



England - Hospital: Test Hospital

AMI

External Pressure (EP)

Id Question	Criteria	Source	Clarification
P1	The Department is currently recognized by external assessment for specialist medical training	Report of most recent training assessment	Rate 2 if the hospital is waiting for the final report. Rate 4 if the hospital has a recognition or report within past three years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P2	Within the past three years, the department has been subject to formal external clinical review by a professional body	Reports of most recent clinical assessment	Rate 2 if the hospital is waiting for the final report. Rate 4 if the hospital has a recognition or report within past three years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Patient information (PI)

Id Question	Criteria	Source	Clarification
P3	A formal survey seeking views of patients and their informal carers on Acute Cardiac services was conducted in 2010	Survey tool and analysis used in 2010	Rate 2 if the survey was performed before 2010, Rate 4 if results are reported and documented;
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P4	Written policies on patients' rights are available, disseminated, or made visible to patients.	Patient information, patients' rights posters or documents, admission documents, posters in walls	Rate 4 if they fully visible (eg posters, leaflets, information booklets)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P5	Patient information literature available on the unit/ward includes patient versions of national or local guidelines/standards for management of the condition AMI	Examples available on ward, documents given to patients for discharge	Rate 2 if material is out of date, or in technical language
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P6	Fact sheets are available to patients and their carers to describe post-discharge rehabilitation programme and contact details for further information	Examples available on ward, documents given to patients for discharge	Rate 2 if material is out of date, or in technical language
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance			

3: High, extensive compliance 4: Full compliance 9: Non Applicable

Pathway Description (PD)

Id Question	Criteria	Source	Clarification
P7	Average number of beds per room (total number of beds/ total number of rooms)	Direct observation	calculate patient /patients rooms (i.e 26/20 = 1,3. Introduce 1,3)
Result : _____			
P8	Beds for the Acute Management of AMI are designated within dedicated wards/unit of the hospital	Observe in the ward/unit	Rate 2 if specialist beds are clustered on general wards; Rate 4 if all beds in dedicated area
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P9	Ambulance staff can transmit electrocardiogram (ECG) recordings taken during ambulance transfer to experienced staff to accelerate in-hospital management [2].	direct observation	Check in ward /Emergency room availability of ECG sent from the ambulance. Rate according number of ambulances and crews equipped for using telemetry
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P10	Discharged patients have access to a specialist multidisciplinary team which provides rehabilitation and support in a community setting	Condition protocol	Ask in the path/ward or check condition protocol
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Quality Improvement (QI)

Id Question	Criteria	Source	Clarification
P11	There is a formally agreed policy on criteria for admission to or exclusion from the designated beds.	Policy on admission to these beds	Rate 2 if policy not written; Rate 4 if policy documented and approved
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P12	The clinical director of the service has a written job description defining management responsibilities, including active support of the quality improvement and patient safety program.	Job description of clinical director	Rate 2 if out of date, incomplete, or unsigned; Rate 4 if complete, signed and current
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P13	There is a designated professional/s responsible for coordinating quality and/or safety within the clinical path or clinical	Job description, minutes of departmental meetings	Rate 2 if quality coordination is within general role of department head; Rate 4=if there is a coordinator is

	service		formally designated for quality and/or safety within this clinical path/service
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P14	There is a current, approved manual of policies and procedures to guide nursing care	Manual available on ward, recently dated (updated within the last 3 years)	Rate 2 if it's eg out of date, unspecified version, or limited access; Rate 4if is current versions of nursing procedure manual accessible on ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P15	During 2010, clinical review included analysis of clinical indicators on the management of the condition AMI	Indicators recorded in peer review/group minutes or in the audit/review report document	Indicators can exist without other guidelines evaluation
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P16	There is a multidisciplinary audit/review of practice against the guidelines	Peer review/group minutes or in the audit/review report document	Rate 4 if is dated on 2010 or 2011
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P17	Professionals participate or have direct feed-back on results of audit/review of practice against guidelines	Peer review/group minutes, audit/review report document or report sent to the professionals	Rate 4 if almost all clinicians participate together in formal review or have direct fed- back of results in 2010 or 2011
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Evidence-Based Medicine (EBM)

Id Question	Criteria	Source	Clarification
P18	There is a strategic group within the hospital responsible for the overall clinical management of Acute Coronary Syndrome (from admission to discharge)	Strategic group composition and function documented in the protocol or other sources	The group has to coordinate all the path management (in different departments). Rate 2 if it's an informal group or not documented; Rate 4=if current clinical policy decisions are documented
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P19	There are clinical leaders with specialist training who are formally recognized as having principal responsibility for overall clinical care of AMI patients (all the path)	Lead and deputy specialist doctors named when asking	Ask the names of who is responsible for the OVERALL coordination of the path management (in different departments)

<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P20	Evidence-based clinical guidelines have been formally adopted and disseminated a by the clinical staff for the management of patients with acute coronary syndrome	Approved guidelines available	Rate 2 if guidelines exist but are not evidence-based, not consistent between teams, not formally adopted by strategic group); Rate 4 if guidelines are formally adopted and documented
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P21	There are written criteria and procedures for fast track admission and treatment of patients presenting with acute chest pain	Procedures in Emergency room	Rate 2 if not formally adopted or out of date
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P22	Arrangements ensure that eligible STEMI (S-T elevation Myocardial Infarction) patients can receive thrombolysis within 30 minutes of arrival at the hospital.	Procedures written for rapid decision and intervention	Rate 2 if arrangements say within 60 minutes
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P23	Criteria and procedures are defined for early transfer of appropriate patients to a referral centre	procedures written for rapid decision and intervention	Rate 9= NA if the hospital is a tertiary level centre; 2=partly (eg not documented, or inconsistent between teams); 4=yes, transfer criteria and procedures formally adopted and documented)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P24	Immediate access is available at all times (24/7) to a specialist physician to determine whether coronary revascularisation is appropriate	On-call information or other evidence provided in Emergency room	Rate 2 if limited to weekdays, or daytime; Rate 4 if 24 hours a day, seven days a week
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P25	Facilities are immediately available for performance and transport for emergency coronary angiography	procedures written for rapid decision and intervention	Rate 2 if it's accessible within one hour but off-site; Rate 4 if it's accessible immediate, on-site
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P26	Facilities are immediately available for performance and transport for percutaneous coronary intervention	Procedures written for rapid decision and intervention	Rate 2 if it's accessible within one hour but off-site; Rate 4 if it's accessible immediate, on-site
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance			

