways are utilized for at least a) thru f) in the Intent Statement.
3. Staff members have been trained and utilize the written tools for care of these high-risk patients and services.
4. Hospital leadership identifies additional risks that may affect high-risk patients and services and implements measures to reduce and/or prevent additional risks.
5. The development of hospital-acquired risks is tracked and included in the hospital's quality improvement program.

Standard UNCP.6

Clinical staff are trained to recognize and respond to changes in a patient's condition.

Intent of UNCP.6

Serious adverse events such as unexpected death and cardiac arrest are often preceded by observable physiological abnormalities. Early identification of deterioration may improve outcomes and lessen the intervention required to stabilize patients whose condition deteriorates in the hospital. [6] There is evidence that the warning signs of clinical deterioration are not always identified or acted on appropriately. Reasons may include:

- Not monitoring physiological observations consistently or not understanding observed changes in physiological observation;
- Lack of knowledge of signs and symptoms that could signal deterioration;
- Lack of formal systems for responding to deterioration; and
- Failure to communicate clinical concerns, including in handover situations.

Measurable Elements of UNCP.6

1. The hospital implements an observation and response process for recording physiological observations that incorporates triggers to escalate care when deterioration occurs.
2. The hospital utilizes the UN designated observation and response tool to track patients whose condition may be deteriorating.
3. Action is taken when physiologic triggers are met.

[6] https://www.safetyandquality.gov.au/our-work/recognising-and-responding-to-clinical-deterioration/observation-and-response-charts/

4. Data are collected about the recognition and response system and are used to improve the process.

Resuscitation Services

Standard UNCP.7

Resuscitation services are available throughout the hospital.

Intent of UNCP.7

Resuscitation services can be defined as clinical interventions for the emergency care of patients experiencing a critical, life-threatening event, such as cardiac or respiratory arrest. When a cardiac or respiratory arrest occurs, the immediate initiation of chest compressions or respiratory support may mean the difference between life and death or, at the very least, may help avoid potentially serious brain damage.

Successful resuscitation of patients in cardiopulmonary arrest is dependent on critical interventions, such as early defibrillation and accurate implementation of advanced life support. These services must be available to all patients, regardless of day and time of day.

Measurable Elements of UNCP.7

1. Resuscitation services are available and provided to all patients 24 hours a day, every day, throughout all areas of the hospital.

2. Medical equipment for resuscitation and medications for basic and advanced life support are standardized and available for use based on the needs of the population served.

3. In all areas of the hospital, basic life support is implemented immediately upon recognition of cardiac or respiratory arrest, and advanced life support is implemented in fewer than 5 minutes.

Standard UNCP.8

Clinical guidelines and procedures established by the UN[7] are implemented for the handling, use, and distribution of blood and blood products.

Intent of UNCP.8

Blood must be administered in accordance with accepted standards of practice and in a consistent manner in order to ensure the safety of the recipient. Therefore, clinical guidelines and procedures describe the process for:

a. procurement of blood from the blood storage area;

b. patient identification;

c. blood administration;

d. monitoring of the patient; and

[7] Medical Support Manual for United Nations Field Missions, 3rd Edition, Chapter 12, E, Pages 190-195

e. identification and response to signs of potential transfusion reactions.

An individual with the education, knowledge, and expertise to oversee the blood and blood products administration ensures that processes, procedures, and clinical guidelines for transfusions are implemented.

Measurable Elements of UNCP.8

1. An individual with education, knowledge, and expertise oversees the administration of blood and blood products.
2. Clinical guidelines and procedures as established by the UN are implemented for the handling, use, and administration of blood and blood products.
3. Clinical guidelines and procedures address the processes for a) through e) in the intent.

Food and Nutrition Therapy

Standard UNCP.9

Food, appropriate for the patient's nutritional status and consistent with his or her clinical condition is available.

Intent of UNCP.9

Nutrition is important to the patient's overall healing process. Patients will have differing needs depending on their physiological status, religious beliefs, treatment plan, and known allergens.

Measurable Elements of UNCP.9

1. Food appropriate for the patient's condition and religion is available.
2. Prior to patients being fed, all inpatients have orders for food in their record.
3. Prior to patients being fed, the patient is identified as having any (or no) known food allergies.

Standard UNCP.10

Patients are supported in managing pain effectively.

Intent of UNCP.10

Pain can be a common part of the patient experience, especially in crisis and/or emergency situations. It may also be an expected part of certain treatments, procedures or examinations. Whatever the origin of pain, unrelieved pain has adverse physical and psychological effects. Patients in pain have the right to appropriate assessment and management of pain.

Measurable Elements of UNCP.10

1. Based on the scope of services provided, the hospital has processes to manage patients in pain.

2. When pain is an expected result of planned treatments, procedures, or examinations, patients are informed about the likelihood of pain and options for pain management and these are documented in the patient's medical record.

3. Patients are reassessed following any treatment or procedure and pain is managed on an ongoing basis.

Chapter 5 - Anesthesia and Surgical Care (UNAS)

Anesthesia and procedural sedation are commonly viewed as a continuum from minimal sedation to full anesthesia.

Anesthesia

Standard UNAS.1

Sedation and anesthesia services are available to meet patient needs and are under the supervision of the facility's specialty anesthetist.

Intent of UNAS.1

The selection of the appropriate (lowest risk) anesthesia is based on the patient's medical history physical examination, medications used by the patient and other health issues or co-morbidities.

Measurable Elements of UNAS.1

1. Sedation and anesthesia services are available to meet patient needs.
2. Sedation and anesthesia services are available for emergencies at all hours of hospital operation.

Sedation Care

Standard UNAS.2

The administration of procedural sedation is standardized.

Intent of UNAS.2

Procedural sedation is defined as "...a technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function." Procedural sedation may be performed in many areas of the hospital outside of the operating theatre. The qualifications of staff participating in the procedure, the medical equipment, the supplies, and the monitoring must be the same wherever procedural sedation is provided in the hospital. During procedural sedation, an individual trained in advanced life support and emergency medical equipment and supplies appropriate for the age and history of the patient and the type of procedure being performed is immediately available and is under the supervision of the facility specialty anesthetist.

Measurable Elements of UNAS.2

1. At the least during procedural sedation, patients must be on oxygen and a pulse oximeter.
2. Emergency medical equipment and supplies are immediately available and customized to the type of sedation being performed and the age and clinical condition of the patient.
3. An individual with advanced life-support training appropriate for the age and history of the patient is immediately available when procedural sedation is being performed.

Standard UNAS.3

There is a pre-sedation assessment of the patient performed by a qualified professional, under the supervision of the facility specialist anesthetist.

Intent of UNAS.3

To reduce any complications of procedural sedation for the patient, a pre-sedation assessment serves the purpose of evaluating risk and appropriateness based on the patient's current health status. Close monitoring occurs following sedation and criteria are used during the recovery process and for discharge from the recovery area to another level of care.

Measurable Elements of UNAS.3

1. There is a pre-sedation assessment performed and documented to evaluate risk and appropriateness of procedural sedation for the patient.
2. A qualified individual monitors the patient during the period of sedation and documents at least: pulse, respiration rate, oxygen saturation, blood pressure, and level of consciousness.
3. Established criteria are used and documented for the recovery and discharge from procedural sedation.

Standard UNAS.4

The risks, benefits, and alternatives related to procedural sedation are discussed with the patient.

Intent of UNAS.4

The procedural sedation planning process includes educating the patient or decision maker on the risks, benefits, and alternatives related to procedural sedation. This discussion occurs as part of the process to obtain consent for procedural sedation.

Measurable Elements of UNAS.4

1. The patient, and/or decision maker is educated on the risks, benefits, and alternatives of procedural sedation.
2. The patient, and/or decision maker is educated about post-procedure analgesia.

