Acute Care Hospital Accreditation in Catalonia

Standards Document

Generalitat de Catalunya
Departament de Salut

© 2013, Government of Catalonia. Ministry of Health.
Publisher:
Directorate-General for Healthcare Planning and Regulation.

First edition:
Barcelona, 23rd April 2013

Legal deposit:
B.12458-2013

Linguistic assessment and correction:
Linguistic Planning Section of the Ministry of Health

URL:
http://www.gencat.cat/salut

Contents

CRITERION 1. LEADERSHIP

Definition

Excellent organisations have leaders who shape the future and make it happen, acting as role models for their values and ethics and inspiring trust at all times.

Their leaders are flexible, personally ensuring that their organisation's management system is developed and implemented. At the same time, they enable allow the organisation to anticipate and react in a timely manner to ensure the ongoing success of the organisation.

CRITERION 1. LEADERSHIP

Sub-criterion 1.a - The leaders develop the mission, vision, values and ethics and act as role models.

Conceptual grouper: the organisation's mission, vision, values and ethics – 01

Definition

The organisation has an explicit mission, which determines its raison d'être, its future development (vision), its values and ethics, and the action policies to be followed.

Objectives

In practice, the leaders of organisations establish and communicate clear strategic guidance and management. They ensure the future of the organisation by defining and communicating its fundamental objective, which constitutes the foundation of the mission, vision, ethics and culture.

Additionally, they foster the values of the organisation and act as role models in terms of integrity, social responsibility and ethical behaviour, both internally and externally. At the same time, they stimulate the development of the organisation by promoting shared values and responsible and ethical behaviour within a culture of trust and transparency. They ensure that the organisation's people act with integrity in accordance with strict ethical behaviour standards.

The mission must include recognition of what it does, for whom it does it and how it does it. It must be kept up to date and have recognised approval, development, communication and renewal mechanisms.

1a-01-E-01-E The mission is explicitly identified, complete and in force.

All organisations must identify their raison d'être and know their future development.

Their raison d'être and vision for the future are a consequence of their fundamental values and the path to follow to achieve this vision is through policies.

All these elements constitute the organisation's mission.

The mission consists of a series of elements related to values, ethics, scope, customers, products and culture.

1a-01-E-02-E The mission is approved by the body of the organisation with ultimate responsibility.

The mission is defined, described and assumed by the level of the organisation with ultimate responsibility. The governing body is understood to be the body with ultimate responsibility body.

1a-01-D-01-Q The mission has been formulated/reformulated with the collaboration of the organisation.

Given its relevance, it is important for the organisation's mission to be defined with a high level of participation.

1a-01-D-02-Q The organisation's mission is internally and externally communicated and disseminated.

The professionals who participated in the definition of the mission are the best agents for its dissemination.

1a-01-D-03-E All the people in the organisation know the mission.

Channels must be in place to inform the people in the organisation of the mission.

1a-01-R-01-E The organisation's mission is reviewed, updated and renewed where applicable.

The mission is not immutable. As long as it maintains its raison d'être, an organisation can refocus its scope, redefine its values, change its policies, etc.

Even though it is desirable for the mission to remain stable, its validity period and its review points and mechanisms should be defined.

CRITERION 1. LEADERSHIP

Sub-criterion 1.b - Personal involvement of the leaders to guarantee the development, implementation, continuous improvement and performance of the organisation's management system.

Conceptual grouper: leadership organisational model - governing bodies – 01

Definition

The organisation has a clear, defined, approved and communicated organisational structure. The roles and responsibilities of the ultimate governing body are described and assumed.

Objectives

The organisational structure is designed to meet the objectives of the organisation and is consistent with its mission. It involves the assignment of roles, responsibilities and performance procedures by the ultimate governing body.

1b-01-E-01-E

The organisation has an explicit, complete, approved and current organisational chart.

All organisations need a structure to support them. This structure, formed by the framework of positions with organisational responsibility, must be clearly defined and easily accessible for all the members of the organisation.

