ACCREDITATION STANDARDS FOR HOSPITALS

Second edition of the accreditation standards for hospitals

The terms and notions used herein have the following meaning:

a) Accreditation – evaluation performed by National Authority of Quality Management in Health surveyors, resulting in a classification of hospitals based on categories of accreditation. The term refers to the hospital in its entirety, as an organization, the analysis is global and describes how the institution functions through achievement levels of pre-established standards;

b) Reference – Ref – the field of application – the groups of standards, the criteria and requirements, all of them having common significance and purpose;

c) Standard – S – represents the level of performance achievable and measurable, agreed upon by professionals, which can be consulted by the population to whom it is addressed. It consists of a set of criteria and requirements which define the expectations related to the performance, structure and the processes in a hospital.

d) Criterion – Cr – the specific objective to be achieved, and which, added to other objectives, results in standard achievement.

e) Requirement – R – action that must be undertaken for the specific objective to be achieved.

Standards for the hospital accreditation:

01	Ref	**ORGANIZATIONAL AND STRATEGIC MANAGEMENT**
01.01	S	The strategy and the strategic management of the organization are according to health care demand and to the dynamics of the healthcare services.
01.01.01	Cr	The strategic plan is based on an analysis of the population healthcare and service market needs.
01.01.01.01	R	The organization has performed / used an analysis of the related population healthcare needs and of the market of healthcare services in the assigned territory.
01.01.01.02	R	The results of the analysis of the population healthcare needs and of the market of healthcare services are used in establishing the strategic objectives of the hospital.
01.01.02	Cr	The strategic plan designed by the hospital is supported at all decision levels.
01.01.02.01.	R	The strategic plan is based on the identified available and potential resources.
01.01.02.02	R	The strategic plan aims to improve the quality of services and patients' safety.

01.01.02.03	R	The objectives of the strategic plan are acknowledged by all the structures involved in their achievement.
01.01.03	Cr	The strategic plan is implemented with the participation of all the activity sectors.
01.01.03.01	R	At the hospital level there is an active team responsible for periodical evaluations of the level of implementation of the strategic objectives.
01.01.03.02	R	The heads of all the activity sectors periodically analyze the level of achievement of the strategic objectives.
01.01.03.03	R	The annual planning of the activities takes into account the established strategic objectives.
01.01.04	Cr	The strategy of the clinical institutions and of the clinical hospitals includes the development of the scientific research sector.
01.01.04.01	R	Scientific research takes into account the development objectives of the hospital.
01.01.04.02	R	Innovation through research improves the quality and performance of the medical activity.
01.01.04.03	R	The medical institute coordinates the innovation / research activity of hospitals that operate in the field.
01.02	S	The organizational structure and the organizational management ensure the optimal running of all the processes that provide medical assistance and healthcare.
01.02.01	Cr	The hospital works with all the licenses and authorizations stipulated by the legislation into force.
01.02.01.01	R	The hospital ensures provisions to obtain and to update all the specific licenses and authorizations, updated, if required.
01.02.01.02	R	The hospital has taken measures to maintain the conditions on the basis of which the licenses and authorizations were obtained.
01.02.02	Cr	The organizational structure is substantiated, documented, analyzed and as required, periodically updated.
01.02.02.01	R	The foundation of the organizational structure takes into account the demand for medical services and the dynamics of available resources.
01.02.02.02	R	The management periodically evaluates the organizational structure related to the demand of healthcare services.
01.02.02.03	R	The management periodically analyses the organizational development process at and updates the organizational structure accordingly.
01.02.03	Cr	The functional structures of the hospital (commissions, committees, councils) are operational, ensuring process integration and the consolidation of the management quality control.

01.02.03.01	R	The functional structures of the hospital (commissions, committees, councils) have been established and are active.
01.02.03.02	R	The activity of the functional structures (commissions, committees and councils) of the hospital substantiates the decision-making process.
01.03	S	The human resources management ensures staff recruitment according to the mission stated by the hospital.
01.03.01	Cr	The human resource policy is documented and adapted to the needs of the unit organization and functioning.
01.03.01.01	R	The hospital management establishes the need of staff according to the volume of activity in order to optimize the services provision process, while taking into account the staffing norms.
01.03.01.02	R	The hospital management annually analyzes the position structure and makes adequate provisions for its adaptation to the identified needs.
01.03.01.03	R	The hospital management ensures that a Yearly Plan of selection, recruitment and professional development of the staff is elaborated and implemented.
01.03.01.04	R	The continuous vocational training is based on a plan that is adequate to the specific and needs of the unit, while including the financing sources.
01.03.02	Cr	The need of staff is established according to the technical capacity, hotel accommodation, addressability, treated morbidity, staff norms and to the working time audit, if required.
01.03.02.01	R	The need for medical and auxiliary staff in the bed sections / compartments is established according to the degree of dependence of the categories of treated patients.
01.03.02.02	R	The need of staff is estimated in order to ensure the use of the existing technical resources at optimal capacity.
01.03.02.03	R	The staff working in the unit is qualified and authorized, according to the law.
01.03.03	Cr	Personnel policy motivates employees and determines quality improvement.
01.03.03.01	R	The employees are involved in the decision-making process and impact how attributions are performed while submitting to the social dialogue mechanisms.
01.03.03.02	R	The employees' level of satisfaction is evaluated periodically.
01.03.03.02	R	The hospital ensures compliance with the quality of professional life requirements.
01.04	S	The financial and administrative management responds to the strategical