Anesthesia Care

Standard UNAS.5

A qualified individual, under the supervision of the facility specialist anesthetist, conducts a pre-anesthesia assessment and pre-induction assessment.

Intent of UNAS.5

Because anesthesia carries a high level of risk, administration is carefully planned. The patient's pre-anesthesia assessment is the basis for that plan, for identifying what findings from monitoring during anesthesia and recovery may be significant, and for the use of postoperative analgesia. The pre-anesthesia assessment provides information needed to:

- identify any airway problems;
- select the anesthesia and to plan anesthesia care;
- safely administer an anesthetic based on patient assessment, identified risks, and type of procedure; interpret findings from patient monitoring during anesthesia and recovery; and
- provide information for the use of analgesia following surgery.

An anesthetist or another qualified individual under the supervision of the facility specialist anesthetist conducts the pre-anesthesia assessment. The pre-anesthesia assessment may be carried out some time prior to admission or prior to the surgical procedure or shortly before the surgical procedure, as in emergency patients.

The pre-induction assessment is separate from the pre-anesthesia assessment, as it focuses on the physiological stability and readiness of the patient for anesthesia and occurs immediately prior to the induction of anesthesia. When anesthesia must be in an emergency, the pre-anesthesia assessment and pre-induction assessment may be performed immediately following one another, or simultaneously, but are documented independently.

Measurable Elements of UNAS.5

1. A pre-anesthesia assessment is performed for each patient.
2. A separate pre-induction assessment is performed to reevaluate patients immediately before the induction of anesthesia. See WHO Anesthesia Safety Checklist.[8]

Standard UNAS.6

Each patient's anesthesia care is planned and documented, and the anesthesia and technique used are documented in the patient's record.

Intent of UNAS.6

Anesthesia care is carefully planned so the patient will have the fewest possible anesthesia related effects or complications, and the plan is documented in the anesthesia record. The plan identifies the anesthesia to be used, the method of administration, other medications and fluids, monitoring procedures, and anticipated post-anesthesia care.

Measurable Elements of UNAS.6

1. The anesthesia care of each patient is planned and documented in the patient's medical record.
2. The anesthesia agent, dose (when applicable), and anesthetic technique are documented in the patient's anesthesia record.

[8]UN Guidelines for Clinical Pathways and http://www.who.int/surgery/publications/s15980e.pdf

Standard UNAS.7

The risks, benefits and alternatives related to anesthesia and post-operative pain control are discussed with the patient and/or those who make decisions for the patient.

Intent of UNAS.7

The anesthesia planning process includes educating the patient or decision maker on the risks, benefits, and alternatives related to the planned anesthesia and postoperative analgesia. This discussion occurs as part of the process to obtain consent for anesthesia. A specialty anesthetist or a qualified individual provides this education.

Measurable Elements of UNAS.7

1. The patient and/or decision makers are educated by a specialty anesthetist or other qualified individual on the risks, benefits, and alternatives of anesthesia and this is documented.

2. The patient and/or decision makers are educated, prior to the procedure being performed, about the options available for postoperative pain management and this is documented.

Standard UNAS.8

Each patient's physiological status during anesthesia and surgery is monitored according to WHO professional practice guidelines and documented in the patient's record.

Intent of UNAS.8

Physiological monitoring provides reliable information about the patient's status during anesthesia (general, spinal, regional, and local) and the recovery period. Results of monitoring trigger key intraoperative decisions as well as postoperative decisions, such as return to surgery, transfer to another level of care, or discharge. Monitoring information guides medical and nursing care and identifies the need for diagnostic and other services. Monitoring findings are entered into the patient's medical record.

Monitoring methods depend on the patient's pre-anesthesia status, the anesthesia choice, and the complexity of the surgical or other procedure performed during anesthesia. In all cases, however, the overall monitoring during anesthesia and surgery is consistent with professional practice, and the results of monitoring are documented in the patient's record.

Measurable Elements of UNAS.8

1. The frequency and type of monitoring during anesthesia and surgery are based on the patient's pre-anesthesia status, the anesthesia used, and the surgical procedure performed.

2. Monitoring of the patient's physiological status includes at least: pulse, respiration rate, oxygen saturation, blood pressure, and level of consciousness.

3. The results of monitoring are documented in the patient's medical record on a dedicated UN designated record sheet.

Standard UNAS.9

Each patient's post anesthesia status is monitored and documented, and the patient is discharged from the recovery area by a qualified individual.

Intent of UNAS.9

Monitoring during the anesthesia period is the basis for monitoring during the post-anesthesia recovery period. The ongoing, systematic collection and analysis of data on the patient's status while in recovery support decisions about moving the patient to other settings and less-intensive services. Recording of monitoring data provides the documentation to support discontinuing recovery monitoring and discharge decisions. When the patient is transferred directly from the operating theatre to a receiving unit, monitoring and documentation are the same as would be required in the recovery room.

The time of arrival at and discharge from the recovery area (or the time recovery begins and the time of discontinuation of recovery monitoring) are documented in the patient's medical record.

Measurable Elements of UNAS.9

1. Patients are monitored during the post-anesthesia recovery period.
2. Monitoring findings are documented in the patient's medical record.
3. Time recovery is started, and time recovery phase is complete are recorded in the patient's medical record.

Surgical Care

Standard UNAS.10

Each person's surgical care is planned and documented based on the results of the preoperative assessments, and pre-operative diagnosis is recorded.

Intent of UNAS.10

The surgical care planned for the patient is documented in the patient's medical record, including a preoperative diagnosis. The name of the surgical procedure alone does not constitute a diagnosis.

Measurable Elements of UNAS.10

1. The assessment information used to develop and to support the planned invasive procedure is documented in the patient's medical record before the procedure is performed.
2. A preoperative diagnosis is documented in the patient's medical record prior to the procedure.

Standard UNAS.11

The risks, benefits, and alternatives to surgery are discussed with the patient and/or those who make decisions for the patient.

Intent of UNAS.11

Patients and/or decision makers receive adequate information to participate in care decisions and to provide the informed consent required. The information includes:

- the risks of the planned procedure;
- the benefits of the planned procedure;
- the potential complications; and
- the surgical and nonsurgical options (alternatives) available to treat the patient.

In addition, when blood or blood products may be needed, information on the risks and alternatives is discussed. The patient's surgeon or other qualified individual provides this information.

Measurable Elements of UNAS.11

1. There is a defined process for patients to grant informed consent and the hospital uses the UN designated patient consent form(s).
2. Informed consent by the surgeon/procedural physician is obtained prior to surgery or procedures.
3. Informed consent is obtained prior to anesthesia, use of blood and blood products and other high risk treatment and procedures.
4. Data are collected on surgical complications and incidents and the data are used to improve surgery safety. Data is forwarded to the UN Medical Director through the CMO.

Standard UNAS.12

Information about the surgical procedure is documented in the patient's medical record to facilitate continuing care. (See UN-IPSG.3)

Intent of UNAS.12

All actions and results essential to the patient's condition are entered in the patient's record.

The documented information about the surgery includes at least:

a) postoperative diagnoses;

b) name of operative surgeon and assistants;

c) procedures performed and descriptions of each procedure findings;

d) perioperative complications and/or adverse events;

e) amount of blood loss and amount of transfused blood, and

f) date, time and signature of responsible physician.

Some information may be contained in other notations in the record. For example, amount of blood loss and transfused blood may be recorded in the anesthesia record.

Measurable Elements of UNAS.12

1. Surgical reports, templates, or operative progress notes include at least a) through f) in the Intent Statement.

2. The surgical report, template, or operative progress note is available immediately after surgery before the patient is transferred to the next level of care.

