

Republic of Rwanda



Ministry of Health

Rwanda Hospital Accreditation Standards

3rd Edition

INTRODUCTION

Improving the quality of health care and services within the hospitals is an ongoing quest of the Ministry of Health (MoH). The commitment of the MoH to quality is evident in the policy statement regarding quality management.

The Rwandan policy statement regarding management of quality reads:

Since 2006, Rwanda has gained experience with accreditation through working with the Council of Health care Service Accreditation of Southern Africa (COHSASA) to accredit the teaching hospitals. Through this experience, the MoH identified the need to implement a national accreditation system to focus on the 42 district hospitals and create a sustainable process for implementing and measuring achievement of standards. The intent is to use the results of accreditation to inform performance-based financing payments, as a means of recognizing facilities that progress toward meeting the quality standards and ultimately achieve accreditation. Consequently, it is imperative that the standards are clear and that the process for measuring these standards is rigorous, reliable, and unbiased.

The Rwandan standards were adapted from the *International Essentials of Health Care Quality and Safety* designed by Joint Commission International (JCI) to address the five risk areas to patients in hospitals. This approach was selected with the desire to adapt internationally recognized standards to the Rwandan situation and provide progressive levels of recognition to reinforce achieving the standards. In addition, the standards were developed according to the International Society for Quality in Healthcare (ISQua) standards, an organization that accredits accrediting bodies.

STANDARDS FRAMEWORK

This document identifies five “risk areas” on which to focus initial quality and safety improvement efforts. These five areas were developed from an extensive international literature search on health care quality and safety. “Levels of Effort” are identified for each standard to provide a means for evaluating progress in reducing risk and improving quality. An overview of the risk areas is provided in Table 1; the standards highlighted in green have been identified as “critical” and those highlighted in blue are new standards in the 3rd Edition of the Rwanda Hospital Accreditation Standards.

Organization of Standards

This document covers the following information:

- The five Risk Areas widely recognized as the major domains toward which risk-reduction strategies should be directed.
- The Standard that represents the risk-reduction strategies for that domain.
- The “Risk Link” describes the reason that this issue poses a risk to patients and/or staff
- The Levels of Effort that represent progressive achievement in reaching the expectations found in a standard.
 - At Level 0, the desired activity is absent, or inconsistent activity related to risk reduction.
 - At Level 1, the policies, procedures, and plans are in place to address the risk.
 - At Level 2, the processes are in place for consistent and effective risk-reduction activities.
 - At Level 3, there are data to confirm successful risk-reduction strategies and continued improvement.

Classification of Standards

The standards are classified as either critical or core. The guiding definitions are as follows:

- **Critical:** Critical standards are those standards that are required by national laws and regulations or, if not met, may cause death or serious harm to patients, visitors, or staff.

Critical Standards are marked in Green in this document.

• **Core:** Core standards are the standards addressing systems, processes, policies and procedures that are important for patient care or providing quality services.

Eligible Organizations

Hospitals within Rwanda that offer health care services are eligible for accreditation.

OVERVIEW OF RISK AREAS (Standards highlighted in green are “critical” and standards highlighted in blue are new standards in the 3rd edition)

Risk Area▶	1	2	3	4	5
Standards	Leadership Process and Accountability	Competent and Capable Workforce	Safe Environment for Staff and Patients	Clinical Care of Patients	Improvement of Quality and Safety
1	Leadership responsibilities and accountabilities identified	Personnel files available, complete, up to date	Infrastructure, utilities, resources and equipment and furniture	Correct patient identification	Quality and safety program
2	Strategic and operational planning	Credentials of healthcare professionals	Regular inspection of environmental safety	Informed consent	Effective customer care program
3	Management of policies, procedures, protocols, and clinical guidelines (documented processes)	Physician staff privileges	Management of hazardous materials	Medical, nursing, and allied health professional assessments and reassessment of patients complete and timely	Patient satisfaction monitored
4	Management of health information	Orientation to hospital and jobs	Fire safety and disaster management	Pain assessment, reassessment, and appropriate management	Complaint, compliment, and suggestion process
5	Mentorship and oversight of healthcare facilities in catchment area	Trained and competent staff	Biomedical equipment safety	Laboratory services available and reliable	Clinical outcomes are monitored
6	Risk management	Sufficient staff to meet patient needs	Stable safe water sources	Diagnostic imaging services available, safe, and reliable	Incident, near miss and sentinel event reporting system
7	Financial management	Oversight of students/trainees	Stable electricity sources	Written plans for care	Staff demonstrate how to improve quality and patient safety

8	Efficient use of resources	Training in resuscitative techniques	Protection from aggression, violence, abuse and loss or damage to property	Clinical protocols available and used	Communicating quality and patient safety information to staff
9	Leadership for quality and patient safety	Staff performance management	Coordination of infection prevention and control program	Protocols for managing high-risk patients/procedures	Staff satisfaction monitored
10	Quality requirements in contract management	Staff health and safety program	Reduction of health care-associated infections through hand hygiene	Comprehensive management of reproductive and maternal health care	
11	Integration of quality, safety, and risk management		Effective sterilization processes	Comprehensive management of newborn care	
12	Compliance with national laws and regulations		Effective laundry and linen services	Comprehensive management of child and adolescent health care	
13	Commitment to patient and family rights		Reduction of health care-associated infections	Access to safe and adequate nutrition to hospitalized children	
14	Patient access to services		Barrier techniques available and used	Comprehensive management of HIV prevention and care	
15	Efficient admission and registration processes		Proper disposal of sharps and needles	Comprehensive management of tuberculosis prevention and care	
16	Effective inventory management		Proper storage and disposal of infectious medical waste	Anesthesia and procedural sedation used appropriately	
17	Effective medical record management		Monitoring, reporting, and preventing the spread of communicable diseases	Surgical services appropriate to patient needs	
18	Oversight of human subject research			Comprehensive management of emergency triage	

19				Essential emergency medications, equipment, and supplies	
20				Ambulance service equipped	
21				Safe medication use	
22				Patients educated to participate in their care	
23				Communication among those caring for the patient	
24				Referral/transfer information communicated	
25				Complete and thorough clinical documentation	