		and operational objectives of the hospital.
01.04.01	Cr	The hospital has a financial strategy regarding development.
01.04.01.01	R	The investments are established according to the strategic objectives regarding the hospital development, taking into account the satisfaction of the served community needs or the attraction of new consumers.
01.04.01.02	R	The hospital establishes an annual plan of investments that complies to the approved budget.
01.04.02	Cr	The income and expenditure budget of the hospital supports the achievement of the annual plan of services.
01.04.02.01	R	The income and expenditure budget of the hospital is developed by justifying expenditures.
01.04.02.02	R	The hospital periodically analyses incomes in relation to the incurred expenditures.
01.04.03	Cr	The budget is periodically updated from the perspective of streamlining the service delivery process.
01.04.03.01	R	The hospital has implemented a methodology of monitoring the cost of medical services.
01.04.03.02	R	The hospital periodically analyses the process of service delivery with the participation of all management levels.
01.04.04	Cr	The supply of the activity sectors ensures continuity in service delivery.
01.04.04.01	R	The hospital ensures the inventory and monitoring of the critical products and services.
01.04.04.02	R	The hospital performs a periodical analysis of the stocks.
01.04.04.03	R	The supply of the activity sectors is correlated with consumption.
01.04.04.04	R	The hospital ensures the product supply and services for exceptional cases.
01.05	S	The information system responds to information needs and determines their effective use in the hospital.
01.05.01	Cr	The information system provides the necessary data for the documentation of hospital activities.
01.05.01.01	R	The information system integrates information needs and external requests (formal or informal) from all activity sectors.
01.05.01.02	R	The information system administration ensures its adaptation to the requirements of the hospital activity.
01.05.02	Cr	Circuits and information flows support the conduct of activities and the decision-making process.

01.05.02.01	R	Circuits and information flows ensure that data is transmitted in the required and timely format.
01.05.02.02	R	Circuits and information flows contain alert systems that prevent the occurrence of decisional errors.
01.05.03	Cr	Information processes underpin effective decisions within the hospital.
01.05.03.01	R	The data carrier for each activity in the hospital (paper-based, magnetic, electronic) and the flow of information are clearly defined and respected.
01.05.03.02	R	The operability of the implemented informational procedures ensures that hospital activity is more efficient.
01.05.04	Cr	The information system and the data storage environment ensure the confidentiality, integrity and security of the data.
01.05.04.01	R	The hospital respects the law in force regarding data security.
01.05.04.02	R	Access to information, their processing and protection is regulated for each professional category.
01.05.04.03	R	The hospital provides back-up information systems.
01.05.04.04	R	The hospital monitors and controls the use of information systems.
01.05.04.05	R	Preservation and archiving of documents, information and records ensures the confidentiality, integrity and security of the data.
01.05.04.06	R	Destruction of documents / records is performed while taking into confidentiality and data security.
01.05.05	Cr	The information system provides documentation and supports the educational process of hospital employees.
01.05.05.01	R	The information system provides documentation and information to hospital employees.
01.05.05.02	R	The information system supports the process of training and professional development of hospital employees.
01.06	S	The existing communication system of the hospital meets needs of the organization and of the beneficiaries.
01.06.01	Cr	External communication meets the needs of the beneficiaries and of the hospital.
01.06.01.01	R	The hospital has diversified the communication channels for the public.
01.06.01.02	R	The hospital's website ensures effective communication.
01.06.01.03	R	The hospital provides the necessary conditions for easy orientation.
01.06.01.04	R	The hospital provides the necessary conditions for staff identification.
01.06.01.05	R	Communication with the media provides information to the public and the

		promotion of the hospital.
01.06.01.06	R	The hospital provides information on the medical work that is being performed.
01.06.01.07	R	External communication is achieved with the continuity of the healthcare process.
01.06.01.08	R	The hospital ensures communication with other healthcare units and administrative structures.
01.06.02	Cr	Internal communication responds to the needs of the patients and of the hospital.
01.06.02.01	R	The hospital has implemented models of professional communication between medical team members.
01.06.02.02	R	The hospital has established and uses specific communication protocols between professionals.
01.06.02.03	R	The internal rules are communicated to the staff and to the patients.
01.06.03	Cr	Communication aims to involve the patient in the healthcare process.
01.06.03.01	R	Communication between employees and the patients / guardians aims to educate them to be involved in taking and observing therapeutic decisions.
01.06.03.02	C	The hospital annually reviews the efficiency and effectiveness of communication.
01.07	S	The service quality management system is operational and ensures that all the processes related to monitoring and quality improvement are performed.
01.07.01	Cr	The quality management system aims to continuously optimize processes within the organization.
01.07.01.02	R	The hospital management ensures the organization of the service quality management system.
01.07.01.03	R	The Quality of Service Management structure coordinates the process of ensuring and improving the quality of patient health and safety services in collaboration with the heads of all sectors of activity.
01.07.01.04	R	The hospital is concerned with the quality certification of its activities.
01.07.02	Cr	The quality management structure (QMS) and the hospital management promote a culture of quality in the hospital.
01.07.02.01	R	The hospital has established and observes of the principles and values of quality, in agreement with the stated mission.
01.07.02.02	R	The hospital is concerned with the implementation and development of a quality culture in the hospital.

