

# CAHO ENTRY LEVEL SERIES

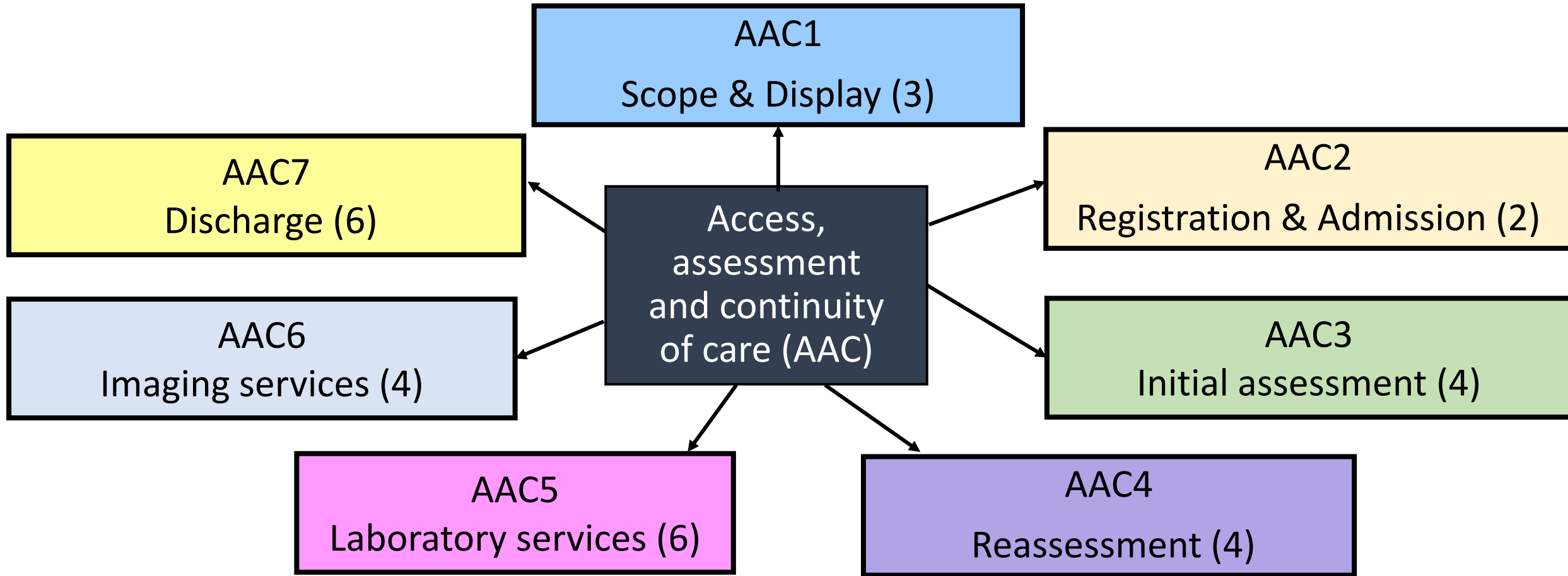
## ACCESS, ASSESSMENT & CONTINUITY OF CARE (AAC)



CAHO

Committed to Safer Patient Care

# Summary of Standards



# AAC1: The organisation defines and displays the services that it can provide.

**AAC1a:** The services being provided are clearly defined.

**AAC1b:** The defined services are prominently displayed.

**AAC1c:** The relevant staff is oriented to these services.



# How to implement AAC1?

## List all services

- Clinical.
- Diagnostic.
- Support Services.

## Display

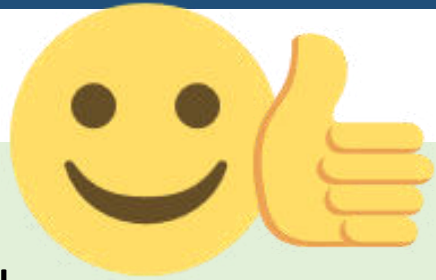
- All entrances.
- Registration.
- Waiting area.
- Emergency department.