3: High, extensive compliance 4: Full compliance 9: Non Applicable

Patient Safety Procedures (PSP)

Id Question	Criteria	Source	Clarification
P27	Patients are identified by bracelet	Observe 10 patients	calculate patient with bracelets/total patients (i.e 6/10 = 0,6. Introduce 0,6)
Result : _____			
P28	Safety boxes for disposal of injection devices are available in sufficient quantities for the number of injections administered.	Disposal boxes available	Disposal boxes available, include having boxes with available space. Rate 2 if boxes are insufficient or overflowed
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P29	Promotional hand hygiene reminders are on display in the workplace	Posters or protocol clear and visible	Rate 2 if too few, or unclear; Rate 4 if clearly visible in most clinical areas
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P30	Staff are provided with a readily accessible alcohol-based hand rub at the point of patient care	Location of dispensers	Rate 2 if insufficient numbers, staff areas only; Rate 4 if fully operational within reach of all patient beds
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P31	There is no concentrated potassium chloride (KCl) stored in patient service areas.	Direct observation	Not stored in general medication cabinet; Rate 2 if stored in separate cabinet with limited access by staff on ward; Rate 4 if all concentrated KCl removed from ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P32	Diagrammatic instructions for resuscitation are available in resuscitation areas	Posters or protocol clear and visible	Rate 2 if it's only visible in some areas
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P33	Each emergency "crash cart" has a completed checklist of equipment and supplies	Checklist in the crash cart	Rate 4 if checklist completed by identified staff member at least daily if crash cart is not sealed
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P34	All defibrillators are subject to a documented programme of maintenance and calibration by an electrical engineer	Evidence of engineer's inspection within past year	Rate 2 if no records kept, no test date visible on defibrillator; Rate 4 if planned preventive maintenance indicated on

			defibrillators within last year
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P35	Laboratory equipment existing in the ward (eg: blood gas analysis) is calibrated, standardised and maintained by technicians from the main laboratory using the same procedures	Evidence of checking	Include blood gases analysis etc. Rate 9 if there is no lab equipment in the ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P36	There is a system to report patient adverse events	Evidence of an Adverse Events Reporting System	Rate 0 if no notification system, Rate 1 if exists, Rate 2 if less than 10 events reported and 4 if more than 10 events reported
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P37	during 2010 clinical review included analysis of reported adverse events	Quantified analysis recorded in peer review minutes	Rate 2 if only quantification and no analysis or conclusions documented; Rate 4 if clear conclusions are documented in patients' events review
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
P38	Ward staff receive formal feedback on the analysis of reported adverse patient events	Peer review/group minutes, audit/review report document or report sent to the professionals	Rate 2 if 50% of clinicians do not participate, or do not receive conclusions
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			



England - Hospital: Test Hospital

DELIVERIES

External Pressure (EP)

Id Question	Criteria	Source	Clarification
S1	The Department is currently recognized by external assessment for specialist medical training	Report of most recent training assessment	Rate 2 if the hospital is waiting for the final report. Rate 4 if the hospital has a recognition or report within past three years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S2	Within the past three years, the department has been subject to formal external clinical review by a professional body	Reports of most recent clinical assessment	Rate 2 if the hospital is waiting for the final report. Rate 4 if the hospital has a recognition or report within past three years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Patient information (PI)

Id Question	Criteria	Source	Clarification
S3	A formal survey seeking views of patients and their informal carers on Maternity services was conducted in 2010	Survey tool and analysis used in 2010	Rate 2 if the survey was performed before 2010, Rate 4 if results are reported and documented;
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S4	Written policies on patients' rights are available, disseminated, or made visible to patients.	Patient information, patients' rights posters or documents, admission documents, posters in walls	Rate 4 if they fully visible (eg posters, leaflets, information booklets)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S5	Patient information literature available on the unit/ward includes patient versions of national or local guidelines/standards for management of the condition Deliveries	Examples available on ward, documents given to patients for discharge	Rate 2 if material is out of date, or in technical language
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S6	Fact sheets are available to patients and their carers to describe post-discharge rehabilitation programme and contact details for further information	Examples available on ward, documents given to patients for discharge	Rate 2 if material is out of date, or in technical language
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance			

3: High, extensive compliance 4: Full compliance 9: Non Applicable

Pathway Description (PD)

Id Question	Criteria	Source	Clarification
S7	Average number of beds per room (total number of beds/ total number of rooms)	Direct observation	calculate patient /patients rooms (i.e 26/20 = 1,3. Introduce 1,3)
Result : _____			
S8	Beds for the Management of Maternity are designated within dedicated wards/unit of the hospital	Observe in the ward/unit	Rate 2 if specialist beds are clustered on general wards; Rate 4 if all beds in dedicated area
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Quality Improvement (QI)