3. Inter-operative complications and adverse events are documented.

4. Inter-operative complications and adverse events are reviewed by the Chief Medical Officer, reported to the Medical Director UN and data are used to improve performance.

Standard UNAS.13

Patient care after surgery is planned and documented.

Intent of UNAS.13

Post-surgical care planning can begin before surgery based on the patient's assessed needs and condition and the type of surgery being performed. The post-surgical plan of care also includes the patient's immediate postoperative needs.

Measurable Elements of UNAS.13

1. The post-surgical care plan meets the patient's immediate post-surgical needs.

2. The continuing post-surgical plan(s) is documented in the patient's medical record.

Chapter 6 - Medication Management (UNMM)

Standard UNMM.1

Medication use is safely managed. [9]

Intent of UNMM.1

A written document identifies how medication use is structured and managed throughout the hospital. Medication use is overseen by a qualified individual.

Measurable Elements of UNMM.1

1. All settings, services, and individuals who manage medication processes are included in the medication management structure.

2. Medication use is overseen by a qualified individual.

Storage of Medications

Standard UNMM.2

Medications are, as carefully as possible under field mission conditions, properly and safely stored.

Intent of UNMM.2

Medication use is a complex system of processes that has many risk points. There must be a qualified individual familiar with and responsible for all parts of the medication use system. Considering that field conditions may create challenges in storing medications, the hospital uses standardized procedures to ensure medication storage is secure, the system minimizes errors in look-alike, sound-alike drugs, and the hospital strictly maintains the cold chain for medications that need temperature protection.

Measurable Elements of UNMM.2

1. Medications are stored under conditions suitable for product stability, including medications stored on individual patient care units. All medication storage areas, including those on patient care units, are periodically inspected to ensure that medications are stored properly.

2. Controlled substances are accurately accounted for using a process that includes verification by at least two staff members.

3. The hospital follows the UN requirements on Maintenance of Cold Chain for Medication and provides documentation to demonstrate compliance with the policy.[10]

Standard UNMM.3

Medications are prepared and dispensed in a safe and clean environment.

[9] Standard Operating Procedure (Medical), Managing Drugs in Peacekeeping Missions, June 2011
[10] Medical Support Manual for United Nations Field Missions, 3rd Edition, Chapter 12, Annex A, Pages 196-197

Intent of UNMM.3

Pharmacists and others with proper training and experience prepare and dispense medications in a clean and safe environment and according to professional standards of practice. This may include how medication preparation areas are to be cleaned and when a mask should be worn.

Measurable Elements of UNMM.3

1. Medications are prepared and dispensed in a safe and clean environment.
2. All staff who prepare and dispense medications have been properly trained.

Standard UNMM.4

A system is used to safely dispense the right drug, in the right dose to the right patient at the right time and via the right route.

Intent of Standard 4

The hospital dispenses medications in the most ready-to-administer form possible to minimize opportunities for error during distribution and administration. The issue of the most ready to administer form becomes crucial during emergency situations in which immediate administration of the medication is life-saving.

Measurable Elements of UNMM.4

1. There is a uniform medication dispensing and distribution system in the hospital.
2. Medications are dispensed in the most ready-to-administer form available.
3. After preparation, medications not immediately administered are labeled with the name of the medication, the dosage/concentration, the date prepared, the expiration date, and two patient identifiers.

Standard UNMM.5

Medication effects on patients are monitored.

Intent of UNMM.5

Based on monitoring, the dosage or type of medication can be adjusted when needed. Monitoring medication effects includes observing and documenting any adverse effects. The hospital has a policy that identifies all adverse effects that are to be recorded and those that must be reported. The hospital establishes a mechanism for reporting adverse events when required and the time frame for reporting.

Measurable Elements of UNMM.5

1. Medication effects on patients are monitored.
2. Medication adverse effects on patients are monitored and documented.

Chapter 7 - Patient and Family Education (UNPE)

Standard UNPE.1

Patients and, when appropriate, their families receive education they can understand to support their participation in their care (for example, granting consent) during their hospitalization and after discharge. (See UNCC.5, UNCC.8, UNAS.7)

Intent of UNPE.1

Patients are at-risk for readmission, poor outcomes, and complication if they and their families, as appropriate, are not educated about medications and other aftercare activities at discharge. Education should include reasons to return for emergency or routine follow-up care.

Measurable Elements of UNPE

1. The hospital has an SOP that includes guidance for staff on the importance of patient education, the types of education that are given to all patients, and the degree to which patients understand the education.
2. Patient education is consistently provided at discharge regarding medication and follow-up care.
3. The education includes instruction on how to correctly use prescribed medications and when to return for continuing or follow-up care.
4. Instruction on the correct use of medication(s) is available in flyers and/or other printed materials in a language that the patient can understand.

Section III - Administration-Focused Standards

Chapter 8 - Quality and Patient Safety (UNQS)

Hospitals must gain experience in setting improvement priorities, collecting data, displaying data for better analysis, and finally, planning and implementing improvement strategies. When leaders are committed to quality improvement and value the data that form the basis of evidence-based learning, the hospital's culture is focused on quality and safety. This helps create a non-punitive environment and encourages a reporting system for adverse events. It embraces teamwork on all levels and includes patients as important members of their treatment teams. Most hospitals know what needs to be accomplished to support quality care and patient safety but are inconsistent in how they perform. Reducing variation in how patients are cared for and reducing differences in care from one day of the week to another and from one patient care unit to another, are a major challenge for hospitals.

Standard UNQS.1

The hospital follows the UN adverse event reporting process.

Intent of UNQS.1

The frequency, magnitude and impact of adverse events can only be known if data are collected and analyzed. A difficult challenge is to develop a reporting process that is free of punitive overtones and/or actions. Without this, staff will be fearful, adverse events will be under-reported, and any resulting data and data analysis will be flawed. The adverse event reporting process should be clearly defined, and staff should be well-educated on the process of reporting. Adverse event reports must be completed on at least the following:

a) Patient care management-related adverse preventable events

b) Surgery or other invasive procedure performed on the wrong site or wrong patient

c) Wrong surgical or other invasive procedure performed on a patient

d) Unexpected intraoperative or immediate post-operative death

e) Unintended retained instrument/foreign object after surgery/procedure

f) Adverse events associated with surgical/procedural sedation regardless of administration site

g) Patient suicide, attempted suicide, or self-harm that is preventable and results in death or injury

h) Patient fall that is preventable and results in death or injury

i) Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology results

j) All medication errors

k) All serious adverse drug events

l) All confirmed transfusion reactions or blood product associated adverse events, (if applicable to the hospital setting)

m) Maternal death or serious morbidity in a low risk pregnancy associated with labour and delivery

n) Other adverse events; for example, health care associated infections, infectious disease outbreaks, documentation deficiencies, etc.

o) Needle sticks, communicable diseases and other staff injuries

p) Near misses

Measurable Elements of UNQS.1

1. Leaders are committed to the adverse event reporting process.
2. The hospital uses the UN Adverse Event Reporting System.
3. The events to be reported include a) through p) in the Intent Statement,
4. The reporting process is implemented, and data are collected for events that meet the definition.
5. Data are reviewed weekly by the Chief Medical Officer and a summary is sent to the Medical Services Director or designee monthly.
6. Adverse events that result in injury to a patient are reported to the Medical Services Director immediately when they are identified.

Standard UNQS.2

Adverse events are analyzed.

Intent of UNQS.2

One of the most powerful risk-reduction activities is investigating the underlying cause (root cause) of a significant adverse event and making process changes to prevent the event from recurring. Certain events, such as the unanticipated death of a patient or surgery on the wrong patient or body part, trigger this action independently. Other event data can be aggregated to understand trends and patterns, such as patient falls and medication errors.