## Training

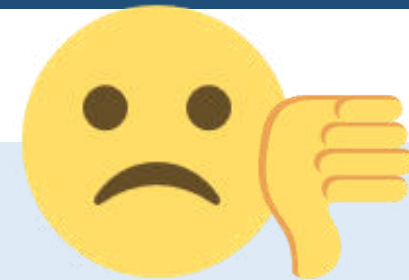
- Relevant staff.
- Receptionist, OPD staff, emergency department staff, security and clinical team.

**Note:** The list and training must be up-to-date.

# Hospital Display: Do's and Don'ts



- Bilingual.
- Pictorial signage.
- Permanent structure.
- List both services provided and excluded.



- Single language.
- Textual.
- Temporary flex boards.
- List only services provided.

**Note:** Display should be updated with the new services. Services can be listed in the website of the hospital too.

# AAC2: The organisation has a documented registration, admission and transfer process.

- **AAC2a:** Process addresses registering and admitting outpatients, inpatients and emergency patients.
- **AAC2b:** Process addresses mechanism for transfer or referral of patients who do not match the organisational resources.



# How to implement AAC2?

## Registration

- Generate UHID.
- Document process.

## Safe transfer

- Provide first aid/stabilise.
- Document patient status and treatment given.
- Transfer after providing prior information.

**Note:** All inpatient admissions need to be authorised by a doctor.

# Best Practices for Registering a Patient

- Generate different number in case of multiple visits.
- Link the number to UHID to provide continuity of care.
- Define process for unknown patient or medico-legal case.
- Register all foreign nationals after verification.



**Note:** In the event of an admission, the organisation must be equipped to provide for the required service both in terms of infrastructure as well as trained manpower.



# Best Practices for Inter-facility Transfer of a Patient

- The organisation should have a list of referring facilities.
- A patient can be transferred for investigations/procedures.
- In absence of own ambulance service, an ambulance should be available within a defined time frame.



# AAC3: Patients cared for by the organisation undergo an established initial assessment.

- **AAC3a:** The organisation defines the content of the assessments for the outpatients, inpatients and emergency patients.
- **AAC3b:** The organisation determines who can perform the assessments.
- **AAC3c:** The initial assessment for inpatients is documented within 24 hours or earlier.
- **AAC3d:** Initial assessment of inpatients includes nursing assessment which is done at the time of admission and documented.



# How to implement AAC3?

## Standardise

- Adopt standardised format for initial assessment.
- Modify parameters depending on department.

## Designate

- Doctors: OP, IP.
- Nurses: Nursing IP assessment and dietary assessment.
- Doctor/nurse: Screening to identify nutritional needs.

## Define

- Define the time frame and parameters for initial assessment.
- Document the actual time of initial assessment.

**Note:** Initial assessment for an emergency patient can be performed by a doctor/nurse based on the triage.

# How to conduct initial assessment?

## Outpatient

- Chief complaint.
- Provisional diagnosis.
- Investigations with or without results .
- Treatment advised.
- Follow up or referral advice.

## Emergency patients

Done based on a triage scale. (E.g. MEWS, Australian triage scale)

## Inpatient

- Chief complaint.
- History.
- Examination.
- Investigations.
- Plan of care including expected outcome, if relevant.
- Provisional diagnosis.
- Treatment to be given.

## Day care

Perform abridged documentation as appropriate.

# Best Practices for Performing Initial Assessment

- Start at the time of admission.
- Complete within 24 hours.
- Monitor defined time frame using audit.
- Use checklist/templates.

**Note:** Templates can help in standardisation of documentation and ensure completeness.



# **AAC4: Patient care is continuous and all patients cared for by the organisation undergo a regular re-assessment.**

- **AAC4a:** During all phases of care, there is a qualified individual responsible for the patient's care, who coordinates the care in all the settings within the organisation.
- **AAC4b:** All patients are reassessed at appropriate intervals.
- **AAC4c:** Staff involved in direct clinical care document reassessments.
- **AAC4d:** Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.

# Reassessment of the Patient

Who should reassess?

Healthcare personnel.

What is the frequency?

At least once daily.