01.07.03	Cr	The hospital develops and implements an action plan to ensure and improve the quality and safety of patient services across the entire hospital.
01.07.03.01	R	The annual planning of the QMS activities ensures compliance with the requirements of accreditation standards.
01.07.03.02	R	The action plan for the implementation of quality management services and patients safety is assumed by the management of the unit.
01.07.03.03	R	QMS monitors the implementation of the action plan to ensure and improve service quality and patients safety.
01.07.04	Cr	The hospital aims to increase the level of the patients' satisfaction.
01.07.04.01	R	The hospital designs and periodically updates patient satisfaction questionnaires.
01.07.04.02	R	QMS systematically analyses information resulted from the processing of questionnaires and issues recommendations.
01.07.04.03	R	The hospital uses periodic analysis of complaints received to improve the provided medical services.
01.07.05	Cr	The Quality Improvement Program comprises the effectiveness of the hospital activity.
01.07.05.01	R	An evaluation means of the efficiency quality improvement processes in the hospital is established.
01.07.05.02	R	The results of QMS evaluations are used in order to streamline activities.
01.08	S	Non-clinical risk management prevents damage and underpins decision-making process.
01.08.01	Cr	All management levels have implemented risk management provisions that are specific to their own activity.
01.08.01.01	R	All department managers have organized the identification, analysis and treatment of risks.
01.08.01.02	R	The hospital has a risk register and monitors the effectiveness of the prevention measures.
01.08.01.03	R	The hospital management performs risk analyses based on type, occurrence probability and impact and implements customized measures.
01.08.02	Cr	Non-clinical risk management ensures that patients, employees and visitors are protected against potential damage.
01.08.02.01	R	The places and conditions with potential of physical risk for the persons' safety (risk of falling down, of slipping, of hitting, etc.) have been identified and preventive measures have been implemented.

01.08.02.02	R	Waste management respects the prevention of toxic and infectious contamination rules.
01.08.02.03	R	The operation of the vital services of the hospital is ensured.
01.08.02.04	R	The capacity and number of elevators comply with the volume, types and flows of hospital transport.
01.08.02.05	R	Protection and security measures for goods and people have been adopted by the hospital.
01.08.02.06	R	The hospital implements measures to manage earthquake risk.
01.08.02.07	R	The hospital implements measures to manage fire risk.
01.08.02.08	R	The hospital implements measures to manage explosion risk.
01.08.02.09	R	The hospital implements measures to manage the risk of chemical and biological contamination
01.08.02.10	R	The hospital implements measures to manage radiation risk.
01.08.02.11	R	The hospital implements measures for the employees' physical safety.
01.08.02.12	R	Those responsible for technological risk prevention are nominated by decision and trained in this respect.
01.08.02.13	R	The personnel who are exposed to risk are regularly trained on compliance with risk-prevention measures that specific to each activity.
01.08.02.14	R	The hospital management undergoes periodic evaluations on physical and technological risk prevention measures.
01.08.03	Cr	The means of action, responsibilities and resources available for exceptional situations are organized and regulated to ensure the hospital's functionality.
01.08.03.01	R	Hospital intervention teams for disasters or catastrophes have been updated.
01.08.03.02	R	Within the hospital, there is a reserve of resources available in the event of natural disaster and catastrophe.
01.08.03.03	R	The hospital holds an inventory of resources designed for specific tasks in the event of mobilization and war.
01.09	S	The environment of care provides the necessary conditions for healthcare.
01.09.01	Cr	The environment of care is organized to comply with the hospital's capacity and competencies.
01.09.01.01	R	Patient accommodation conditions meet the particularities of each patient.
01.09.01.02	R	Care is provided with respect for the right to privacy.
01.09.01.03	R	Patients circulate in a safe and comfortable way on well-established routes.

01.09.01.04	R	Cleaning and disinfection of spaces and equipment is regulated and monitored.
01.09.01.05	R	The institution ensures and assumes the quality of sterilization.
01.09.01.06	R	The patients' meals are established in accordance with the hygienic-dietary recommendations corresponding to pathology.
01.09.01.07	R	The institution provides qualitative and quantitative nutrition for patients, caregivers and medical staff in safe food conditions.
01.09.01.08	R	The institution ensures the circulation of food in compliance with hygiene rules.
01.09.01.09	R	The institution provides qualitative and quantitative linen, laundry and effects for patients, caregivers and medical staff.
01.09.01.10	R	The institution ensures that the circulation of linen, laundry and effects complies with hygiene rules.
01.09.02	Cr	The environment of care is evaluated and permanently adapted to the needs of healthcare.
01.09.02.01	R	The institution continually evaluates and improves patient accommodation conditions.
01.09.02.02	R	The institution continually evaluates and improves food services.
01.09.02.03	R	The institution continually evaluates and improves the laundry service.
01.09.02.04	R	The institution constantly evaluates and improves the environment.
02	R	CLINICAL MANAGEMENT
02.01	S	Patients are cared for according to their needs, to the mission and available resources of the hospital.
02.01.01	Cr	The hospital has established the technical and professional competency level.
02.01.01.01	C	The hospital evaluates the population groups of patients with clinical-biological particularities, in order to identify and satisfy their needs and specific pathologies.
02.01.02	Cr	Access to healthcare services is facilitated according to patient caregiving needs.
02.01.02.01	R	The hospital has regulated appointments and consultations for patients.
02.01.02.02	R	The patient scheduling system is organized so as not to infer with emergency healthcare interventions.
02.01.03	Cr	The hospital has organized the emergency medical service.
02.01.03.01	R	The hospital permanently ensures the emergency medical services, within