Measurable Elements of UNQS.2

1. An established process for adverse event analysis, root cause analysis, is implemented.
2. Analysis is used consistently to learn from adverse events and reported to the CMO.
3. The analysis results in process changes to reduce the risk of similar events.

Standard UNQS.3

Patient experience is monitored.

Intent of UNQS.3

Patient satisfaction with the care process, the care environment and the staff involved in their care is important information that will help identify quality and patient safety issues. This information is useful in identifying priorities for improvement and for understanding if improvements increase patient satisfaction.

Measurable Elements of UNQS.3

1. Collecting patient experience information by the use of a patient experience survey tool is used to monitor patient satisfaction.
2. Patient experience is routinely monitored, and the data analyzed and forwarded to the UN medical director on a quarterly basis.
3. Patient experience data are communicated to staff and are used to set priorities for improvement or for further evaluation.
4. This data is communicated to the CMO and the UN Medical Director.

Standard UNQS.4

There is a process to receive and evaluate staff feedback.

Intent of UNQS.4

Gathering staff feedback on care processes, the care environment, safety culture and other aspects of their daily work will help identify quality and patient safety issues. This information is useful in identifying priorities for improvement and for understanding if improvements already made are positive and effective.

Measurable Elements of UNQS.4

1. There is an organized process for collecting feedback from staff.
2. Staff feedback via the survey on safety culture is routinely monitored, and the data analyzed.
3. Trends in the results of staff feedback are used to set priorities for improvement or for further evaluation.
4. Aggregated feedback is periodically shared with staff.

Standard UNQS.5

Clinical guidelines and pathways are used to support consistency in care.

Intent of UNQS.5

Clinical guidelines and pathways are tools to adapt good science to practice and thereby reduce the variation among care providers and outcomes for patients. Clinical pathways and guideline that relate to the patient population and clinical services, should be adopted.

Measurable Elements of UNQS.5

1. Guidelines and pathways that have been identified by the UN should be used.[11]
2. Guidelines and pathways are used consistently for the identified patient populations.
3. Data on the use of clinical pathways and guidelines are evaluated to determine consistency in use and to inform the need for future adaptation.

Standard UNQS.6

Clinical outcomes for special conditions identified from time to time by the Medical Services Director are monitored and reported to the UN.

Intent of UNQS.6

There will be times when conditions in the field warrant focused attention, such as during an outbreak of an infectious disease, increased incidence of chronic disease, new epidemics, or increased incidences of non-communicable diseases with unknown etiology. The Medical Services Director will determine when such a condition warrants additional data collection and outcome reporting and will issue a directive and supply a required form for documentation. A special condition may be identified in many ways, such as by the hospital CMO, WHO, community leaders, and so on.

Measurable Elements of UNQS.6

1. The Chief Medical Officer notifies the Medical Services Director if a potentially high-risk clinical condition is identified in the hospital.
2. The hospital complies with the requirement for clinical outcome measurement and reporting for special conditions when notified by the Division of Healthcare Management and Occupational Safety and Health (DHMOSH).
3. The hospital uses the form provided by the DHMOSH to document clinical outcomes and provides documentation within the timeframe specified.

Standard UNQS.7

Leaders are committed to building a safety culture within the hospital.

Intent of UNQS.7

An organization improves safety and quality when leaders are committed to and visibly demonstrate that they are committed to a safety culture within the hospital. A safety culture is built on trust. Leaders not only encourage staff to work toward improvement, staff members are urged to take action when it is needed without fear of reprisal. Staff feel enabled and encouraged to openly share safety information, and this, in turn, drives improvement. When a hospital does not have a safety culture, staff members are often unwilling to report errors, near misses and unsafe conditions because they fear they will be blamed or punished. Without this information, the opportunity to improve safety is lost.

[11] UN Guidelines for Clinical Pathways

Leaders can consistently demonstrate their support of a safety culture by educating staff, providing written materials that define a safety culture, and most importantly, by providing a positive response to incident reporting. When they make changes or improvements based on incident reporting data, this further demonstrates the value of reporting and reinforces the process. (See UNGL.1)

Measurable Elements of UNQS.7

1. Leaders demonstrate that they are committed to a safety culture by visibly demonstrating they support a reporting culture, a process of continuous improvement & learning, and a fair and just environment.
2. Staff is actively encouraged to engage in incident reporting.
3. The aggregated results of incident reporting are shared with staff.
4. Improvements are implemented based on data gathered through the incident reporting system.

Chapter 9 - Prevention and Control of Infections (UNPI)

Standard UNPI.1

One or more individuals oversee all infection prevention and control activities. This individual(s) should be qualified in infection prevention and control practices through education, training, experience, certification or licensure.

Intent of UNPI.1

The goal of a hospital's infection prevention and control program is to identify and to reduce the risks of acquiring and transmitting infections among patients, staff, and health care professionals.

Oversight of the infection prevention and control program corresponds to the hospital's size, complexity of activities and level of risks, as well as the program's scope. One or more individuals, acting on a full-time or part-time basis, provide that oversight as part of their assigned responsibilities or job descriptions. (See UNPI.6, ME.4)

Measurable Elements of UNPI.1

1. One or more individuals oversee the infection prevention and control program.
2. The individual(s) is qualified for the hospital's size, complexity of activities, and level of risks, as well as the program's scope.
3. The individual(s) fulfills program oversight responsibilities as assigned.
4. The program incorporates a range of strategies that includes systematic and proactive surveillance activities to determine usual (endemic) rates of infection.
5. The program includes systems to investigate outbreaks of infectious diseases.
6. Risk-reduction goals and measurable objectives are established and reviewed.

Standard UNPI.2

All patient and staff areas of the hospital are included in the infection prevention and control program.

Intent of UNPI.2

Infections can enter the hospital via patients, staff, volunteers, visitors, and other individuals, such as trade representatives. Thus, all areas of the hospital where these individuals are found must be included in the program of infection surveillance, prevention, and control.

Measurable Elements of UNPI.2

1. All patient care areas of the hospital are included in the infection prevention and control program.
2. All staff areas of the hospital are included in the infection prevention and control program.
3. All visitor areas of the hospital are included in the infection prevention and control program

Standard UNPI.3

The hospital undertakes specific activities to establish the focus of the health care-associated infection prevention and reduction program.

Standard UNPI.4

The hospital tracks infection risks, infection rates, and trends in health care-associated infections to reduce the risks of those infections.

Intent of UNPI.3 and UNPI.4

Each hospital must identify those epidemiologically important infections, infection sites, and associated devices, procedures, and practices that will provide the focus of efforts to prevent and to reduce the risk and incidence of health care-associated infections.

Hospitals collect and evaluate data on at least the following relevant infections and sites:

a) Respiratory tract—such as the procedures and medical technology associated with intubation, tracheostomy, and so on;

b) Urinary tract—such as the invasive procedures and medical technology associated with indwelling urinary catheters, urinary drainage systems, their care, and so on;

c) Intravascular invasive devices—such as the insertion and care of central venous catheters, peripheral venous lines, and so on;

d) Surgical sites—such as their care and type of dressing and associated aseptic procedures;

e) Epidemiologically significant diseases and organisms, multi-drug resistant organisms, highly virulent infections, zoonotic disease, etc.

f) Emerging or reemerging infections within the community.

In addition, applying the scientific knowledge related to the control of infections through such strategies as the use of clinical practice guidelines, antibiotic stewardship programs, programs to reduce community- and hospital-associated infections, and initiatives to decrease the use of unnecessary invasive devices can significantly reduce the rates of infection.