**Note:** ICU patients should be reassessed more frequently than those in ward.

# What to document?

## Vital parameters



## Examination findings



## Medication orders



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Sign: \_\_\_\_\_



# **AAC5: Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.**

- **AAC5a:** Scope of laboratory services are commensurate to the services provided by the organisation.
- **AAC5b:** Procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.
- **AAC5c:** Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.
- **AAC5d:** Adequately trained personnel perform , supervise and interpret the investigations.
- **AAC5e:** Laboratory personnel are trained in safe practices and are provided with appropriate safety equipment/devices.
- **AAC5f:** Laboratory tests not available in the organisation are outsourced.

# How to implement AAC5?

## Services offered

- Should complement clinical services.
- Can be outsourced.
- Available 24/7.
- Available within premises for emergencies.

## Define

- Turnaround time.
- Include in TAT for both in-house and outsourced tests: waiting time, time to perform the test and time to prepare and release report.
- Critical values.

# How to implement AAC5?

## Documentation

- Standardised test request forms (TRF).
- Define mandatory fields.
- Instructions for doctors, nurses, phlebotomists and patients.
- Procedure for patient identification and labelling.
- Informed consent (HIV, invasive procedures).
- Critical results information.

## Collection and Transport

- Wear appropriate PPE.
- Follow aseptic precautions.
- Transport: temperature, time frame.
- Sample carrier with biohazard symbol.
- Discard in appropriate BMW bins.

# How to implement AAC5?

## Quality Assurance

- Validate sample processing methods.
- Internal and external quality controls.
- Evaluate competency of lab technicians.
- Interpretation of test results by qualified personnel.
- Supervision by senior technician/trained personnel.
- Regular calibration of equipment.

## Outsourcing

- List all tests outsourced.
- Make list for inter laboratory comparison (ILC).
- Sign a MOU.
- Periodically review arrangements.
- Evaluate performance of referral lab.

# Points to Remember: Evaluating Referral Laboratory

The healthcare facility should evaluate the referral laboratory based on:

- Test parameters offered.
- Testing methodology is validated/ approved.
- TAT is agreeable with the clinicians.
- Quality of test performed and reported (preferably NABL accredited).
- Equipment and environment are safe and available.
- Laboratory is conveniently located.
- Sample pick up and reporting services are prompt.
- Cost effectiveness.

# Points to Remember: Safety Measures

- Wear Personal Protective Equipment (PPE).
- Handle microbiological samples/ formalin in bio-safety cabinets / chemical fume hoods.
- Ensure availability of safety data sheets (SDS).
- Use spill kits for handling hazardous material spill.
- Provide negative pressure room and N95 mask.
- Provide eye wash / showers when chemical / biological material splash is expected.



# Points to Remember: Staff Training

- Critical values and reporting.
- Common laboratory acquired infections.
- Safe handling of blood and body fluid spillage.
- Safe handling of chemicals and reagents.
- Safe disposal of biomedical waste.
- Protection from percutaneous and mucocutaneous exposure of blood and body fluids.
- Fire safety.
- Hazardous material spill and management.

**Note:** Technicians should undergo training on performing new test parameters and laboratory in charge should undergo training to interpret the parameters.

# AAC6: Imaging services are provided as per the scope of the hospital services and established radiation safety programme.

- **AAC6a:** Imaging services comply with legal and other requirements.
- **AAC6b:** Scope of the imaging services are commensurate to the services provided by the organisation.
- **AAC6c:** Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.
- **AAC6d:** Imaging personnel are trained in safe practices and are provided with appropriate safety equipment / devices.



# How to implement AAC6?

## Services offered

- Should complement clinical services.
- Available 24/7.
- List should be displayed at prominent places.

## Define

- Turnaround time.
- Include in TAT: Waiting time, time to perform imaging, time to prepare and release report.
- Critical results.
- In-house and outsourced tests.

# How to implement AAC6?

## Documentation

- Consent for invasive procedures, giving contrast.
- Critical results information.
- Records of TLD badges sent for monitoring.
- Records of screening lead aprons.

## Outsourcing

- List all tests outsourced.
- Sign a MOU.
- Periodically review arrangements.
- Evaluate performance of referral facility.