Id Question	Criteria	Source	Clarification
S9	There is a formally agreed policy on criteria for admission to or exclusion from the beds designated for women in labour	Policy on admission to these beds	Rate 2 if policy not written; Rate 4 if policy documented and approved
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S10	The clinical director of the service has a written job description defining management responsibilities, including active support of the quality improvement and patient safety program.	Job description of clinical director	Rate 2 if out of date, incomplete, or unsigned; Rate 4 if complete, signed and current
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S11	There is a designated professional/s responsible for coordinating quality and/or safety within the clinical path or clinical service	Job description, minutes of departmental meetings	Rate 2 if quality coordination is within general role of department head; Rate 4=if there is a coordinator is formally designated for quality and/or safety within this clinical path/service
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S12	There is a current, approved manual of policies and procedures to guide nursing care	Manual available on ward, recently dated (updated within the last 3 years)	Rate 2 if it's eg out of date, unspecified version, or limited access; Rate 4if is current versions of nursing procedure manual accessible on ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S13	During 2010, clinical review	Indicators recorded in	Indicators can exist without

	included analysis of routine clinical indicators on the management of the condition Deliveries	peer review/group minutes or in the audit/review report document	other guidelines evaluation
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S14	There is a multidisciplinary audit/review of practice against the guidelines.	Peer review/group minutes or in the audit/review report document	Rate 4 if is dated on 2010 or 2011
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S15	Professionals participate or have direct feed-back on results of audit/review of practice against guidelines	Peer review/group minutes, audit/review report document or report sent to the professionals	Rate 4 if almost all clinicians participate together in formal review or have direct feed-back of results in 2010 or 2011
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Evidence-Based Medicine (EBM)

Id Question	Criteria	Source	Clarification
S16	There is a strategic group within the hospital responsible for the overall clinical management of Deliveries (from admission to discharge)	Strategic group composition and function documented in the protocol or other sources	The group has to coordinate all the path management (in different departments). Rate 2 if it's an informal group or not documented; Rate 4=if current clinical policy decisions are documented
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S17	There are clinical leaders with specialist training who are formally recognized as having principal responsibility for overall clinical care of Maternity patients (all the path)	Lead and deputy specialist doctors named when asking	Ask the names of who is responsible for the OVERALL coordination of the path management (in different departments)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S18	Evidence-based clinical guidelines have been formally adopted, disseminated and implemented by the clinical staff for the management of maternity patients	Approved guidelines available	Rate 2 if guidelines exist but are not evidence-based, not consistent between teams, not formally adopted by strategic group); Rate 4 if guidelines are formally adopted and documented
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S19	Criteria and procedures are defined for early transfer of appropriate patients to a referral centre	procedures written for rapid decision and intervention	Rate 9= NA if the hospital is a tertiary centre; 2=partly (eg not documented, or inconsistent between teams); 4=yes, transfer criteria and procedures formally

			adopted and documented ;9= NA hospital is tertiary level service)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S20	A structured, accurate record of all events during the antenatal, childbirth and postnatal periods is maintained for every woman and child	.	Rate 9 if by law babies have same medical records than the mother
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S21	All women, who have epidural analgesia or an operative delivery, have their pain assessed using a pain assessment tool approved by the hospital	.	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S22	There is prompt access to ultrasound facilities with trained staff	.	Rate 2 if limited service (i.e except evening, weekends), rate 4 if 24/7
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S23	There is a procedure that guarantees that all women who are identified in the screening programme as at risk of rhesus disease are properly managed	procedure manual	Rate 2 if informal procedure
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S24	Each woman receives one-to-one midwifery care during established labour and childbirth by a trained midwife	procedure manual	Rate 2 if limited service (i.e except evening, weekends), rate 4 if 24/7
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S25	Epidural analgesia is available at all times	procedure manual	Rate 2 if limited service (i.e except evening, weekends), rate 4 if 24/7
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S26	Adult intensive care facilities and specialist medical back-up are available on-site	procedure manual	Rate 2 if limited service (i.e except evening, weekends), rate 4 if 24/7
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S27	Patient monitoring equipment and clinical expertise in its management are available	staffing arrangements, availability	Rate 2 if limited service (i.e except evening, weekends), rate 4 if 24/7

	within the obstetric unit		
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S28	There is a system in place to ensure that anaesthetic and theatre services respond within 30 minutes to obstetric emergencies and expedite delivery in the event of maternal or fetal compromise	procedure manual	Rate 2 if limited service (i.e except evening, weekends), rate 4 if 24/7
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S29	All babies are clinically examined prior to discharge from hospital and/or within 72 hours of birth, by a suitably qualified healthcare professional.	procedure manual	Rate 2 if limited service (i.e except evening, weekends), rate 4 if 24/7
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Patient Safety Procedures (PSP)

Id Question	Criteria	Source	Clarification
S30	Mother Patients are identified by bracelet	Observe 10 patients	calculate patient with bracelets/total patients (i.e 6/10 = 0,6. Introduce 0,6)
Result :			
S31	Newborn Patients are identified by bracelet	Observe 10 patients	calculate patient with bracelets/total patients (i.e 6/10 = 0,6. Introduce 0,6)
Result :			
S32	Safety boxes for disposal of injection devices are available in sufficient quantities for the number of injections administered.	Disposal boxes available	Disposal boxes available, include having boxes with available space. Rate 2 if boxes are insufficient or overflowed
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S33	Promotional hand hygiene reminders are on display in the workplace	Posters or protocol clear and visible	Rate 2 if too few, or unclear; Rate 4 if clearly visible in most clinical areas
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S34	Staff are provided with a readily accessible alcohol-based hand rub at the point of patient care	Location of dispensers	Rate 2 if insufficient numbers, staff areas only; Rate 4 if fully operational within reach of all patient beds
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance			