1b-01-E-02-Q

There is a procedure in place for the preparation and modification of the organisational chart.

This organisational framework must have the capacity to adapt to changing needs, be consistent with the mission of the organisation and, therefore, in line with its strategy. The modification mechanism must be clearly specified.

1b-01-E-03-E

The structures that make up the organisational chart have a recognised manager.

The organisational chart is a structure of roles performed by people. The positions on the organisational chart must be clearly defined and the people who occupy them must be clearly identifiable.

1b-01-E-04-E The responsibilities of the governing body are clearly set out in legal documents, rules and procedures, and its members are aware of them.

The responsibilities must be clearly described and all the people responsible must be familiar with them.

1b-01-E-05-Q There are formal channels established for interaction between the governing body and executive management.

Interaction/communication between the organisation's strategic apex and the body representing the owner must be clearly defined.

1b-01-D-01-E The organisational chart must be communicated to the organisation.

All the people who work in the organisation must be able to easily access information about the organisational structure.

1b-01-D-02-E The members of the organisation know who their directors are.

Information about the identity of the directors of the organisation must be easily accessible for the people of the centre.

1b-01-D-03-E The governing body approves the organisational chart of the organisation.

1b-01-D-04-E The governing body appoints the executive management of the organisation.

1b-01-R-01-E The organisational chart is periodically reviewed.

Organisational chart reviews and modifications must be in writing, approved, signed and dated.

CRITERION 1. LEADERSHIP

Sub-criterion 1.b - Personal involvement of the leaders to guarantee the development, implementation, continuous improvement and performance of the organisation's management system.

Conceptual grouper: leadership organisational model - executive management – 02

Definition
The organisation has a clear, defined, approved and communicated organisational structure. Executive management roles and responsibilities are described and assumed.

Objectives
The organisational structure is designed to meet the objectives of the organisation and is consistent with its mission. It involves the assignment of the roles and responsibilities of executive management.

1b-02-E-01-E The roles, competencies and responsibilities of executive management are described.

All organisations need a structure, formed by the framework of positions with organic responsibility, which must be clearly defined and all members of the organisation must be familiar with it. The apex of this structure is formed by executive management. Their roles must be clearly stated and understood by the people holding these positions and by their collaborators.

1b-02-E-02-E Executive management is supported by a management team that is composed of at least the people who manage the main areas of the organisation.

1b-02-E-03-Q The operation of the management team is established through specific procedures.

These procedures must cover the frequency of meetings, the constitution of the agenda, the decision-making mechanism, the general document preparation structure and continuity in the performance of executive roles. Team member absences must also be recorded and the people assuming their responsibilities must be identified.

1b-02-E-04-E The roles, competencies and responsibilities of the members of the organisation's executive management team are explicitly described.

1b-02-D-01-E The management team holds regularly scheduled meetings.

1b-02-D-02-E The minutes of management team meetings reflect the agreements made and the distribution of execution responsibilities.

1b-02-R-01-Q The effectiveness of the management team and the achievement of its objectives are periodically reviewed.

The effectiveness of the management team is mainly evaluated in terms of planned and achieved objectives. The reasons why objectives have not been achieved must be recorded.

CRITERION 1. LEADERSHIP

Sub-criterion 1.b – Personal involvement of the leaders to guarantee the development, implementation, continuous improvement and performance of the organisation's management system.

Conceptual grouper: leadership organisational model - executive line – 03

Definition

The organisation has a clear, defined, approved and communicated organisational structure. The roles and responsibilities of executive management are described and assumed.

Objectives

The organisational structure is designed to meet the objectives of the organisation and is consistent with its mission. It involves the assignment of the roles, responsibilities and performance procedures of executive management. The leaders participate in the formulation of the objectives of the organisation and coherently manage their areas of responsibility.

1b-03-E-01-E The organisational chart identifies a department that assumes the organisation's healthcare responsibilities.

1b-03-E-02-E The roles, competencies and responsibilities of executive management are described.