		the limits of its competencies.
02.01.03.02	R	The medical staff employed in the Emergency Receipt / Primary Emergency Unit (UPU / CPU) is qualified according to law and is periodically trained, especially as regards the attitude in the lower incidents.
02.01.03.03	R	The emergency service (the emergency ward / UPU / CPU) is organized efficiently and effectively.
02.01.04	Cr	The hospital provides services adapted to people with disabilities, special needs or aggressive manifestations.
02.01.04.01	R	The patient with disabilities or special needs has adequate reception conditions.
02.01.04.02	R	The hospital is prepared for the management of the patient with aggressive behaviour.
02.01.05	Cr	Psychiatric hospitals or hospitals with psychiatric wards provide services adapted to psychiatric patients.
02.01.05.01	R	The psychiatric hospital or with psychiatric wards regulates the involuntary hospitalization of the psychiatric patient.
02.01.05.02	R	The psychiatric hospital or with psychiatric wards regulates patient internment for psychiatric forensic expertise.
02.01.05.03	R	The psychiatric hospital / with psychiatric wards regulates caregiving for arrested or convicted psychiatric patients.
02.01.05.04	R	Psychiatric hospital or with psychiatric wards has special measures to prevent and limit the consequences of behavioural manifestations of the psychiatric patient that may endanger the patient, the people around, or material goods.
02.01.05.05	R	The discharge of the psychiatric patient from psychiatric hospitals or psychiatric wards is regulated and adapted to the way of admission.
02.02	S	The initial evaluation aims to identify patients' needs in the context of known exposure to risk factors (environmental, social, economic, behavioural and biological) and establishes the need for care and medical care for them.
02.02.01	Cr	The hospital clearly defines the process of patient needs assessment in order to establish the appropriate health care plan.
02.02.01.01	R	Depending on the patient’s initial identification, a decision regarding the patient’s admission and the means of treatment as ambulatory care / day-hospitalization / continuous hospitalization is made.
02.02.01.02	R	The hospital has designed a procedure to refer patients whose pathologies fall outside of its area of competency and facilitates access to the services they need.

02.02.01.03	R	The hospital regulates the recognition of patient investigations performed by other hospital units, as well as their repetition.
02.02.02	Cr	Initial patient evaluation includes psycho-social and socio-economic factors to ensure the continuity of caregiving.
02.02.02.01	R	The hospital provides treatment for patients with psycho-emotional and socio-economic peculiarities that can affect the care process.
02.02.02.02	R	The patient's route through the system is determined in relation to his / her psycho-social and socio-economic profile.
02.02.02.03	R	Management of acute or chronic pain starts from the initial evaluation stage.
02.03	S	Medical practice addresses the patient in an integrated and specific way, ensuring continuity of care and health care.
02.03.01	Cr	The case management is based on the use of diagnostic and treatment protocols.
02.03.01.01	R	Health care provisions are established according to a schedule by the treating physician.
02.03.01.02	R	The diagnostic and treatment protocols are established according to the principles medicine based on evidence, clinical experience and the technical and technical-material resources of the hospital.
02.03.01.03	R	Diagnostic and treatment protocols are used individually, according to the particularities of the case.
02.03.01.04	R	Evaluation of the efficiency and effectiveness of the protocols is carried out periodically.
02.03.01.05	R	Protocol update is performed when periodic assessment of their efficiency and effectiveness requires so, or when new good practice in the field is available.
02.03.02	Cr	An integrated approach to patient care is routinely performed in medical practice.
02.03.02.01	R	The hospital provides a multidisciplinary, complete and personalized approach of medical practice.
02.03.02.02	R	Interdisciplinary consultations are documented and written in the clinical record sheet (CRS).
02.03.02.03	R	The second medical opinion is analysed and used by the hospital to improve medical practice.
02.03.02.04	R	The hospital is concerned with the detection of patients with chronic kidney disease (CKD).
02.03.02.05	R	The Multidisciplinary Oncological Commission decides on the treatment of

		the oncological patient.
02.03.03	Cr	The hospital ensures the continuity of care after the initial evaluation.
02.03.03.01	R	The hospital ensures the necessary conditions for the continuity of care.
02.03.03.02	R	The hospital provides conditions for patient access to the necessary recovery / rehabilitation services, depending on pathology.
02.03.04	Cr	The care plan of the patient is an integral part of the case management.
02.03.04.01	R	Medical staff ensures complete and personalized care of the patient.
02.03.04.02	R	The individualized care plan is completed by the medical assistant, based on medical recommendations.
02.03.04.03	R	The care plan is designed according to the patient's evolution.
02.03.04.04	R	At discharge, a care plan is developed which is transmitted both to the patient / family member and the family doctor / physician who sent the patient to hospital.
02.03.04.05	R	The need for medical care staff is established according to the need of patient care.
02.03.05	Cr	Medical records are filled out correctly, completely and on time real time, avoiding redundancy, while access to them is regulated.
02.03.05.01	R	The hospital establishes the necessary data to be collected, recorded and monitored throughout the hospitalization period.
02.03.05.02	R	The medical staff records information on the care that has been provided, the results of the investigations and the therapeutic recommendations according to specialty.
02.04	S	The hospital promotes the "baby-friendly" concept (BFH).
02.04.01	Cr	The hospital has adopted a policy to promote breastfeeding in neonatology departments.
02.04.01.01	R	The hospital supports a breastfeeding program as a healthy diet for newborn and infant feeding.
02.04.01.02	R	Mothers who are hospitalized are informed about the benefits of breastfeeding.
02.04.01.03	R	Medical staff in obstetrics-gynaecology and neonatology is continuously trained to acquire the skills needed to implement the Breastfeeding Promote Program.
02.04.01.04	R	The hospital provides facilities to promote and support breastfeeding.
02.04.02	Cr	The hospital is concerned with the identification and prevention of newborn illnesses.