<input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S35	There is no concentrated potassium chloride (KCl) stored in patient service areas.	Direct observation	Not stored in general medication cabinet; Rate 2 if stored in separate cabinet with limited access by staff on ward; Rate 4 if all concentrated KCl removed from ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S36	Diagrammatic instructions for resuscitation are available in resuscitation areas	Posters or protocol clear and visible	Rate 2 if it's only visible in some areas
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S37	Each emergency "crash cart" has a completed checklist of equipment and supplies	Checklist in the crash cart	Rate 4 if checklist completed by identified staff member at least daily if crash cart is not sealed
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S38	All defibrillators are subject to a documented programme of maintenance and calibration by an electrical engineer	Evidence of engineer's inspection within past year	Rate 2 if no records kept, no test date visible on defibrillator; Rate 4 if planned preventive maintenance indicated on defibrillators within last year
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S39	Laboratory equipment existing in the ward (eg blood gas analysis) is calibrated, standardised and maintained by technicians from the main laboratory using the same procedures	Evidence of checking	Include blood gases analysis etc
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S40	There is a system to report patient adverse events	Evidence of an Adverse Events Reporting System	Rate 0 if no notification system, Rate 1 if exists, Rate 2 if less than 10 events reported and 4 if more than 10 events reported
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S41	During 2010 clinical review included analysis of reported adverse events	Quantified analysis recorded in peer review minutes	Rate 2 if only quantification and no analysis or conclusions documented; Rate 4 if clear conclusions are documented in patients' events review
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S42	Ward staff receive formal feedback on the analysis of reported adverse patient events	Peer review/group minutes, audit/review report document or report sent to the	Rate 2 if 50% of clinicians do not participate, or do not receive conclusions

		professionals	
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
S43	Access to the neonatal nursery is controlled by door locks	Observe	Rate 2 if locks available but not used
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			



England - Hospital: Test Hospital

HIP FRACTURE

External Pressure (EP)

Id Question	Criteria	Source	Clarification
R1	The Department is currently recognized by external assessment for specialist medical training	Report of most recent training assessment	Rate 2 if the hospital is waiting for the final report. Rate 4 if the hospital has a recognition or report within past three years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R2	Within the past three years, the department has been subject to formal external clinical review by a professional body	Reports of most recent clinical assessment	Rate 2 if the hospital is waiting for the final report. Rate 4 if the hospital has a recognition or report within past three years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Patient information (PI)

Id Question	Criteria	Source	Clarification
R3	A formal survey seeking views of patients and their informal carers was conducted in 2010	Survey tool and analysis used in 2010	Rate 2 if the survey was performed before 2010, Rate 4 if results are reported and documented;
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R4	Written policies on patients' rights are available, disseminated, or made visible to patients.	Patient information, patients' rights posters or documents, admission documents, posters in walls	Rate 4 if they fully visible (eg posters, leaflets, information booklets)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R5	Patient information literature available on the unit/ward includes patient versions of national or local guidelines/standards for management of the condition hip fracture	Examples available on ward, documents given to patients for discharge	Rate 2 if material is out of date, or in technical language
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R6	Fact sheets are available to patients and their carers to describe post-discharge rehabilitation programme and contact details for further information	Examples available on ward, documents given to patients for discharge	Rate 2 if material is out of date, or in technical language
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance			

3: High, extensive compliance 4: Full compliance 9: Non Applicable

Pathway Description (PD)

Id Question	Criteria	Source	Clarification
R7	Average number of beds per room (total number of beds/ total number of rooms)	Direct observation	calculate patient /patients rooms (i.e 26/20 = 1,3. Introduce 1,3)
Result : _____			
R8	Beds for the Acute management of hip fracture are designated within dedicated wards/unit of the hospital	Observe in the ward/unit	Rate 2 if specialist beds are clustered on general wards; Rate 4 if all beds in dedicated area
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R9	Discharged patients have access to a specialist multidisciplinary team which provides rehabilitation and support in a community setting	Condition protocol	Ask in the path/ward or check condition Protocol
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Quality Improvement (QI)

Id Question	Criteria	Source	Clarification
R10	There is a formally agreed policy on criteria for admission to or exclusion from the designated beds	Policy on admission to these beds	Rate 2 if policy not written; Rate 4 if policy documented and approved
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R11	The clinical director of the service has a written job description defining management responsibilities, including active support of the quality improvement and patient safety program.	Job description of clinical director	Rate 2 if out of date, incomplete, or unsigned; Rate 4 if complete, signed and current
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R12	There is a designated professional responsible for coordinating quality and/or safety within the clinical path or service	Job description, minutes of departmental meetings	Rate 2 if quality coordination is within general role of department head; Rate 4=if there is a coordinator is formally designated for quality and/or safety within this clinical path/service
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R13	There is a current, approved	Manual available on	Rate 2 if it's eg out of date,

	manual of policies and procedures to guide nursing care	ward, recently dated (updated within the last 3 years)	unspecified version, or limited access; Rate 4if is current versions of nursing procedure manual accessible on ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R14	During 2010, clinical review included analysis of clinical indicators on the management of the condition hip fracture	Indicators recorded in peer review/group minutes or in the audit/review report document	Indicators can exist without other Guidelines evaluation
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R15	There is a multidisciplinary audit/review of practice against the guidelines	Peer review/group minutes or in the audit/review report document	Rate 4 if is dated on 2010 or 2011
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R16	Professionals participate or have direct feed-back on results of audit/review of practice against guidelines	Peer review/group minutes, audit/review report document or report sent to the professionals	Rate 4 if almost all clinicians participate together in formal review or have direct feed-back of results in 2010 or 2011
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Evidence-Based Medicine (EBM)

Id Question	Criteria	Source	Clarification
R17	There is a strategic group within the hospital responsible for clinical management of hip fracture (from admission to discharge)	Strategic group composition and function documented in the protocol or other sources	The group has to coordinate all the path management (in different departments). Rate 2 if it's an informal group or not documented; Rate 4=if current clinical policy decisions are documented
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R18	There are clinical leaders with specialist training who are formally recognized as having principal responsibility for overall clinical care of hip fracture patients (all the path)	Lead and deputy specialist doctors named when asking	Ask the names of who is responsible for the OVERALL coordination of the path management (in different departments)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R19	Evidence-based clinical guidelines have been formally adopted, disseminated by the clinical staff for the management of patients with hip fracture	Approved guidelines available	Rate 2 if guidelines exist but are not evidence-based, not consistent between teams, not formally adopted by strategic group); Rate 4 if guidelines are

