BHT QUALITY

BHT Med Standards Book

Version 3.0. This is a sample document and does not contain the real standards.

1. Governance and Leadership

MED.1.1 **Governing body and responsibilities.** The organisation's governing body, duties and responsibilities are defined in writing.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.2 **Quality policy.** The organisation has a written quality policy that has been communicated to staff.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.3 **Quality management unit.** A person or unit has been assigned responsibility for quality processes.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.4 **Strategic plan.** There is a current strategic plan covering international patient services.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.5 **Quality indicators.** Quality indicators are measured at set intervals and reviewed by management.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.6 **Risk management.** Organisational risks are identified, rated and monitored.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.7 **Code of ethics.** There is a written code of ethics that staff follow.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.8 **Document control.** Procedures and instructions are managed through a controlled document system.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.9 **Supplier management.** External service providers are selected, contracted and evaluated.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.10 **Workforce plan.** Staffing is planned according to the scope of services and patient numbers.
To ensure that management owns the organisation's quality and patient safety goals.

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MED.1.11 **Staff credentials.** Staff professional credentials are kept up to date and checked.
To ensure that management owns the organisation's quality and patient safety goals.

MED.1.12 **Training programme.** Staff receive regular training according to an annual plan.
To ensure that management owns the organisation's quality and patient safety goals.

2. Patient Rights and Communication

MED.2.1 **Patient rights notice.** Patient rights are communicated in a language the patient understands.
To ensure patients know their rights and take part in decisions about their care.

MED.2.2 **Privacy.** Patient privacy is protected throughout examination and treatment.
To ensure patients know their rights and take part in decisions about their care.

MED.2.3 **Personal data protection.** Patient data is protected against unauthorised access.
To ensure patients know their rights and take part in decisions about their care.

MED.2.4 **Informed consent.** Before treatment the patient is informed in a language they understand and consent is obtained.
To ensure patients know their rights and take part in decisions about their care.

MED.2.5 **Informing patients and relatives.** Patients and relatives are kept regularly informed throughout treatment.
To ensure patients know their rights and take part in decisions about their care.

MED.2.6 **Right to a second opinion.** The right to a second opinion is included in patient information.
To ensure patients know their rights and take part in decisions about their care.

MED.2.7 **Right to refuse treatment.** The process for refusing treatment is defined and recorded.
To ensure patients know their rights and take part in decisions about their care.

MED.2.8 **Cultural and religious needs.** The patient's cultural and religious needs are considered in the care plan.
To ensure patients know their rights and take part in decisions about their care.

MED.2.9 **Complaint handling.** Patient complaints are recorded and answered within a set time.
To ensure patients know their rights and take part in decisions about their care.

MED.2.10 **Patient satisfaction.** Patient satisfaction is measured and the results are used for improvement.
To ensure patients know their rights and take part in decisions about their care.

3. International Patient Services

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MED.3.1 **International patient unit.** A unit and a responsible person have been assigned for international patients.

To ensure international patients understand the process from first contact to follow-up after discharge.

MED.3.2 **Pre-arrival information and admission.** Before arrival, the patient receives written information on treatment, duration and preparation.

To ensure international patients understand the process from first contact to follow-up after discharge.

MED.3.3 **Price quotes and payment transparency.** Before treatment the patient receives a written, itemised price quote.

To ensure international patients understand the process from first contact to follow-up after discharge.

MED.3.4 **Interpreting service.** Interpreting is provided to international patients in their own language.

To ensure patients can follow diagnosis, treatment and consent in a language they understand.

MED.3.5 **Treatment plan and cost information.** The treatment plan and possible extra costs are shared with the patient in writing.

To ensure international patients understand the process from first contact to follow-up after discharge.

MED.3.6 **Discharge and follow-up.** Post-discharge follow-up is planned together with the patient's physician at home.

To ensure international patients understand the process from first contact to follow-up after discharge.

MED.3.7 **Patient feedback and complaints.** Feedback from international patients is collected in their language and evaluated.

To ensure international patients understand the process from first contact to follow-up after discharge.