02.04.02.01	R	The hospital prevents newborn infectious diseases.
02.04.02.02	R	The hospital identifies newborn malformations / deficiencies.
02.04.03	Cr	The hospital is concerned with ensuring a friendly climate for children.
02.04.03.01	R	The hospital provides conditions adapted to child care.
02.04.03.02	R	The hospital provides support services for childcare.
02.05	S	The paraclinical services correspond to the investigation needs.
02.05.01	Cr	The whole activity of the paraclinical services is carried out in collaboration with clinical doctors.
02.05.01.01	R	The sections define and estimate the need for paraclinical services depending on the hospital competency level.
02.05.01.02	R	The paraclinical services specialists are part of the multidisciplinary team to treat complex cases.
02.05.02	Cr	Paraclinical services respond to the needs of investigating patients in terms of accessibility, quality and time to achieve results.
02.05.02.01	R	Monitoring and analysis of nonconformities are used to improve paraclinical activity.
02.05.02.02	R	The reference intervals of the investigation results, the alerting values and the established critical values, are communicated at the same time with the results' transmission.
02.05.02.03	R	The practices of radio-diagnostic, interventional radiology and functional explorations are focused on the real needs of the patient, while being monitored and evaluated periodically.
02.05.03	Cr	The laboratory aims to meet investigation needs in optimal conditions.
02.05.03.01	R	The laboratory establishes solutions to meet investigation needs efficiently and effectively.
02.05.03.02	R	The hospital has regulated the necessary conditions for conducting the laboratory pre-examination and post-test procedures.
02.06	R	The Nephrology Hospital / Nephrology Department Hospital ensures the continuity of medical assistance for patients with chronic kidney disease (CKD).
02.06.01	Cr	The Nephrology Hospital or the hospital with nephrology departments provides access to patients with CKD to individualized and optimized renal replacement therapy (RRT).
02.06.01.01	R	The patients registered in the nephrology unit / division are treated and monitored to reduce the CKD progression rate.
02.06.01.02	R	The hospital with nephrology units / divisions prepares CKD patients for

		renal replacement therapy.
02.06.02	Cr	RRT efficiency and effectiveness are constant concerns for the dialysis unit.
02.06.02.01	R	The unit that initiates dialysis decides on how RRT is conducted (haemodialysis, peritoneal dialysis, kidney transplantation), in agreement with the patients and their families.
02.06.02.02	R	The unit that initiates dialysis collaborates with the nephrology units / divisions that recommend the initiation of treatment and with the ambulatory dialysis centres that perform the dialysis treatment.
02.06.03	Cr	The day-care hospital dialysis unit monitors the evolution (medical performance of dialysis treatment) of dialysis patients.
02.06.03.01	R	The day-care hospital dialysis unit records and communicates on-line and in real time all parameters for monitoring the medical performance of dialysis treatment in the format and frequency requested by the Romanian Renal Register.
02.06.03.02	R	The day-care hospital dialysis unit controls the anaemia of dialysis patients.
02.06.03.03	R	The day-care hospital dialysis unit controls mineral metabolism.
02.06.03.04	R	The day-care hospital dialysis unit controls acidosis.
02.06.03.05	R	The day-care hospital dialysis unit monitors the infectious disease specific to the patient receiving dialysis.
02.06.03.06	R	The day-care hospital dialysis unit monitors the nutrition status of dialysis patients.
02.06.03.07	R	The day-care hospital dialysis unit monitors dialysis efficiency (HD / DP).
02.06.03.08	R	The day-care hospital dialysis unit is concerned about the life quality of the patients.
02.06.03.09	R	The dialysis unit has a policy of increasing patient autonomy.
02.07	S	Radiotherapy and/or nuclear medicine ensure(s) the specific treatment needs.
02.07.01	Cr	The practice of radiotherapy / nuclear medicine is adapted to the specific needs of the patient.
02.07.01.01	R	Radiotherapy / nuclear medicine service equipment meets patient-specific treatment needs.
02.07.01.02	R	Radiotherapy / Nuclear Medicine comply with the rules of good practice.
02.07.02	Cr	The practice of radiotherapy / nuclear medicine is monitored and evaluated periodically.
02.07.02.01	R	Radiotherapy / Nuclear medicine used in the treatment of the oncological patient is monitored.

02.07.02.02	R	The practice of radiotherapy / nuclear medicine is constantly evaluated and improved.
02.08	S	Palliative and terminal care addresses patients with progressive chronical diseases and their families, seeking to improve their quality of life by relieving suffering.
02.08.01	Cr	The management of the patients with progressive chronical diseases and with needs of palliative care is individual and non-discriminatory.
02.08.01.01	R	The needs of palliative care for the patients with progressive chronical disease are promptly identified and adequate measures are taken.
02.08.01.02	R	The hospitalization of patients with chronic progressive illness and palliative care needs is based on the decision of a multidisciplinary commission.
02.08.01.03	R	The staff involved in the care of the patients with progressive chronical diseases has undergone certified training in palliative care.
02.08.01.04	R	Pain and the other symptoms that are specific to progressive chronical diseases are controlled through adequate measures.
02.08.01.05	R	“Complex case” patients with progressive chronical diseases receive palliative specialized care.
02.08.02	Cr	Palliative care is provided in a home-like environment, adapted to the patients with a high degree of dependency.
02.08.02.01	R	The infrastructure is adapted to the special needs of the patient on palliative care, with a high degree of dependency, by respecting his / her intimacy.
02.08.02.02	R	The infrastructure allows for palliative care related services to be carried out.
02.08.03	Cr	Palliative care services allow for improvement in the life quality of the patient and of his / her family / guardians.
02.08.03.01	R	On patient admission in the hospital palliative care ward, a comprehensive evaluation of the patient / family / guardians is performed.
02.08.03.02	R	The aims of palliative care, the understanding of the diagnosis and prognosis are assessed and documented along with the patient / family / family member.
02.08.03.03	R	The signs and symptoms of the terminal condition are evaluated using standard scales and are documented.
02.08.03.04	R	The management plan of the patient in need of palliative care is developed by a multidisciplinary team, based on specific and updated protocols, according to the evolution of the pathology or changing needs of the patient / family / guardians.