			formally adopted and documented
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R20	The guidelines require that medical staff assess patients suspected of having a fractured hip within one hour of arrival in the ED (or of the incident if already in hospital)	Procedures written for rapid decision and intervention	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R21	The guidelines require a multidisciplinary assessment plan and individual goals for rehabilitation to be documented within 24 hours post-operatively	approved guidelines available	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R22	Magnetic resonance imaging (MRI) is immediately available if hip fracture is suspected despite negative plain X-rays		.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R23	The guidelines require that all patients presenting with a fragility (pathological) fracture are managed on a ward with routine access to acute orthogeriatric medical support.	approved guidelines available	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R24	Whenever clinically appropriate, surgery is performed within 48 hours of admission	Ask for 5 cases admitted at the time of visit (if surgery before 48 hours count 1, if not count 0. Enter result 3/5=0,6)	.
Result : _____			
R25	Guidelines require that all patients undergoing hip fracture surgery receive antibiotic prophylaxis.	approved guidelines available	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R26	Guidelines require that, if the patient's overall medical condition allows, mobilisation begins within 24 hours postoperatively.	procedure manual, approved guidelines	.

- 0: No or negligible compliance
 1: Low compliance
 2: Medium compliance
 3: High, extensive compliance
 4: Full compliance
 9: Non Applicable

Patient Safety Procedures (PSP)

Id Question	Criteria	Source	Clarification
R27	Patients are identified by bracelet	Observe 10 patients	calculate patient with bracelets/total patients (i.e 6/10 = 0,6. Insert the number = 0,7
Result : _____			
R28	Safety boxes for disposal of injection devices are available in sufficient quantities for the number of injections administered.	Disposal boxes available	Disposal boxes available, include having boxes with available space. Rate 2 if boxes are insufficient or overflowed
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R29	Promotional hand hygiene reminders are on display in the workplace	Posters or protocol clear and visible	Rate 2 if too few, or unclear; Rate 4 if clearly visible in most clinical areas
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R30	Staff are provided with a readily accessible alcohol-based hand rub at the point of patient care	Location of dispensers	Rate 2 if insufficient numbers, staff areas only; Rate 4 if fully operational within reach of all patient beds
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R31	There is no concentrated potassium chloride (KCl) stored in patient service areas.	Direct observation	Not stored in general medication cabinet; rate 2 if stored in separate cabinet with limited access by staff on ward; Rate 4 if all concentrated KCl removed from ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R32	Diagrammatic instructions for resuscitation are available in resuscitation areas	Posters or protocol clear and visible	Rate 2 if it's only visible in some areas
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R33	Each emergency "crash cart" has a completed checklist of equipment and supplies	Checklist in the crash cart	Rate 4 if checklist completed by identified staff member at least daily if crash cart is not sealed
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R34	All defibrillators are subject to a documented programme of maintenance and calibration by	Evidence of engineer's inspection within past year	Rate 2 if no records kept, no test date visible on defibrillator; Rate 4 if planned preventive

	an electrical engineer		maintenance indicated on defibrillators within last year
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R35	Laboratory equipment existing in the ward (eg blood gas analysis) is calibrated, standardised and maintained by technicians from the main laboratory using the same procedures	Evidence of checking	Include blood gases analysis etc. Rate 9 if there is no lab equipment in the ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R36	There is a system to report patient adverse events	Evidence of an Adverse Events Reporting System	Rate 0 if no notification system, Rate 1 if exists, Rate 2 if less than 10 events reported and 4 if more than 10 events reported
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R37	During 2010 clinical review included analysis of reported adverse events	Quantified analysis recorded in peer review minutes	Rate 2 if only quantification and no analysis or conclusions documented; Rate 4 if clear conclusions are documented in patients' events review
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
R38	Ward staff receive formal feedback on the analysis of reported adverse patient events	Peer review/group minutes, audit/review report document or report sent to the professionals	Rate 2 if 50% of clinicians do not participate, or do not receive conclusions
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			



England - Hospital: Test Hospital

HOSPITAL

External Pressure (EP)

Id Question	Criteria	Source	Clarification
H1	The hospital has a regular statutory inspection to maintain a licence as a healthcare provider	certificate	Regular inspection is to maintain initial hospital opening permission (not accreditation). Rate 2 if licence renewed without inspection. Rate 9= if permanent licence. Not renewed required
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H2	The hospital has regular sanitary inspection by public health authorities	certificate	Hospital sanitary inspection ensures salubrity of hospital facilities (including kitchen etc). Use 2 if inspection before the last 3 years; Rate 4 if inspection within the last 3 years; Rate 9 if not applicable/not needed according law;
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H3	The hospital is currently externally recognized by an established national/regional programme for health service accreditation	certificate	Includes both national programs (as HAS certification in France) or regional programs (as Catalan accreditation); Rate 2= if expired; 3=in preparation; 4=currently accredited
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H4	The hospital-wide quality system is currently certificated under ISO 9001:2000	certificate	Hospital wide can approach topics as "care delivery" across the hospital or other issues of similar scope; Rate 2= if expired; 3=in preparation; 4=currently accredited
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H5	The medical laboratory is certificated compliant with ISO 9000 or 15189	certificate	Rate 2= if expired; 3=in preparation; 4= certificate issued within the past 3 years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H6	The diagnostic radiology department is certificated by ISO norms	certificate	Rate 2= if expired; 3=in preparation; 4= certificate issued within the past 3 years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H7	The medical laboratory participates in	Reports of	Rate 9 if no EQA programme

	a formal external quality assurance programme for validation of test results	the external program or similar evidence	available in the country
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H8	The radiology department participates in a formal external quality assurance programme for validation of imaging results	Reports of the external program or similar evidence	Rate 9 if no EQA programme available in the country
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H9	The hospital complies with international accreditation	certificate	Rate 2= if expired; 3=in preparation; 4=currently accredited
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H10	In case you responded Yes (= 4 full compliance) to the previous question: Which international accreditation does the hospital comply with? (please tick the box/es accordingly to the international accreditation your hospital complies with)	.	.
<input type="radio"/> 1: Joint Commission International (JCI) <input type="radio"/> 2: Accreditation Canada <input type="radio"/> 3: CHKS International Accreditation <input type="radio"/> 9: Other			