# Points to Remember: Legal Requirements

- Display license for operating X-ray and scans.
- Display designated RSO with registration.
- Register ultrasound machines.
- Display PC-PNDT registration certificates.
- Display “Sex selection and detection is not done in this centre and is punishable under the PC-PNDT Act” in entrance.



# AERB Signages

Type of equipment:  
Model Name:  
Licence No.



X-RAY EXAMINATION IS GOING ON INSIDE, DO NOT ENTER

PLEASE WAIT FOR YOUR TURN



DO NOT STAY INSIDE X-RAY ROOM, IF REQUIRED TO ASSIST THE PATIENT, INSIST FOR PROTECTIVE APRON!

Similar display shall be prepared in local/regional language

Format of warning sign to be pated outside medical diagnostic x-ray installation

PASTE COPY OF AERB LICENCE HERE

To be printed in appropriate size

# Points to Remember: Safety Measures



- Place radiation safety display signs as per AERB norms.
- Provide personal dosimeters.
- Monitor TLD badges for radiation exposure.
- Provide lead shields and lead aprons.
- Verify lead aprons for cracks and damages.
- Restrict entry at MRI.
- Ensure availability of MRI compatible life saving devices and fire extinguishers.
- Ensure availability of crash cart.



# AAC7: The organisation has a defined discharge process.

- **AAC7a:** Process addresses discharge of all patients including medico-legal cases and patients leaving against medical advice.
- **AAC7b:** A discharge summary is given to all the patients leaving the organisation (including patients leaving against medical advice.).
- **AAC7c:** Discharge summary contains the reason for admission, significant findings, investigation results, diagnosis, procedure performed (if any), treatment given and the patient's condition at the time of discharge.
- **AAC7d:** Discharge summary contains follow up advice, medication and other instructions in an understandable manner.

# AAC7: The organisation has a defined discharge process.

- **AAC7e:** Discharge summary incorporates instruction about when and how to obtain urgent care.
- **AAC7f:** In case of death, the summary of the case also includes the cause of death.

# How to implement AAC7?

## Discharge process

- Doctor orders and documents discharge.
- Medicine returns and other clearances.
- Issue of discharge summary.
- Bill payment.

## Discharge summary

- Standard template.
- Brief and contains important information.
- Signed by treating doctor/team member.
- Given to all patients.

**Note:** The hospital should monitor the discharge time for quality improvement.



# How to implement AAC7?

## Follow up advice

- Should not have unfamiliar abbreviations/medical terms.
- Should be verbally explained to patient.

## Urgent care

- List the urgent care advice related to the diagnosis.
- Provide details of service and contact numbers.

**Note:** Explain when and how to obtain urgent care in a language the patient/relatives understands.

# What should a discharge summary cover?

- Reasons for admission.
- Significant findings.
- Diagnosis.
- Procedures performed.
- Treatment given.
- Patient's condition at the time of discharge.
- Follow up advice.
- Cause of death in line with diagnosis.
- Copy of postmortem report, if cause of death is unclear.
- Copy of death summary.

# Do's and Don'ts

List of modes of dying that should not be mentioned as cause of death:

- Cardiac arrest.
- Cardiopulmonary arrest.
- Respiratory arrest.
- Respiratory failure.
- Failure to thrive.
- Multi organ/System failure.



# What should be in a medical record?

- Copy of the discharge summary.
- Consequences of patient leaving against medical advice, patient's right and patient's/attendant's declaration.
- Police information for medico-legal cases.



**Note:** A copy of death summary should be given to the patient's relative.



# **Desktop Assessment & Physical Assessment – Documents to be submitted, audit check points.**

# Signage & Training

- Scope of services
- Directional signage
- Departmental signage
- Scope of Obstetrics Service
- Scope of Pediatrics Service
- Uniform signage system in the Facility (Attach photos of the signage ).
  - Radiation Hazard
  - Declaration under PCPNDT ACT
  - Bio-hazard
  - Patients' rights & responsibility
  - Fire exit signage
- Has a training on scope of services been conducted?