02.08.03.05	R	Communication between the medical team and the patient / family / guardians is permanent and plays an important role in palliative care.
02.08.03.06	R	On discharge, the patient's options regarding care continuity are taken into account.
02.08.04	Cr	Medical palliative care is provided by a multidisciplinary team.
02.08.04.01	R	The minimal structure of the multidisciplinary team comprises: a palliative doctor, pharmacist clinician, nurses, social worker, psychologist, spiritual mentor.
02.08.04.02	R	Taking into account the patient needs, the multidisciplinary team includes other specialists, such as: kinesiotherapy therapists, occupational therapists, play therapists, dieticians, volunteers, etc.
02.08.04.03	R	The members of the multidisciplinary palliative care team of the palliative care services undergo continuous training programs.
02.08.04.04	R	The institution has a coherent program of monitoring and support for the health of the staff involved in palliative care.
02.08.05	Cr	The management of the terminal condition respects the dignity and comfort of the patient, ensuring family support.
02.08.05.01	R	The terminal condition is identified and the family / guardians are informed.
02.08.05.02	R	The medical staff observes the protocol of terminal condition.
02.09	S	Pharmaceutical and medication management ensures the continuity of treatment and patient safety.
02.09.01	Cr	The hospital follows regulations and guidelines on prescribing medical substances and monitors prescriptions.
02.09.01.01	R	The hospital has established conditions for medication prescription that are acknowledged by the unit / pharmacy.
02.09.01.02	R	Pharmacologists / Clinical pharmacists are actively involved in prescribing and monitoring medication.
02.09.01.03	R	The pharmacy provides the medication that is necessary to support the continuity of the medical treatment.
02.09.02	Cr	The infrastructure and organization of the pharmaceutical activity support the traceability of common medication.
02.09.02.01	R	The activities and responsibilities specific to the pharmaceutical specialty are recorded according to the legislation in force.
02.09.02.02	R	The organization of pharmaceutical activity is based on specific procedures and instructions.
02.09.02.03	R	The organization and equipment of the pharmacy comply with the legislation in force, in accordance with the traceability of the medicinal

		product.
02.09.02.04	R	The informational route of pharmaceutical products is respected.
02.09.02.05	R	Medication from clinical trials is maintained and managed under optimal conditions by the hospital pharmacy / chief pharmacist, and its use is monitored by the pharmacist / clinical pharmacist.
02.10	S	The hospital has implemented good practices on antibiotic therapy.
02.10.01	Cr	The hospital has organized prescription and monitoring of antibiotic therapy.
02.10.01.01	R	The hospital has established the functional structures with attributions in the implementation and monitoring of good practices on antibiotic usage.
02.10.01.02	R	The structures involved in the implementation and monitoring of good practices on antibiotic usage have established handling procedures.
02.10.02	Cr	Prescription of antibiotics is medically justified and ensures the traceability of their use.
02.10.02.01	R	Prescription of antibiotics is performed according to recognized antibiotic guidelines and antibiotic results, as appropriate.
02.10.02.02	R	Prescription duration is established according to evolution and is documented.
02.10.02.03	R	Records of antibiotic prescription allow for the traceability of its use.
02.10.03	Cr	The hospital pharmacy is directly involved in observing good practices on the antibiotic therapy.
02.10.03.01	R	The pharmacy provides the necessary antibiotics, taking into account the evolution of antibiotic resistance, and monitors the consumption of antibiotics and the complete route of the dispended products, including those that have not been administered.
02.10.03.02	R	The pharmacy checks whether good practices on prescription and usage of antibiotics are followed.
02.10.03.03	R	The pharmacy periodically informs the prescribers, the hospital management and the medical staff on the available antibiotics, as well as on the antibiotic usage across various units / bed wards.
02.10.04	Cr	The activity of the microbiology laboratory supports the observance of good practices in the use of antibiotics.
02.10.04.01	R	The microbiology department of the medical laboratory has internal quality control procedures for antibiotic-resistance investigations.
02.10.04.02	R	The microbiology department of the medical laboratory collaborates with the Department of prevention and mitigation of healthcare-related infections (DPMHI), with the pharmacy, physicians and with the hospital