The infection prevention and control process is designed to lower the risk of infection for patients, staff, and others. To reach this goal, the hospital must proactively identify and track risks, rates, and trends in health care-associated infections. The hospital uses measurement information to improve infection prevention and control activities and to reduce health care-associated infection rates to the lowest possible levels.

Measurable Elements of UNPI.3

1. The hospital has established the focus of the program through the collection of data related to a) through f) in the Intent Statement.

2. The data collected in a) through f) are analyzed to identify priorities for reducing rates of infection.

3. This data is shared through the CMO to the UN Medical Director.

4. Infection control strategies are implemented to reduce the rates of infection for the identified priorities.

Measurable Elements of UNPI.4

1. Health care-associated infection risks, rates, and trends are tracked.

2. Processes are redesigned based on risk, rate, and trend data and information.

3. The hospital assesses the infection control risks at the time of each staff rotation.

Standard UNPI.5

The hospital reduces the risk of infections by ensuring adequate medical technology cleaning and sterilization, and the proper management of laundry and linen.

Intent of UNPI.5

Infection risk is minimized with proper cleaning, disinfection, and sterilization processes, such as the cleaning and disinfection of endoscopes and the sterilization of surgical supplies and other invasive or noninvasive medical technology for patient care. Cleaning, disinfection, and sterilization can take place in a centralized sterilization area. Cleaning, disinfection, and sterilization methods should maintain the same standards wherever they are performed in the hospital. Also, the proper management of laundry and linen can result in reduced contamination of clean linen and reduced infection risk to staff from soiled laundry and linen.

Measurable Elements of UNPI.5

1. Methods for medical technology cleaning, disinfection, and sterilization address the principles of infection prevention and control.

2. Methods for medical technology cleaning, disinfection, and sterilization are coordinated and uniformly applied throughout the hospital.

3. The principles of infection prevention and control are applied to laundry and linen management, including transportation, cleaning, and storage.

Standard UNPI.6

The hospital reduces the risk of infection through proper disposal of biomedical waste.[1213]

Intent of UNPI.6

Hospitals produce considerable amounts of waste each day. That waste is or could be infectious. Thus, the proper disposal of waste contributes to the reduction of infection risk in the hospital. This is true for the disposal of body fluids and materials contaminated with body fluids, body parts, and the disposal of blood and blood components. Because all staff may not be aware of which waste is or

[12] Medical Support Manual for United Nations Field Missions, Chapter 9, J, K, L, Pages 99-100
[13] Environmental Policy for UN Field Missions1 June 2009, DPKO/DFS 2009.6

could be infectious, all biomedical waste must be disposed of in a uniform and safe way that protects the health care worker and the community.

Measurable Elements of UNPI.6

1. Disposal of infectious waste and body fluids is managed as per UN SOP on waste management to minimize infection transmission risk. The hospital follows The Environmental Policy for Field Missions regarding medical waste management[14].

2. The handling and disposal of blood and blood products are managed as per UN policy laid out in the MSM[15] to minimize infection transmission risk.

3. Staff has guidance on proper disposal of infectious medical waste via incineration.

4. There is a uniform disposal process that includes all types of infection waste collection and proper disposal.

5. The infectious medical waste disposal process is part of the hospital's infection prevention and control process and is regularly evaluated and improved when indicated.

Standard UNPI.7

The hospital implements practices for safe handling and disposal of sharps and needles.

Intent of UNPI.7

One of the dangers of needle stick injuries is the possible transmission of blood-borne diseases. Incorrect handling and improper disposal of sharps and needles present a major staff safety challenge. Work practices influence the risk of injury and potential exposure to disease. Identifying and implementing evidence-based practices to reduce the risk of injury from sharps ensures that exposure to such injuries is minimal. Hospitals need to provide staff with education related to safe handling and management of sharps and needles.

Proper disposal of needles and sharps also reduces the risk of injury and exposure. Proper disposal includes the use of containers that are closable, puncture-proof, and leak proof on the sides and the bottom. Containers should be easily accessible to staff and should not be overfilled.

Disposal of discarded needles, scalpels, and other sharps, when not done properly, can pose a health risk to the general public and to those who work in waste management. Disposing of sharps containers in the ocean or other waterways, for example, can pose risks to the public if the containers break open. Hospitals must dispose of sharps and needles safely to ensure the proper disposal of medical waste containers and do so in accordance with UN policy and SOP.

The hospital follows the UN policy that adequately addresses all steps in the process, including identifying the proper type and use of containers, the disposal of the containers, and the surveillance of the process of disposal.

[14] The Environment Policy for Field Missions, 1 June 2009, DPKO/DFS 2009.6
[15] Medical Support Manual for United Nations Field Missions, 3rd Edition, Chapter 9, Pages 99-100, J, K, L

Measurable Elements of UNPI.7

1. The hospital implements UN practices to reduce the risk of injury and infection from the handling and management of sharps and needles.

2. Sharps and needles are collected in dedicated, closable, puncture-proof, leak proof containers that are not reused.

3. The hospital disposes of sharps and needles safely to ensure the proper disposal of sharps containers in dedicated incinerators as mandated by UN SOP laid out in the MSM.

Standard UNPI.8

The hospital reduces the risk of infections associated with the operation of food services.

Intent of UNPI.8

Improperly stored and prepared food can cause illnesses, such as food poisoning or food infections. Food illnesses can be particularly dangerous and even life-threatening to hospitalized patients whose conditions are already compromised due to illness, disease, or injury. The hospital must provide for the safe and accurate provision of food and nutrition products by ensuring that the food is stored and prepared at temperatures that prevent the risk of bacterial growth.

Cross contamination, particularly from raw foods to cooked foods, is another source of food infections. Cross contamination can result from contaminated hands, countertops, cutting boards, or cloths used to wipe countertops or dry dishes. In addition, the surfaces on which the food is prepared; the utensils, appliances, pots, and pans used for preparing food; and the trays, dishes, and utensils used for serving food can also be a risk for infection if not properly cleaned and sanitized.

Measurable Elements of UNPI.8

1. The hospital stores food and nutrition products using sanitation, temperature, light, moisture, ventilation, and security in a manner that reduces the risk of infection.

2. The hospital prepares food and nutrition products using proper sanitation and temperature.

3. Kitchen sanitation measures are implemented to prevent the risk of cross contamination.

4. The hospital has a process for the management of all staff, including kitchen staff who are symptomatically unwell.

Standard UNPI.9

Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly, when required.

Intent of UNPI.9

Along with hand hygiene, barrier techniques are essential to any program to reduce the risk of infections in patients and staff. To be effective, the supplies must be available, readily accessible, used, and disposed of correctly.

Measurable Elements of UNPI.9

1. The situations in which barrier techniques are to be used have been identified and made known to staff.

2. Barrier techniques are used for identified situations, supplies are available and accessible, and the techniques are used correctly.

3. Surface disinfecting procedures are implemented for areas and situations in the hospital identified as at risk for infection transmission.

4. Surface disinfectants are used according to manufacturer instructions.

5. Soap, disinfectants, and towels or other means of drying are located in areas where hand-washing and hand-disinfecting procedures are required.

Chapter 10 - Governance, Leadership and Direction (UNGL)

Providing excellent patient care requires effective leadership. Effective leadership begins with understanding the various responsibilities and authority of individuals in the hospital and how these individuals work together. Those who govern, manage, and lead a hospital have both authority and responsibility. Collectively and individually, they are responsible for complying with standards and regulations and for meeting the hospital's responsibility to the patient population served.

Over time, effective leadership helps overcome perceived barriers and communication problems between departments and services in the hospital, and the hospital becomes more efficient and effective. Services become increasingly integrated. In particular, the integration of all quality management and improvement activities throughout the hospital results in improved patient outcomes.