1b-03-E-03-Q There is a procedure in place for the selection and appointment of the leaders of the organisation.

When the selection process is in line with legal regulations, it must be similar to the internal procedure.

1b-03-E-04-E The leaders of the organisation prepare the objectives of their areas of responsibility.

The leaders prepare the objectives taking into account the human, technical, structural and/or organisational resources necessary.

1b-03-E-05-E The objectives of the areas of responsibility of the leaders are established in accordance with the institutional objectives.

The objectives of the various areas of responsibility of the organisation are established by means of consensus, which is formally ratified by the representatives of executive management and of the leaders responsible for the corresponding units. In some cases the objectives may be common to more than one area.

1b-03-E-06-Q The transversal participation of the leaders of the organisation is defined in multidisciplinary advice and support structures.

The organisational chart of the organisation has elements to provide management with advice and support. The executive structure and the advice structure are connected through the leaders, who are involved in accordance with their capacities and roles.

1b-03-E-07-E The responsibilities of the leaders include the management of their personnel.

Personnel management also includes planning, mentorship, training, appraisal, recognition, disciplinary measures and support to meet the objectives.

1b-03-E-08-E The leaders participate in the definition of criteria for the selection of their personnel and in their selection.

The criteria include the specific requirements that will form part of the selection process.

1b-03-E-09-Q The responsibilities of the leaders include involvement in the preparation and monitoring of the budget of their functional area or unit.

1b-03-E-10-Q The responsibilities of the leaders include coordination with other areas of responsibility.

1b-03-E-11-E The leaders have up-to-date objectives and budgets on activity, economic performance, productivity and quality in relation to their scope of competency.

This information will be determined by the organisation through the consensus of executive management and the leaders.

1b-03-E-12-Q There are homogeneous criteria for the assessment of the productive performance of the area of responsibility of the leaders.

Insofar as the management of the resources applied it is essential to have a system to evaluate productive performance (productivity of people, spaces, equipment and processes).

1b-03-D-01-E The leaders undertake actions to meet their objectives and budget.

1b-03-D-02-E The leaders have periodic information about their scope to monitor the budget and detect deviations.

1b-03-R-01-E The leaders review the results of their area of responsibility in a systematic and continuous manner.

1b-03-R-02-Q The leaders adopt corrective measures arising from the analysis of deviations.

CRITERION 1. LEADERSHIP

Sub-criterion 1.b - Personal involvement of the leaders to guarantee the development, implementation, continuous improvement and performance of the organisation's management system.

Conceptual grouper: strategic plan – 04

Definition

The organisation acts in accordance with a strategic plan, which is consistent with the mission and determines the action lines that are fundamental for the organisation; its time frames and reviews are also defined.

Objectives

The organisation establishes short-, mid- and long-term planning mechanisms to allow it to prioritise its actions and identify threats and opportunities in the environment and in the market, and their characteristics.

The plan must enable the identification of the fundamental strategic lines and their transformation into operational objectives and action plans with assigned deadlines and responsibilities. The plan must be a participative formulation tool which the entire staff of the organisation must be familiar with. The plan must be periodically evaluated and reviewed and it must be adapted to new situations in the environment.

1b-04-E-01-E The organisation has an updated strategic plan in place that has been approved by the governing body.

The organisation must have a mechanism for short- and mid-term planning that allows it to prioritise its actions.

The strategic plan must be similar to the strategic lines of the organisation and it must be approved by the head of the organisation.

1b-04-E-02-Q The plan has been designed taking into account the characteristics of the environment and those of the organisation.

The strategic plan must identify the characteristics of the environment, threats and opportunities.

1b-04-E-03-Q The plan has been formulated in such as way as to foster and promote the collaboration of the organisation.

For maximum effectiveness the plan must be developed with the collaboration and involvement of the leaders and the majority of the people in the organisation.

1b-04-E-04-E There is a mechanism in place to review the plan and evaluate its effectiveness.

The strategic plan must have a validity period and mechanisms to assess compliance with its objectives.