Quality System Leadership (QSL)

Id Question	Criteria	Source	Clarification
H11	The hospital (management) Board approved an annual programme for quality improvement in 2010	board management minutes or quality coordinator documents	Rate 2 =documented programme; 4=document approved by board
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H12	The Hospital (management) Board received regular, formal reports on quality and safety in 2010	board management minutes or hospital coordinator files	Rate 2 if a single study; 3=two or more reports; 4= routine Q&S indicators reported at each meeting
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H13	The results of patient satisfaction surveys were formally reported to the hospital (management) Board in 2010	board management minutes or hospital coordinator files	Rate 1 if data from 2009; 2= data from 2010 reported once; 4=reported twice or more
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance			

<input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H14	The Hospital (management) Board received results of surveys of staff satisfaction in 2010	board management minutes or hospital coordinator files	Rate 1 if data from 2009; 2= data from 2010 reported once; 4=reported twice or more
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H15	The hospital board has defined and implemented measures of clinical performance to be routinely reported to the public in 2010	annual report, website	Rate 2 if measures published in annual report; 4=measures reported twice or more on publicly accessible website or similar
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H16	There is a defined mechanism or structure through which the medical staff are accountable to the governing body for the quality of medical care in the hospital	Medical structure terms of reference	This means the doctors are organized in a structure/ group . In the goals or responsibilities of this group is included quality of care and they report to the board or management board of the hospital. Rate 2 if quality included and accepts corporate responsibility; 4= and is accountable to board/hospital management board
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H17	Medical leaders received regular, formal reports on quality and safety in 2010	Hospital coordinator files or records of medical leaders	Please check that the reports exist and are send to medical leaders (chiefs of departments etc). Rate 1if one report on a single study; 2=two or more reports; 4= routine Q&S indicators or results reported at least bimonthly
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Quality Resources (QR)

Id Question	Criteria	Source	Clarification
H18	There is designated leader of quality improvement and safety who is directly accountable to the CEO/hospital management board	Job description, quality director/ coordinator	Rate 2 if exists but not directly accountable to CEO or hospital management board; 4=directly accountable to CEO or hospital mangement board
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H19	The hospital has established a multi-disciplinary group(s) assigned to coordinate quality improvement and safety across the hospital	Quality improvement group minutes	Rate 1 if existing but no minutes in 2010; 2=met 1-2 times; 3=met 3 times; 4=met 4 times or more
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Staff Development (SD)

Id Question	Criteria	Source	Clarification
H20	The hospital maintains a record for each member of the medical staff that contains a copy of documents related to licence, education, experience, and certification.	personnel files of five new doctors (more than 12 months in the hospital)	Rate 0 if no personal record kept; 2=file incomplete; 4=file complete including post graduate training during hospital period
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H21	The hospital maintains a record for each member of the nursing staff that contains a copy of documents related to licence, education, experience, and certification.	personnel files of five new nurses (more than 12 months in the hospital)	Rate 0 if no personal record kept; 2=file incomplete; 4=file complete including post graduate training during hospital period
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H22	The performance of all individual medical staff members is formally reviewed to determine continued competence to provide patient care services.	Five records of performance review of individual medical staff	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H23	The performance of all individual nursing staff members is formally reviewed to determine continued competence to provide patient care services.	Five records of performance review of individual nursing staff	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H24	The hospital maintains records of staff currently trained in advanced life support	Five Records of staff training in basic and advanced life support	Ask for attendants of the courses and then ask for their records in the human resources area
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Quality Operating Procedures (QOP)

Id Question	Criteria	Source	Clarification
H25	There is an active clinical Guidelines register	Check Guidelines register and then select 2 guidelines	Please check if the reports exist and the type of indicators used in the evaluations. 0=No documented system (go to next process); 1=Register including all documents without data or previous to 2009; 2=2 Guidelines formally approved 2009 -10 or 11 WITHOUT evidence based references; 4=2 Guidelines formally approved 2009 -10 or 11 WITH at least one evidence based references

<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H26	Guidelines application are measured and evaluated	Reports of 2 Guidelines evaluations. Select two Guidelines	0= No clinical Guidelines measured in the last 3 years (go to next process); 1=At least one with activity and process indicators measured on 2009-10 or 11; 2=Two or more measured with process indicators during 2009-10 and 11; 3=At least one measuring relevant outcome indicators 2009,10 or 11; 4=Two or more measuring relevant outcome indicators
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H27	Patients incidents and adverse events are analyzed and evaluated	Report/s on Patient's Adverse Events Reporting System	Please also check if there is any classification system of the events reported; 0= No reports in 2010 or 2011; 2=At least one report to the management Board on 2010 or 11. NO RISK CLASSIFICATION of the cases; 3=At least one report to the Management Board on 2010 or 11. WITH RISK CLASSIFICATION of the cases; 4=Two (or more) reports to the management Board during 2010 or 11 WITH RISK CLASSIFICATION
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H28	The hospital has a documented protocol for process and information to be transmitted when a patient is transferred to another unit	Minutes of hospital QIS group	0=no protocol documented; 2= protocol in use and monitored in some departments; 4=protocol compliance audited at hospital level results reported/available to hospital QIS in 2010
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H29	The hospital has a documented protocol for the safe separation, storage, transport and disposal of medical waste.	minutes of infection control management committee	0=no formal policy; 2= formal policy documented; 4=policy reviewed or approved within past three years by management board
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H30	Patients' Opinion/ Perception is measured and evaluated	Report/s on patients opinion/ perception	Studies can be both quantitative or qualitative but methods should be described; 0=No study available; 2= Studies available before 2010 3=At least one study available on 2010 or 11. NO Improvement recommendations; 4=At least one study available on 2010 or 11.WITH IMPROVEMENT RECOMMENDATIONS
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H31	Patients complaint system	Reports on patients' complaints	0=No study available; 2=Studies available before 2010; 3=At least one study available on 2010 or 11. NO Improvement recommendations; 4=At least one study available on 2010 or 11.WITH IMPROVEMENT RECOMMENDATIONS