MED.3.8 **Handing over medical records.** At discharge, medical records are handed over in the language and format the patient requests.

To ensure international patients understand the process from first contact to follow-up after discharge.

4. Clinical Quality and Patient Safety

MED.4.1 **Patient identification.** The patient's identity is verified with at least two identifiers before every procedure.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.2 **Clinical protocols.** Evidence-based protocols exist for frequently performed procedures.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.3 **Surgical safety.** The surgical safety checklist is used in every operation.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.4 **Anaesthesia safety.** Pre-anaesthesia assessment and monitoring records are kept.

To ensure clinical care is evidence-based, safe and traceable.

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MED.4.5 **Medication management.** Prescribing, preparing and giving medicines follow written rules.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.6 **High-risk medicines.** High-risk medicines are stored separately and their use is recorded.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.7 **Transfusion safety.** Use of blood and blood products is traceable.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.8 **Fall risk.** Patients' fall risk is assessed and precautions are taken.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.9 **Pressure injury.** Pressure injury risk is assessed and monitored.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.10 **Clinical handover.** A standard communication method is used at handover.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.11 **Intensive care processes.** Admission and discharge criteria for intensive care are defined.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.12 **Emergency response.** The emergency team and equipment are always ready.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.13 **Incident reporting.** Adverse events are reported and reviewed, and action is taken to prevent recurrence.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.14 **Medical records.** A complete and accessible medical record is kept for every patient.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.15 **Laboratory safety.** Laboratory results are verified and critical values are reported on time.

To ensure clinical care is evidence-based, safe and traceable.

MED.4.16 **Radiology safety.** Radiation safety rules are applied and doses are monitored.

To ensure clinical care is evidence-based, safe and traceable.

5. Infection Prevention and Control

MED.5.1 **Infection control programme.** An annual infection control programme is prepared and applied.

To ensure healthcare-associated infections are prevented and monitored.

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MED.5.2 **Infection control committee.** The committee meets regularly and its decisions are followed up.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.3 **Hand hygiene.** Hand hygiene compliance is measured regularly.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.4 **Sterilisation.** Sterilisation processes are validated and recorded.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.5 **Disinfection.** Surface and instrument disinfection follows written instructions.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.6 **Isolation precautions.** Precautions are defined for patients requiring isolation.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.7 **Surveillance.** Hospital infections are monitored and rates are calculated.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.8 **Antibiotic stewardship.** Rational antibiotic use is monitored.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.9 **Medical waste.** Medical waste is separated and disposed of as regulations require.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.10 **Staff health.** Staff vaccination and sharps injuries are followed up.
To ensure healthcare-associated infections are prevented and monitored.

MED.5.11 **Laundry and kitchen hygiene.** Laundry and kitchen processes follow hygiene rules.
To ensure healthcare-associated infections are prevented and monitored.

6. Facility Management and Safety

MED.6.1 **Fire safety.** There is an emergency and fire plan, and it is drilled.
To ensure a safe environment for patients, visitors and staff.

MED.6.2 **Disaster plan.** Roles and an evacuation plan have been prepared for disasters.
To ensure a safe environment for patients, visitors and staff.

MED.6.3 **Medical device management.** The inventory, maintenance and calibration of medical devices are tracked.
To ensure a safe environment for patients, visitors and staff.

MED.6.4 **Energy and water continuity.** Backup systems for power and water outages are tested.
To ensure a safe environment for patients, visitors and staff.

MED.6.5 **Medical gas systems.** The safety of medical gas systems is monitored.
To ensure a safe environment for patients, visitors and staff.

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MED.6.6 **Security and access.** Access to critical areas is restricted and recorded.

To ensure a safe environment for patients, visitors and staff.

MED.6.7 **Accessibility.** The facility is accessible to disabled patients and signage is multilingual.

To ensure a safe environment for patients, visitors and staff.

MED.6.8 **Information security.** Backup and authorisation rules are applied to information systems.

To ensure a safe environment for patients, visitors and staff.

MED.6.9 **Occupational safety.** Occupational health and safety risks are assessed and addressed.

To ensure a safe environment for patients, visitors and staff.

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