		management on the issue of monitoring data on antibiotics resistance.
02.10.05	Cr	Clinical services have regulated the use of antibiotics, according to good practices.
02.10.05.01	R	Clinical services have implemented antibiotic and antibiotic prophylaxis regulations related to the specialty and section for the main clinical situations.
02.10.05.02	R	Antibiotic consumption, as well as prescription traceability and antibiotic usage are ensured.
02.11	S	Management of healthcare-associated infections follows good practices in the field.
02.11.01	Cr	The hospital management has organized the supervision, prevention and mitigation of healthcare-related infections.
02.11.01.01	R	The hospital management has adopted measures to set up structures involved in the prevention of healthcare-associated infections.
02.11.01.02	R	The hospital management ensures the implementing conditions for the provisions in the annual activity plan for the supervision, prevention and mitigation of healthcare-related infections.
02.11.01.03	R	Supervision, prevention and mitigation of healthcare-related infections and contagious diseases are organized and coordinated across every hospital structure.
02.11.02	Cr	The environment of care supervision lowers the risk of infection.
02.11.02.01	R	The areas at risk of infection have been identified and monitored to prevent and limit healthcare-associated infections (HAI).
02.11.02.02	R	The DPMHI monitors air quality and adopts measures to mitigate the occurrence of aerogenic infections.
02.11.02.03	R	The impact on air quality of demolition works, construction, renovation, maintenance of installations, etc. performed within the hospital and the prevention and control of nosocomial infections are managed.
02.11.02.04	R	The quality of sterilization is checked and supervised.
02.11.02.05	R	DPMHI monitors the hospital linen flow.
02.11.03	Cr	The hospital's quality policy on food safety aims to control the risk of infection.
02.11.03.01	R	The activity of the food sector within the hospital is controlled (hospital kitchen, food storage facilities, milk kitchen).
02.11.03.02	R	Compliance with food safety rules for infection prevention is assessed.
02.11.04	Cr	The clinical management of the medical structures prevents and mitigates the risk of infection.

02.11.04.01	R	The medical structures (sections / compartments, laboratories, pharmacy, etc.) identify, assess and address the risk of infection posed by healthcare-related activities.
02.11.04.02	R	Curative doctors identify patients at risk of infection and take measures to mitigate it.
02.11.04.03	R	Traceability of processes regarding the appropriate use of medical devices, sanitary materials and multi-purpose equipment is ensured and monitored to prevent and mitigate healthcare-related infections.
02.11.04.04	R	DPMHI supervises compliance with the rules of hand hygiene.
02.11.04.05	R	The hospital complies with the national supervision procedures for hospital-acquired infections.
02.11.04.06	R	The hospital manages the risk of infection the staff might be subjected to.
02.11.04.07	R	The specialized hospital or the department of obstetrics adopts measures to prevent prenatal risk of infection.
02.12	S	The hospital issues and implements policies to ensure and improve patient safety.
02.12.01	Cr	The hospital has a proactive policy to prevent clinical risks.
02.12.01.01	R	For each medical sector, clinical risks are periodically documented, identified and assessed as an integral part of the risk register.
02.12.01.02	R	The hospital develops and implements a sentinel event management system.
02.12.01.03	R	The hospital has developed and implemented a procedure for managing adverse events and those with the potential to affect the patient ("near miss").
02.12.01.04	R	The hospital has a functional patient identification system based on at least two identifying elements.
02.12.02	Cr	The hospital aims to identify and prevent risks and medication errors.
02.12.02.01	R	The patient medication recording and communication system prevents incompatible or unrecommendable associations.
02.12.02.02	R	The storage and handling of high-risk medicine or medication with similar names / packaging are regulated in the hospital.
02.12.02.03	R	Specific regulations on the storage and dispensing of psychotropic and narcotic drugs are followed.
02.12.02.04	R	Specific regulations on the storage and release of cytostatic medication are followed.
02.12.02.05	R	Specific regulations on the storage and release of electrolyte concentrate

		solutions are followed.
02.12.03	Cr	The transfer of patient information and responsibilities ensure continuity of care and safety.
02.12.03.01	R	The handover of the case is performed by following patient information and responsibility transfer procedures, as established by the hospital.
02.12.03.02	R	Patient information and responsibility transfer procedures in case handover are monitored and assessed.
02.12.04	Cr	The hospital aims to increase the safety of surgery and anaesthesia.
02.12.04.01	R	In Surgery and Anaesthetics, specific checklists are used to record identification items for each case.
02.12.04.02	R	In medical practice, surgical and anaesthetic protocols are implemented and followed.
02.12.04.03	R	Incidents occurring in surgical and anaesthetic practice are recognized and immediate action is taken.
02.12.05	Cr	The hospital provides conditions for radioprotection of patients and staff.
02.12.05.01	R	The general principles of radioprotection in radiodiagnosis, interventional radiology, radiotherapy and nuclear medicine are applied correctly and consistently.
02.12.05.02	R	Radiation protection principles of radiodiagnosis procedures seek to ensure the image quality, the minimum exposure and the precise delimitation of the area.
02.12.05.03	R	Radiation protection principles of radiotherapy / nuclear medicine procedures seek to establish, adapt and update the individualized treatment plan.
02.12.05.04	R	The principles of radioprotection of interventional radiology seek to follow specific protocols to optimize the time of intervention.
02.12.05.05	R	Individuals who voluntarily help a patient are informed of the risks associated with voluntary exposure and are provided with the necessary protection.
02.12.06	Cr	The hospital seeks to identify and mitigate the risks associated with the investigative process.
02.12.06.01	R	The clinical laboratory identifies and evaluates microbiological risks.
02.12.06.02	R	The microbiological risks of the clinical laboratory are analysed and good practice rules are established.
02.12.07	Cr	The hospital seeks to identify and mitigate the causes of injuries by falling / hitting.