<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
H32	Professional opinion/ Perception is measured and evaluated	Report/s on staff opinion/ perception	Studies can be both quantitative or qualitative but methods should be described; 0= No study available; 2=Studies available before 2010; 3=At least one study available on 2010 or 11. NO Improvement recommendations; 4= At least one study available on 2010 or 11.WITH IMPROVEMENT RECOMMENDATIONS
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Quality Deployment (QD)

Source	Group Minutes	Check protocol	Compliance Report or Group minutes	Group Minutes or Compliance Reports	Compliance Report
Clarification	0=No responsibility formally defined, no documentation; 2=Formal responsible/group with few (less than 4) documented meetings last year; 4=Formal/responsible group with 4 or more documented meetings last year	0=No documented unique protocol; 2=Protocol formally approved before 2009; 3=Protocol formally approved 2009 - 10 or 11 WITHOUT evidence based references; 4=Protocol formally approved 2009 - 10 or 11 WITH at least one evidence based references	0=No compliance measurement documented in the last 2 years; 2=Formal audit/review or indicators documented in some clinical departments; 4=Comparable measurement of compliance across hospital departments documented within past two years	0=No measures in the last 2 years; 2=At least one measure on 2009-10 or 11; 3=At least one measure (same each year)during 2 years on 2009-10 and 11; 4=At least two (or more) measures (same each year) available during 2 years on 2009,10 or 11	0=No measures in the last 2 years (go to next topic); 1=At least one with activity and process indicators measured on 2009-10 or 11; 2=Two or more measured with process indicators during 2009-10 and 11; 3=At least one measuring relevant outcome indicators 2009,10 or 11; 4=Two or more measuring relevant outcome indicators
Criteria	Responsible group exists	Hospital protocol exists	Extent of Compliance Monitoring	Sustainability of the system	Improvement focus
H33- Preventing Hospital infection	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non

		Applicable	Applicable	Applicable	Applicable
H34- Medication management	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable
H35- Preventing patient falls	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable
H36- Preventing pressure ulcers	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable
H37-Routine Assessment and Diagnostic testing of patients in elective surgery	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance

		<input type="radio"/> 9: Non Applicable	<input type="radio"/> 9: Non Applicable	<input type="radio"/> 9: Non Applicable	<input type="radio"/> 9: Non Applicable
H38-Safe Surgery that includes an approved checklist	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable
H39- Preventing deterioration and advance life support (i.e Rapid response teams, resuscitation programs)	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable	<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable



England - Hospital: Test Hospital

STROKE

External Pressure (EP)

Id Question	Criteria	Source	Clarification
Q1	The Department is currently recognized by external assessment for specialist medical training	Report of most recent training assessment	Rate 2 if the hospital is waiting for the final report. Rate 4 if the hospital has a recognition or report within past three years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q2	Within the past three years, the department has been subject to formal external clinical review by a professional body	Reports of most recent clinical assessment	Rate 2 if the hospital is waiting for the final report. Rate 4 if the hospital has a recognition or report within past three years
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Patient information (PI)

Id Question	Criteria	Source	Clarification
Q3	A formal survey seeking views of patients and their informal carers on Acute Stroke services was conducted in 2010	Survey tool and analysis used in 2010	Rate 2 if the survey was performed before 2010, Rate 4 if results are reported and documented;
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q4	Written policies on patients' rights are available, disseminated, or made visible to patients.	Patient information, patients' rights posters or documents, admission documents, posters in walls	Rate 4 if they fully visible (eg posters, leaflets, information booklets)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q5	Patient information literature available on the unit/ward includes patient versions of national or local guidelines/standards for management of Stroke	Examples available on ward, documents given to patients for discharge	Rate 2 if material is out of date, or in technical language
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q6	Fact sheets are available to patients and their carers to describe post-discharge rehabilitation programme and contact details for further information	Examples available on ward, documents given to patients for discharge	Rate 2 if material is out of date, or in technical language
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance			

3: High, extensive compliance 4: Full compliance 9: Non Applicable

Pathway Description (PD)

Id Question	Criteria	Source	Clarification
Q7	Average number of beds per room (total number of beds/ total number of rooms)	Direct observation	calculate patient /patients rooms (i.e 26/20 = 1,3. Introduce 1,3)
Result : _____			
Q8	Beds for the Acute Management of Stroke are designated within dedicated wards/unit of the hospital	Observe in the ward/unit	Rate 2 if specialist beds are clustered on general wards; Rate 4 if all beds in dedicated area
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q9	All patients who need ongoing inpatient rehabilitation after completion of their acute diagnosis and treatment are treated in a specialist stroke rehabilitation unit.	Condition protocol	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Quality Improvement (QI)

Id Question	Criteria	Source	Clarification
Q10	There is a formally agreed policy on criteria for admission to or exclusion from the designated beds.	Policy on admission to these beds	Rate 2 if policy not written; Rate 4 if policy documented and approved
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q11	The clinical director of the service has a written job description defining management responsibilities, including active support of the quality improvement and patient safety program.	Job description of clinical director	Rate 2 if out of date, incomplete, or unsigned; Rate 4 if complete, signed and current
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q12	There is a designated professional/s responsible for coordinating quality and/or safety within the clinical path or clinical service	Job description, minutes of departmental meetings	Rate 2 if quality coordination is within general role of department head; Rate 4=if there is a coordinator is formally designated for quality and/or safety within this clinical path/service
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q13	There is a current, approved	Manual available on	Rate 2 if it's eg out of date,

	manual of policies and procedures to guide nursing care	ward, recently dated (updated within the last 3 years)	unspecified version, or limited access; Rate 4if is current versions of nursing procedure manual accessible on ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q14	During 2010, clinical review included analysis of routine clinical indicators on the management of the condition Stroke	Indicators recorded in peer review/group minutes or in the audit/review report document	Indicators can exist without other guidelines evaluation
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q15	There is a multidisciplinary audit/review of practice against the guidelines	Peer review/group minutes or in the audit/review report document	Rate 4 if is dated on 2010 or 2011
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q16	Professionals participate or have direct feed-back on results of audit/review of practice against guidelines	Peer review/group minutes, audit/review report document or report sent to the professionals	Rate 4 if almost all clinicians participate together in formal review or have direct fed- back of results in 2010 or 2011
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Evidence-Based Medicine (EBM)

