Republic of Rwanda

Ministry of Health

Rwanda Private Hospitals and Polyclinics

Accreditation Standards

1st Edition

November 2018

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:

> "Quality services in Rwanda are achieved through an equal partnership between the provider and the client, balancing supply of services with the demand for services. All health services in Rwanda regardless of the provider (public, private, or non-governmental organization) will integrate the core values and principles of quality management. The core strategies of Quality Assurance, Performance Based Financing, and Mutual Health Organizations will lead integrating quality management into all health care programming led by a dedicated quality management unit within the Ministry of Health."

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 43 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 first edition of Rwandan standards development was technically supported 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.

SCOPE AND PURPOSE

This is the first set of Rwandan private hospital and polyclinics standards. The standards are intended for implementation within the Rwandan private hospitals and polyclinics. They cover the full range of services that are described in the MoH "Private Service Package.

STANDARDS DEVELOPMENT

A Standards Development Task Force that included participants from the Ministry of Health (MOH), professional councils and private health facilities adapted these standards from the second edition of Public hospital standards to meet the needs of the healthcare system in Rwanda.

STANDARDS FRAMEWORK

This document identifies five "risk areas" on which to focus initial quality and safety improvement efforts. "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 highlighted standards have been identified as "critical".

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 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 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

Private hospitals and polyclinics within Rwanda that offer health care services are eligible for accreditation. Standards for the clinics, dispensaries and health posts will be developed in the next step.

Table 1. OVERVIEW OF RISK AREAS (Standards highlighted are "critical".)

Risk Area ▶ Standards	1 Leadership Process and Accountability	2 Competent and Capable Workforce	3 Safe Environment for Staff and Patients	4 Clinical Care of Patients	5 Improvement of Quality and Safety
1	Leadership responsibilities and accountabilities identified	Personnel files available, complete, up-to-date	Regular inspection of environmental safety	Correct patient identification	Quality and patient safety program
2	Strategy and operational planning	Credentials of physicians	Management of hazardous materials	Informed consent	Effective customer care program
3	Management of health information	Credentials of nurses and midwives	Fire safety program	Medical assessments complete and timely	Patient satisfaction monitored
4	Financial management	Credentials of allied health professionals	Biomedical equipment safety	Nursing assessments complete and timely	Complaint and suggestion process
5	Efficient use of resources	Orientation to hospital and jobs	Stable safe water sources	Laboratory services available and reliable	Clinical outcomes monitoring
6	Leadership for quality and safety	Staff members are competent	Stable electricity sources	Diagnostic imaging services available, safe, and reliable	Incident reporting system
7	Quality requirements in contract management	Sufficient staff to meet patient needs	Coordination of infection prevention and control program	Written plans for care	Staff demonstrate how to improve quality
8	Integration of quality, safety and risk management	Training in resuscitative techniques	Reduction of health care-associated infections (hand hygiene)	Clinical protocols available and used	Communicating quality and safety information to staff
9	Compliance with national laws and regulations	Staff performance management	Effective sterilization processes	Protocols for managing high-risk patients/ procedures	Staff satisfaction monitored
10	Commitment to patient and family rights		Effective laundry and linen services	Complete maternal health care	
11			Reduction of health care-associated infections	Complete child health care	

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12	Patient access to services	Staff health and safety program	Barrier techniques are available and used (protective personal equipment)	Comprehensive HIV prevention and care	
13	Efficient admission and registration processes		Proper disposal of sharps and needles	Comprehensive tuberculosis (TB) prevention and care	
14	Effective inventory management		Proper disposal of infectious medical waste	Anesthesia and sedation used appropriately	
15	Effective medical record management		Prevention, control and monitoring of communicable diseases	Surgical services appropriate to patient needs	
16				Effective emergency triage	
17				Essential emergency equipment and supplies	
18				Ambulance service equipped	
19				Safe medication use	
20				Patients educated to participate in their care	
21				Communication among those caring for patients	
22				Referral/Transfer information is communicated	
23				Complete and thorough clinical documentation	