# Location details of the Clinical Services

<b>Services</b>	<b>Name of the building in which the service is located</b>	<b>Which floor of the building</b>
<b>Anaesthesia</b>		
<b>Blood Bank</b>		
<b>Blood Collection Centre</b>		
<b>Cath Lab</b>		

# Location details of the Lab Services

Services	Located inside the premises (Yes/No)	If yes, Name of the building in which the service is located	Which floor of the building
Clinical Bio-Chemistry			
Clinical Microbiology and Serology			
Clinical Pathology			
Cytopathology			



# Location details of the Imaging Services

<b>Services</b>	<b>Located inside the premises (Yes/No)</b>	<b>If yes, Name of the building in which the service is located</b>	<b>Which floor of the building</b>
<b>CT Scanning</b>			
<b>DSA Lab</b>			
<b>MRI</b>			
<b>Mammography</b>			

# Protocols with Evidences for Implementations

Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.

Documented procedure (s) address care of patients arriving in the emergency including handling of medico-legal cases.

Procedure(s) guide collection, identification, handling, safe transportation, processing and disposal of specimens.

# Laboratory

- Location details of the Laboratory services
- Upload scope of laboratory services.
- Is there any defined turnaround time for test?
- Upload a scanned copy of critical result reporting register pertaining to the following:
  - Time at which the test result was ready.
  - Time at which the test result has been communicated.
  - Name of the individual to whom the test result has been conveyed (preferably treating doctor or duty doctor).
  - Name and signature of the person who has conveyed the result.

# Laboratory

- Are the samples
  - transported in a safe manner?
  - identified properly?
  - disposal of specimen done in safe manner?
- Are laboratory personnel using appropriate safety equipment/ devices?
- Training record:
  - Safe practices in lab
  - Spill Management
  - Safety education program
- Upload Photo of Housekeeping staff and waste handlers using appropriate PPE (industrial gloves, masks)

# Location details of the Lab Services

Services	Located inside the premises (Yes/No)	If yes, Name of the building in which the service is located	Which floor of the building

Clinical Bio-Chemistry  
 Clinical Microbiology and Serology  
 Clinical Pathology  
 Cytopathology  
 Genetics  
 Hematology  
 Histopathology  
 Toxicology  
 Molecular Biology

Diagnostic Imaging

- Bone Densitometry
- CT Scanning
- DSA Lab
- Gamma Camera
- Mammography
- MRI
- Nuclear Medicine
- PET
- Ultrasound
- Urodynamic Studies

X-Ray

Other Services -

- 2D Echo
- Audiometry
- EEG
- EMG/EP
- Holter Monitoring
- Spirometry-PFT
- Tread Mill Testing

# Imaging

- Upload scope of Imaging services.
  - Upload a scanned copy of critical result reporting register pertaining to the following:
    - Time at which the test result was ready
    - Time at which the test result has been communicated
    - Name of the individual to whom the test result has been conveyed (preferably treating doctor or duty doctor) \*
    - Name and signature of the person who has conveyed the result
- Has a training on Safe practices in Imaging been conducted? –Training records
- Has a training on Safety Education programme been conducted? –Training records

# Records - Upload

## OPD

- Upload filled OPD Initial Assessment Form – Ensure hospital number is available\*
- Are document for registration and admission of patient being maintained in OPD?

## IPD

- Upload filled IP Initial Assessment Form – Please include the front sheet of admission wherein the details of the patient, name of the treating doctor and time of admission can be seen \*
- Upload a filled Patient case sheet (of any 1 patient) from the ICU \*
- Upload a filled Patient case sheet (of any 1 patient) from any 1 ward \*
- Are document for registration and admission of patient being maintained in IPD?

# Records - Upload

## Emergency Department

- Upload filled Initial Assessment Form or copy of Emergency Register – Ensure hospital number is available\*
- Are document for registration and admission of patient being maintained in Emergency?
- Are admissions or discharge to home or transfer to another organization is documented in emergency unit?
- Upload any 1 MLC form or Police intimation form or MLC register scanned copy.



# Records - Upload

## Discharge/ Transfer

- Upload filled ward discharge summary (all pages) of any one patient
- Upload filled discharge summary (all pages) of any one LAMA patient
- Upload register (or any other documentary evidence) of patients who were referred/ transferred \*

# Any Questions



# Thank You!