Providing excellent patient care, especially in challenging and/or emergency situations, requires purposeful, committed leaders. Those who govern and lead Level I+, II and III hospitals have a great deal of authority and responsibility, and their leadership ultimately influences the success of patient outcomes and how well the hospital meets its overall mission. Effective leaders dedicate themselves to continuous improvement through detailed knowledge of what is going on in their hospital, understand where assistance and/or oversight is needed, and monitor performance to required standards and regulations.

Standard UNGL.1

Leadership responsibilities and accountabilities are identified.

Intent of UNGL.1

The basis of any quality hospital is a clear understanding of which leaders are responsible for setting the mission, plan and policies of the hospital and how the oversight of daily operations is managed. This level of transparency makes for clear lines of authority and accountability and is fundamental to an organizational culture of quality. Resource decisions needed to advance quality and safety are made at this level.

Measurable Elements of UNGL.1

1. There is a written, up-to-date document that identifies accountable leaders by name and position.

2. The individuals are carrying out their responsibilities.

3. How individuals carry out their responsibilities has been evaluated by the FMO and CMO, results are reported back to DHMOSH quarterly and measures have been taken to continuously improve the results of their efforts.

Standard UNGL.2

Leaders evaluate clinical outcome and admission data to support staff performance and track trends over time.

Intent of UNGL.2

UN field hospitals have unique challenges because of the planned, and in some cases, unplanned rotation of professional staff. Frequent movement in and out of the hospital by medical professionals who are in various stages of orientation to their roles increases risks to patient quality and safety. In order to provide support and guidance to medical staff and to offer counsel when needed, hospital leaders establish an ongoing process to collect data on at least the following:

1. Unplanned admissions to the ICU
2. Readmissions to the hospital following surgery
3. Average length of operating procedures
4. Recovery times for surgical procedures
5. Evacuation data, including diagnoses, frequency, precipitating events

Measurable Elements of UNGL.2

1. The hospital has a system in place to gather and track data for at least 1-5 in the Intent Statement.
2. The data are specific to and are aggregated by at least: date, day, time, location, and staff member.
3. Appropriate (best practice when possible) upper and/or lower thresholds are determined in order to recognize variation.
4. Data gathering is ongoing and continues during rotations.
5. When variations are noted outside of established thresholds, leaders investigate all contributing factors and report results to the CMO.
6. Documentation of submissions to the CMO is maintained in the hospital.
7. Action is taken to remediate by improving processes and/or offering counsel to staff when persistent variations in outcomes occur.

Chapter 11 - Facility Management and Safety (UNFS)

Overview

Hospitals are very complex places which house a significant amount of equipment, hazardous materials, and many types of patient supplies. Hospitals must take appropriate actions to ensure that they provide as protective and supportive environment as possible, considering the challenging circumstances of field hospitals around the world. Reducing environmental risks requires leadership commitment to safety, staff training, and regular inspection, maintenance, and monitoring.

Standard UNFS.1

The hospital facility and buildings are thoroughly inspected to ensure awareness of risks that could affect patients and staff, and to plan for continuously improving the safety of the environment.

Intent of UNFS.1

To protect patients from risks in the health care environment, the first step is for the hospital to know the location, nature, and severity of the risks. This inspection covers a full range of potential risks, from broken or unstable furniture and locked or blocked fire exits, to faulty biomedical equipment and missing signs. In addition, any potential threat from natural disaster or manned attack should be considered. There should be an effort to systematically reduce or eliminate those risks.

Measurable Elements of UNFS.1

1. The hospital has a documented facility inspection SOP to identify and list health care environment risks of all types.
2. Risks are listed and identified in terms of severity and priority.
3. The risks identified are systematically reduced or eliminated, and the list is updated through periodic re-inspections.
4. Identified risks are reported to the CMO.

Standard UNFS.2

The hospital controls the use of hazardous materials.

Intent of UNFS.2

Hazardous materials include diagnostic and treatment materials, chemicals in the clinical laboratory, and caustic cleaning supplies. It is important to know the location of all hazardous materials and to manage the proper labeling, storage and handling of these materials. Spilled hazardous materials are reported, investigated and cleared in a manner that does not expose patients and staff to undue risk. (See UNSH.1)

Measurable Elements of UNFS.2

1. There is a list of the location, type, and amount of hazardous materials within the hospital.
2. Based on the list, there is a plan for safe and proper labeling, storage, and use of hazardous materials

3. Spills and accidents involving hazardous materials are documented on incident reports.

4. Spills and accidents are investigated, and measures are taken to prevent future incidents and/or improve the response to such spills and accidents.

Standard UNFS.3

There is an SOP to ensure that all occupants of the hospital are safe from fire, smoke and other emergencies.

Intent of UNFS.3

Although fires are not common in hospitals, when they occur they can have devastating outcomes. An effective approach to fire safety includes fire risk reduction, appropriate reaction when a fire occurs, and staff knowledge and training to ensure patients and staff can exit safely or move to safety in another part of the building.

Measurable Elements of UNFS.3

1. There is a fire safety program that includes prevention, early detection, abatement, and safe exit of staff and patients.

2. The program covers the entire hospital and is tested at least annually.

3. Results from annual testing are reported to the CMO and are used to continuously improve the program though staff education.

Standard UNFS.4

There is an organized program for the safe management of biomedical equipment.

Intent of Standard UNFS.4

The safe use and maintenance of biomedical equipment is critical to the safety of patients and staff. Broken or unusable equipment can potentially compromise the diagnostic and treatment process for patients. Poorly maintained equipment may not give accurate results and frequent equipment breakdowns can delay needed tests, further compromising patient care.

Measurable Elements of UNFS.4

1. The hospital has a comprehensive inventory of all biomedical equipment.

2. The hospital has a program for inspecting, testing, and maintaining biomedical equipment by qualified individuals.

3. Equipment breakdowns are tracked, and data are used as part of the program to reduce the number of breakdowns.

Standard UNFS.5

Safe drinking water and electrical power are available 24 hours a day, seven days a week, through regular or alternate sources, to meet essential patient care needs.

Intent of UNFS.5

Clean water is needed for many activities in a hospital, including sterilization and infection control. Similarly, electricity is needed to maintain the cold chain for medicines and blood and blood products and to operate all types of equipment, including respirators, infusion pumps, and other life-maintaining equipment.

Measurable Elements of UNFS.5

1. There is a stable source of safe drinking water and electrical power for the hospital
2. Alternate sources of safe drinking water and electrical power are available if the primary source is disrupted.

Disaster Preparedness

Standard UNFS.6

The hospital develops, maintains, and tests an emergency management program to respond to emergencies and natural or other disasters that have the potential of occurring where the hospital is located.

Intent of UNFS.6

The development of a disaster preparedness program should begin by identifying the types of disasters that are likely to occur in the hospital's region and what the impact of these disasters would have on the hospital. Facility damage or mass casualties that occur as a result of war or a terrorist attack could potentially occur in any UN field hospital.

An important element of determining the impact of a disaster is determining the effect the disaster will have on the structure of the patient care environment. Identifying how the building will respond to an earthquake or an explosion is an important aspect in developing evacuation plans and identifying priority areas for building improvements.

It is just as important to identify the effects of a disaster as it is to identify the types of disasters. This helps in planning the strategies that are needed in the event that a disaster occurs. For example, what is the likelihood that a natural disaster, such as an earthquake, will affect water and power? Could an earthquake prevent staff from responding to the disaster, either because roads are blocked or because they are also victims of the event? Hospitals need to identify their role within the community with this proactive approach. For example, what resources will the hospital be expected to provide to the community if a disaster occurs, and what communication methods will be used within the community? To respond effectively, the hospital develops a program to manage such emergencies.