02.12.07.01	R	The hospital identifies patients at risk of falling and takes measures to prevent and mitigate the consequences.
02.12.07.02	R	Informing and educating the patient / guardians and staff help reduce the risk of falling.
02.12.07.03	R	The hospital provides the necessary resources for carrying out the sampling and/or transplantation activity, ensuring efficiency and patient safety.
02.12.07.04	R	The hospital provides the necessary conditions for organ / tissue / cell procurement.
02.12.07.05	R	The hospital provides the necessary conditions for organ / tissue / cell transplantation.
02.12.07.06	R	The hospital organizes procurement / transplantation in accordance with the regulations of the National Transplant Agency.
02.13	S	The hospital has implemented good transfusion and haemovigilance practices.
02.13.01	Cr	The hospital has organized the prescribing and monitoring of transfusion and haemovigilance therapy.
02.13.01.02	R	The hospital fulfils the conditions for safe transfusion therapy.
02.13.01.03	R	The functional structures of the hospital with responsibilities in implementing and monitoring the correct use of transfusion therapy comply with the specific working arrangements.
02.13.02	Cr	Prescription of blood and derivatives is medically based and ensures the traceability of their use.
02.13.02.01	R	Prescribing blood and derivatives is performed according to the National Guidelines for the Use of Blood and Human Blood Components.
02.13.02.02	R	Blood transfusion records allow traceability of the process.
02.13.02.03	R	The hospital provides total blood and blood components, taking into account the dynamics of hospitalized morbidity, and monitors the consumption and the complete route of released products, including those that have not been administered.
02.14	S	Clinical audit assesses the efficacy and effectiveness of healthcare.
02.14.01	Cr	Clinical audit activity is organized.
02.14.01.01	R	Internal clinical audit missions are planned annually.
02.14.01.02	R	The clinical audit team is a functional part of the quality management structure.
02.14.01.03	R	In situations where undesirable events occur, the clinical audit team proposes additional missions to the hospital management.

02.14.02	Cr	Medical activity is improved by using the results of the clinical audit.
02.14.02.01	R	Clinical audit recommendations are used to improve diagnostic and treatment protocols.
02.14.02.02	R	The hospital aims to improve the medical activity using diagnostic and therapeutic protocols.
02.15	S	The discharge and transfer of the patient is customized according to his / her condition.
02.15.01	Cr	Patient discharge is planned, coordinated and documented.
02.15.01.01	R	Estimation of the discharge time is made on the patient admission and is updated according to the clinical evolution.
02.15.01.02	R	The hospital follows the discharge and continuity of care procedures.
02.15.02	Cr	The hospital has procedures related to patients in critical condition or death.
02.15.02.01	R	The patient guardians are alerted in case of degradation of the patient's condition, including imminence of death / death.
02.15.02.02	R	The dignity of the patient in critical condition / terminal phase and his / her spiritual / cultural beliefs, previous decisions related to this event are taken into account.
02.15.02.03	R	The hospital has regulated the procedure to be followed in the event of a patient’s death .
03	**Ref**	**MEDICAL ETHICS AND THE PATIENT RIGHTS**
03.01	S	The hospital promotes respect for patient autonomy.
03.01.01	Cr	The medical practice is regulated to be consistent with the ethical and legal provisions that apply to informed consent (IC).
03.01.01.01	R	The hospital has developed procedures and policies on how the IC is acquired.
03.01.01.02	R	The medical staff is preoccupied with identifying vulnerabilities in the process of acquiring the informed consent.
03.01.01.03	R	Measures have been implemented to diminish the effects of the identified vulnerabilities in the process of acquiring the informed consent.
03.01.02	Cr	Measures regarding the consistency of medical practice with the ethical and legal norms on patient medical data confidentiality are in place.
03.01.02.01	R	The hospital uses a unique procedure to ensure confidentiality and verifies compliance by medical staff.
03.01.02.03	R	Measures have been applied to diminish of the effects of the identified vulnerabilities related to the confidentiality of the medical data.

03.02	S	The hospital respects the principles of equity, social justice and patients' rights.
03.02.01	Cr	**The hospital has policies to prevent discrimination in providing medical services.**
03.02.01.01	R	The hospital regulates the prevention of discrimination.
03.02.01.02	R	A functional and regulated ethical council has been established within the hospital.
03.02.02	Cr	**The hospital ensures access to personal medical information.**
03.02.02.01	R	The hospital regulates the procedure of releasing medical documents to patients / family members / relatives / empowered authorities.
03.02.02.02	R	The hospital regulates how the patient's personal medical data is made available to authorized authorities / other institutions.
03.02.03	Cr	**The hospital ensures the right of the patient to a second medical opinion.**
03.02.03.01	R	The hospital regulates the circumstances in which the patients can receive a second medical opinion, including from doctors who are not hospital employees.
03.02.03.02	R	The hospital regulates the conditions in which patients can benefit from a second medical opinion from doctors who are employed by the hospital.
03.02.04	Cr	**The hospital is concerned with patient protection in relation with the external environment.**
03.02.04.01	R	The hospital regulates access of the media in the institution and to the patients.
03.02.04.02	R	The hospital protects the patient against the external intrusions
03.02.05	Cr	**The hospital allows the patients' audio / photo / video recording for medical / didactical / research purpose and to avoid accusations of malpractice.**
03.02.05.01	R	The hospital ensures the conditions and procedures for patients' audio / photo / video recording for medical / didactical / research purpose and trains the medical staff in this respect.
03.02.05.02	R	The hospital ensures the patient's audio / photo / video recording and recording conditions for medical, teaching and research purposes.
03.03	S	**The hospital promotes the principles of philanthropy and safety.**
03.03.01	Cr	**The hospital only operates within the limits of its competency.**
03.03.01.01	R	For each section, the hospital ensures medical personnel with appropriate competencies.
03.03.01.02	R	The hospital provides medical staff training to prevent deskilling.

03.03.02	Cr	**Exceeding competency is allowed for the patient benefit.**
03.03.02.01	R	The hospital regulates the conditions of performing one’s duties outside medical competency in the patient's interest.
03.03.02.02	R	The hospital ensures medical staff instruction on respecting the patient's rights in situations that require performing outside medical competency.