Id Question	Criteria	Source	Clarification
Q17	There is a strategic group within the hospital responsible for clinical management of Acute Stroke (from admission to discharge)	Strategic group composition and function documented in the protocol or other sources	The group has to coordinate all the path management (in different departments). Rate 2 if it's an informal group or not documented; Rate 4=if current clinical policy decisions are documented
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q18	There are clinical leaders with specialist training who are formally recognized as having principal responsibility for overall clinical care of Stroke patients (all the path)	Lead and deputy specialist doctors named when asking	Ask the names of who is responsible for the OVERALL coordination of the path management (in different departments)
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q19	Evidence-based clinical guidelines have been formally adopted and disseminated by the clinical staff for the management of patients with Acute Stroke	Approved guidelines available	Rate 2 if guidelines exist but are not evidence-based, not consistent between teams, not formally adopted by strategic group); Rate 4 if guidelines are

			formally adopted and documented
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q20	There is an agreed procedure for appropriate patients directly be transport for ambulance personnel to a stroke unit	Procedures in stroke unit or Emergency room	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q21	Agreed procedures ensure that patients with suspected stroke are assessed for thrombolysis receiving, if clinically indicated.	Procedures in stroke unit or Emergency room.	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q22	A thrombolysis service is available seven days a week in the hospital or by formal arrangement elsewhere	On-call information or other evidence provided in Emergency room	Rate 2 if limited to weekdays, or daytime; Rate 4 if 24 hours a day, seven days a week
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q23	Criteria and procedures are defined for early transfer of appropriate patients to a referral centre	procedures written for rapid decision and intervention	Rate 9= NA if the hospital is a tertiary level centre; 2=partly (eg not documented, or inconsistent between teams); 4=yes, transfer criteria and procedures formally adopted and documented ;
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q24	Agreed procedures ensure that patients with acute stroke have their swallowing screened by a specially trained healthcare professional	approved guidelines available	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q25	Protocols and Procedures are available in order for patients to receive brain imaging within 1 hour of arrival at the hospital	procedures written for rapid decision and intervention	Protocols and procedures are available in order for patients to receive brain imaging within 1 hour of arrival at the hospital
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q26	Protocols are in place to ensure documented multidisciplinary goals are agreed within 5 days of admission to hospital	approved guidelines available	.
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q27	There is immediate access (1 hour) to a specialist acute stroke	procedures written for rapid decision	.

	unit (or area) for those with persisting neurological symptoms.	and intervention	
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Patient Safety Procedures (PSP)

Id Question	Criteria	Source	Clarification
Q28	Patients are identified by bracelet	Observe 10 patients	calculate patient with bracelets/total patients (i.e 6/10 = 0,6. Insert the number = 0,6
Result : _____			
Q29	Safety boxes for disposal of injection devices are available in sufficient quantities for the number of injections administered.	Disposal boxes available	Disposal boxes available, include having boxes with available space. Rate 2 if boxes are insufficient or overflowed
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q30	Promotional hand hygiene reminders are on display in the workplace	Posters or protocol clear and visible	Rate 2 if too few, or unclear; Rate 4 if clearly visible in most clinical areas
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q31	Staff are provided with a readily accessible alcohol-based hand rub at the point of patient care	Location of dispensers	Rate 2 if insufficient numbers, staff areas only; Rate 4 if fully operational within reach of all patient beds
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q32	There is no concentrated potassium chloride (KCl) stored in patient service areas.	Direct observation	Not stored in general medication cabinet; rate 2 if stored in separate cabinet with limited access by staff on ward; Rate 4 if all concentrated KCl removed from ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q33	Diagrammatic instructions for resuscitation are available in resuscitation areas	Posters or protocol clear and visible	Rate 2 if it's only visible in some areas
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q34	Each emergency "crash cart" has a completed checklist of equipment and supplies	Checklist in the crash cart	Rate 4 if checklist completed by identified staff member at least daily if crash cart is not sealed
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			

Q35	All defibrillators are subject to a documented programme of maintenance and calibration by an electrical engineer	Evidence of engineer's inspection within past year	Rate 2 if no records kept, no test date visible on defibrillator; Rate 4 if planned preventive maintenance indicated on defibrillators within last year
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q36	Laboratory equipment existing in the ward (eg blood gas analysis) is calibrated, standardised and maintained by technicians from the main laboratory using the same procedures	Evidence of checking	Include blood gases analysis etc. Rate 9 if there is no lab equipment in the ward
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q37	There is a system to report patient adverse events	Evidence of an Adverse Events Reporting System	Rate 0 if no notification system, Rate 1 if exists, Rate 2 if less than 10 events reported and 4 if more than 10 events reported
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q38	During 2010 clinical review included analysis of reported events adverse	Quantified analysis recorded in peer review minutes	Rate 2 if only quantification and no analysis or conclusions documented; Rate 4 if clear conclusions are documented in patients' events review
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			
Q39	Ward staff receive formal feedback on the analysis of reported adverse patient events	Peer review/group minutes, audit/review report document or report sent to the professionals	Rate 2 if 50% of clinicians do not participate, or do not receive conclusions
<input type="radio"/> 0: No or negligible compliance <input type="radio"/> 1: Low compliance <input type="radio"/> 2: Medium compliance <input type="radio"/> 3: High, extensive compliance <input type="radio"/> 4: Full compliance <input type="radio"/> 9: Non Applicable			