The program provides processes for:

a) familiarization with the MCI and medical support plan of the mission;

b) determining the type, likelihood, and consequences of hazards, threats, and events;

c) determining the structural integrity of existing patient care environments and how they would perform in the event of a disaster;

d) determining the hospital's role in such events;

e) determining communication strategies for such events;

f) managing resources during events, including alternative sources;

g) managing clinical activities during an event, including alternative care sites; and

h) identifying and assigning staff roles and responsibilities during an event.

The disaster preparedness program is tested by an annual test of the full program internally or as part of a mission-wide test; or testing of critical elements c) through h) of the program during the year.

If the hospital experiences an actual disaster, activates its program, and debriefs properly afterward, the situation represents the equivalent to an annual test.

Measurable elements of UNFS.6

1. The hospital has identified the major internal and external disasters, such as community emergencies, and natural or other disasters that pose significant risks of occurring, taking into consideration the hospital's geographic location.

2. The hospital identifies the probable impact that each type of disaster will have on all aspects of care and services.

3. The hospital establishes and implements a disaster program that identifies its response to likely disasters, including items a) through h) in the Intent statement.

4. The entire program, or at least critical elements c) through h) of the program, is tested annually.

5. After every test, debriefing of the test is conducted.

6. The hospital documents the results of such tests and forwards the document to the UN medical director.

Chapter 12 - Staff Health and Safety (UNSH)

Standard UNSH.1

There is a program to reduce health hazards for staff and to provide safe working conditions.

Intent of UNSH.1

A healthy workforce is essential to provide quality and safe patient care. Where risk resides, there needs to be proactive steps to protect workers.

Staff may bring infectious diseases into the hospital from the community, spread infections between patients, and may be absent or ineffective in their work if they are injured or ill.

Hazardous materials must be labeled and stored safely to reduce staff harm, and there needs to be a means to wash or decontaminate those splashed or exposed. (See UNFS.2)

Measurable Elements of UNSH.1

1. The hospital has a process for reporting when staff injuries occur, and staff are educated regarding this process.
2. The hospital attends to staff injuries and health issues quickly when incidents occur.
3. The hospital has a proactive program to identify and reduce staff safety risks.
4. The hospital collects and analyzes data on staff risks and injuries and takes action to reduce health incidents.
5. The hospital can demonstrate increased safety and reduced health incidents as a result of action taken.

Chapter 13 - Staff Qualifications and Education (UNSQ)

Patients assume that the health care professionals providing their care and treatment are competent and capable. The hospital has a moral, ethical and legal obligation to ensure that this is true.

Many health care professionals, such as physicians, nurses, and others, are permitted by law or regulation to work without supervision and thus without some of the checks and balances that reduce risk. It is essential that all health care professionals have appropriate and valid credentials and are competent to provide the care and treatment to patients assigned by the hospital. Field mission hospitals must follow all requirements in the MSM.[16]

Standard UNSQ.1

Technical clearance for all medical service providers is provided to TCC/PCC during the force generation process and for subsequent rotation of the TCC/PCC medical personnel.

Intent of UNSQ.1

Medical staff should be selected within a reasonable time of their assignment to a field mission in order to provide sufficient time to complete the technical clearance requirement at least 3 months before their deployment in the field. Technical clearance is required for Physician/Medical Doctor, Specialist Physician/Doctor, Clinical Psychologist, Dentist, Pharmacist, Registered Nurse/Nurse, Specialist Nurse, Medical Technician, Paramedic, and Ambulance Medic. The documents that UNHQ requires for this technical clearance are:

a) University certificate/diploma

b) Specialization certificate (if applicable)

c) Any relevant certificates for trainings or workshops attended

d) A valid registration or license to practice

e) A curriculum vitae or a personal history profile clearly mentioning, with dates, the work experience of the candidate.

Measurable Elements of UNSQ.1

1. All medical service providers receive technical clearance during the force generation process and/or for subsequent rotation, at least 3 months prior to their deployment in the field.

2. There is documented technical clearance for all current medical service providers.

Standard UNSQ.2

All physicians, nurses & clinicians deployed in field missions follow the ethical code for medical practitioners and the principles of medical ethics as detailed in the Medical Support Manual[17]

[16] Medical Support Manual for United Nations Field Missions, Chapter 8, Pg. 81
[17] Medical Support Manual for United Nations Field Missions, Chapter 8, Pg. 85

Intent of UNSQ.2

Medical ethics is a system of moral principles that apply values and judgments to the practice of medicine. As a member of the healthcare profession, a clinician must first and foremost recognize his/her responsibility to patients as well as to society, to other health professionals, and to self. The UN has defined a minimum standard of conduct required of all medical practitioners, nurses, and healthcare clinicians in the service of the United Nations. This standard of conduct is in addition to any national professional code of ethics that may be imposed in the clinicians' home country.

Measurable Elements of UNSQ.2

1. All physicians and other professional clinical staff are aware of the UN ethical code for medical practitioners as detailed in the MSM[18].
2. All physicians and clinicians follow the ethical code of conduct.
3. There is a defined process in place to take appropriate action if the ethical code for medical practitioners is not followed.

Standard UNSQ.3

The hospital follows the UN SOP for the management of staff who are unsafe to practice.

Intent of UNSQ.3

Patients have the right to expect that the doctors, nurses and other healthcare professionals caring for them are not only competent by licensure and credentialing but are also safe to practice. A health care professional is unsafe to practice, or impaired, when his or her ability to treat patients is compromised and they are unable to fulfil professional responsibilities in a safe way. Physical, emotional and psychological issues may contribute to unsafe practice. Evidence of impairment may display as physical aggression, emotional outbursts or other erratic behaviors that impact a staff member's ability to interact professionally with colleagues and provide appropriate care for patients. Hospitals must have a process to gather and evaluate evidence of impairment and to take action to remove the impaired professional from patient care responsibilities, if necessary.

Measurable Elements of UNSQ.3

1. The hospital has a process in place for the management of staff who are unsafe to practice.
2. All staff members are aware of the process and know how to document and submit anonymous observations of unsafe behaviors.
3. Complaints of unsafe practice are investigated in a timely way.
4. Variations in patient outcomes between physicians or among patients under the care of the same physician are reviewed.
5. Appropriate action is taken if there is a determination of unsafe practice.

[18] Medical Support Manual for United Nations Field Missions, Chapter 8, Pages 85-87

Standard UNSQ.4

Staff members are oriented to their job responsibilities, job assignments, and work location.

Intent of UNSQ.4

Inadequate job orientation is a major contributor to adverse events in health care organizations. Such events include medication errors, not knowing how to operate medical equipment and injuring patients, and many other situations that can lead to patient harm or even death. A thorough job orientation to the unit on which the professional is to perform, or the unit on which he or she is temporarily assigned, is essential for patient safety.

Measurable Elements of UNSQ.4

1. There is a comprehensive job orientation for all staff.
2. The job orientation includes temporary workers, contract workers and volunteers.

Standard UNSQ.5

Staff members who provide patient care are trained in resuscitative techniques prior to commencement of staff rotation.

Intent of UNSQ.5

It is essential that areas where cardiac life support may be needed (for example, emergency areas, intensive care units, operating theaters) have individuals with cardiac life support training immediately available or have quick response life-support teams available in the hospital. It is also critical that retraining occurs on a regular basis.

Measurable Elements of UNSQ.5

1. Staff who provide patient care are trained in resuscitative techniques.
2. There is documentation that staff who provide patient care have successfully completed training within 1 month of the commencement of their rotation.

Chapter 14 - Management of Information (UNMI)

Standard UNMI.1

The hospital plans and designs information management processes to meet internal and external information needs.

Intent of UNMI.1

Information is generated and used during patient care and for managing a safe and effective hospital. The ability to capture and to provide information requires effective planning. Planning incorporates input from a variety of sources, including the following:

- Physicians and nurses
- Hospital's managers and department/service leaders
- UN and community leaders

The priority information needs of these sources influence the hospital's information management strategies and ability to implement those strategies.

Measurable Elements of UNMI.1

1. The information needs of those who provide clinical services are considered in the planning process.
2. The information needs of those who manage the hospital are considered in the planning process.
3. The information needs and requirements of individuals and agencies outside the hospital are considered in the planning process.

Standard UNMI.2

Information privacy, confidentiality, and security, including data integrity, are maintained.

Intent of UNMI.2

The hospital maintains the privacy and confidentiality of data and information and is particularly careful about preserving the confidentiality of sensitive data and information. The balance between data sharing and data confidentiality is addressed. Maintaining data integrity is an important aspect of information management. Policies and procedures address security procedures that allow only authorized staff to gain access to data and information. Access to different categories of information is based on need and decreed by job title and function. An effective process defines:

- who has access to data and information, including the medical record;
- the information to which an individual has access;
- the user's obligation to keep information confidential;
- the process for maintaining data integrity; and

- the process followed when confidentiality, security, or data integrity are violated.

Measurable Elements of UNMI.2

1. The hospital has a written SOP that protects the confidentiality, security, and integrity of data and information.
2. The hospital's process is based on and consistent with the above-mentioned SOP.
3. The process identifies the level of confidentiality maintained for different categories of data and information.
4. Those persons who need or have a job position permitting access to each category of data and information are identified.
5. Compliance with the process is monitored, and actions are taken when confidentiality, security, or data integrity are violated.

Standard UNMI.3

The hospital complies with the UN medical record retention schedule[19].

Intent of UNMI.3

Medical records and other data and information are retained per UN rules and regulations. The retention of records, data, and information is consistent with the confidentiality and security of such information. When the retention period is complete, medical records and other records, data, and information are destroyed in a manner that does not compromise confidentiality and security.

Measurable Elements of UNMI.3

1. The UN medical retention schedule is followed regarding the retention time of patient clinical medical records and other data and information.
2. The retention process provides expected confidentiality and security.
3. Records, data, and information are destroyed in a manner that does not compromise confidentiality and security.

Standard UNMI.4

Records and information are protected from loss, destruction, tampering, and unauthorized access or use.

Intent of UNMI.4

Medical records and other data and information are secure and protected at all times. For example, active records are kept in areas where only authorized health care practitioners have access, and records are stored in locations where heat, water, fire, or other damage is not likely to occur. The hospital implements processes to prevent unauthorized access to electronically stored information.

[19] United Nations Retention Schedule for records of Short-Term UN Field Missions

Measurable Elements of UNMI.4

1. Records and information are protected from loss.
2. Records and information are protected from damage or destruction.
3. Records and information are made accessible to the patient and family upon request.
4. Records and information are protected from tampering and unauthorized access or use.

Standard UNMI.5

The medical record contains sufficient information to identify the patient, to support the diagnosis, to justify the treatment, and to document the course and results of treatment[20].

Intent of UNMI.5

In order for medical staff to provide the most effective care, every patient assessed or treated in a hospital as an inpatient, outpatient, or emergency care patient must have a medical record. Information in the medical record must be as up to date as possible and contain all the patient information that is needed to provide appropriate care. The information in the medical record should be organized in a logical format, easily accessible, legible and complete.

Measurable Elements of UNMI.5

1. Patient medical records contain adequate information to identify the patient.
2. Patient medical records contain adequate information to support the diagnosis.
3. Patient medical records contain adequate information to justify the care and treatment.
4. Patient medical records contain adequate information to document the course and results of treatment.
5. Patient medical records contain adequate information to describe the discharge of the patient and any follow up care needed.
6. Patient medical records are organized in a logical, easily accessible format, legible and complete.

Standard UNMI.6

The clinical records of patients receiving emergency care include the time of arrival and departure, the conclusions at termination of treatment, the patient's condition at discharge, and follow-up care instructions.

Intent of UNMI.6

To track patients effectively through the emergency department, the record of each patient receiving emergency care includes the arrival and departure times. This information is captured for all emergency department patients, including those who are discharged from the hospital, medevaced to another facility, or admitted as inpatients. Departure time may be when the patient physically leaves the

[20] Medical Support Manual for United Nations Field Missions, Chapter 14, Page 207, A-F

emergency department to return to duty or to another facility, or the time at which the patient is moved to another unit in the hospital as an inpatient. For patients who are discharged from the emergency department, the clinical record includes the conclusions at termination of treatment, the patient's condition at discharge, and follow-up care instructions.

Measurable Elements of UNMI.6

1. The clinical records of all emergency patients include arrival and departure times.
2. The clinical records of discharged emergency patients include conclusions at the termination of treatment.
3. The clinical records of discharged emergency patients include the patient's condition at discharge.
4. The clinical records of discharged emergency patients include any follow-up care instructions.

Standard UNMI.7

The hospital has a protocol regarding those who are authorized to make entries in the patient clinical record.

Standard UNMI.8

Every patient clinical record entry identifies its author and the time that the entry was made in the record.

Intent of UNMI.7 and UNMI.8

Access to information contained in the patient clinical record is based strictly on need and defined by job title and function. An effective process defines:

- who has access to patient clinical records;
- which information in the patient clinical record to which an individual has access;
- the user's obligation to keep information confidential; and
- the process followed when confidentiality and security are violated.

One aspect of maintaining the security of patient information is to determine who is authorized to obtain a patient clinical record and to make entries into the patient clinical record. The hospital develops a policy to authorize such individuals. There is a process to ensure that only authorized individuals make entries in patient clinical records and that each entry identifies the author of the entry and the date. The policy must also include the process for how entries in the patient record are corrected or overwritten. The time of the entry is also noted, such as for timed treatments or medication orders.

Measurable Elements of UNMI.7

1. Those authorized to make entries in the patient clinical record are identified in hospital policy.

2. There is a process to ensure that only authorized individuals make entries in patient clinical records.

3. There is a process that addresses how entries in the patient record are corrected or overwritten.

Measurable Elements of UNMI.8

1. The author can be identified for each patient clinical record entry.

2. The date of each patient clinical record entry can be identified.

3. The time of each patient clinical entry can be identified.

Standard UNMI.9

As part of its monitoring and performance improvement activities, the hospital has a clinical record review process to regularly assess patient clinical record content and the completeness of patient clinical records.

Intent of UNMI.9

Each hospital determines the content and format of the patient clinical record based on UN forms (Annex A) and has a process to assess record content and the completeness of records. That process is a part of the hospital's performance improvement activities and is carried out regularly. Patient clinical record review is based on a sample representing the practitioners providing care and the types of care provided. The review process is conducted by the medical staff, nursing staff, and other relevant clinical professionals who are authorized to make entries in the patient record. The review focuses on the timeliness, completeness, legibility, and so forth of the record and clinical information. Clinical record content required by laws or regulations is included in the review process. The hospital's clinical record review process includes records of patients currently receiving care as well as records of discharged patients.

Measurable Elements of UNMI.9

1. A representative sample of active and discharged patient clinical records is reviewed at least quarterly or more frequently as determined by leaders.

2. The review is conducted by physicians, nurses, and others authorized to make entries in patient records or to manage patient records.

3. The review focuses on the timeliness, legibility, and completeness of the clinical record.

4. Record contents required by laws or regulations are included in the review process.

5. The results of the review process are incorporated into the hospital's quality oversight mechanism.