1b-04-E-05-E The plan must have strategic objectives and the corresponding action plans, defining the people responsible, the resources necessary and the execution periods.

The action plans must have a project manager (owner), the human and material resources required for their completion and a schedule.

1b-04-E-06-E The plan includes continuous improvement as one of its fundamental priorities.

1b-04-D-01-Q The organisation has designed its strategy in such a way that it ensures its economic, social and environmental sustainability.

1b-04-D-02-Q The participants in the formulation of the plan have the knowledge and skills required to collaborate in this objective.

1b-04-D-03-E The plan has been communicated to the personnel of the organisation and to the stakeholders.

1b-04-D-04-Q The plan specifies the operational objectives of the various areas of responsibility, which are consistent with the mission and are executed.

1b-04-R-01-E The strategic plan is reviewed and updated with the scheduled periodicity in an objective manner and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 1. LEADERSHIP

Sub-criterion 1.b - Personal involvement of the leaders to guarantee the development, implementation, continuous improvement and performance of the organisation's management system.

Conceptual grouper: patient quality and safety plan – 05

Definition

The organisation has a patient quality and safety management and improvement plan. This plan permeates the entire organisation and involves everyone from management down to the last operational level. Quality is measured and improvements are put in objective terms.

Objectives

The qualitative improvement process to achieve excellence is planned and executed in a structured manner. Improvement actions are identified and prioritised. The effectiveness of the plan is assessed and modified in accordance with the detection of new needs or opportunities. The drive for continuous improvement is an ethical, individual and collective demand, which is why the entire staff are trained in its implementation. Everyone is committed to the quality and safety of the patient, especially the leaders of the organisation.

1b-05-E-01-E There is a patient quality and safety plan that is up to date and in force and has been approved by executive management and by the governing body, when necessary.

The continuous improvement process to achieve excellence cannot evolve without planning. The patient quality and safety plan includes the definition of a set of actions to be executed to achieve qualitative improvement in a structured and progressive manner.

1b-05-E-02-E The patient quality and safety plan defines its objectives, organisational structure, methodological support model, procedures and assigned resources.

1b-05-E-03-E The patient quality and safety plan is incorporated into the strategic plan of the organisation and is consistent with its mission.

1b-05-E-04-E The organisation defines and identifies the "hand hygiene" strategic line within the concept of patient safety.

The strategic line must be based on directives issued by internationally recognised organisations and bodies.

1b-05-E-05-E The organisation defines and identifies the "safe use of high-risk medication" strategic line within the concept of patient safety.

The strategic line must be based on directives issued by internationally recognised organisations and bodies.

1b-05-E-06-E The organisation defines and identifies the "surgical safety checklist" strategic line within the concept of patient safety.

The strategic line must be based on directives issued by internationally recognised organisations and bodies.

1b-05-E-07-E The organisation defines and identifies the "unique patient identification" strategic line within the concept of patient safety.

The strategic line must be based on directives issued by internationally recognised organisations and bodies.

1b-05-E-08-E The organisation defines and identifies the "fall prevention" strategic line within the concept of patient safety.

The strategic line must be based on directives issued by internationally recognised organisations and bodies.

1b-05-E-09-E The organisation defines and identifies its policy on communication (oral, telephone and computerised) directly related to patient care and in accordance with the concept of patient safety.

The line must be based on directives issued by internationally recognised organisations and bodies.

1b-05-E-10-E Executive management is responsible for the management of the plan and actively participates in its management bodies and in the planning and development of the quality management and improvement programme.

One of the essential actions for the proper development of the patient quality and safety plan is the involvement of the leaders of the organisation.

1b-05-E-11-Q The patient quality and safety plan identifies improvement opportunities and establishes the prioritisation of actions.

1b-05-E-12-E The patient quality and safety plan establishes the action plans to be implemented in order to improve in a specific and scheduled manner, identifying the people responsible.

1b-05-E-13-Q The patient quality and safety plan objectively establishes the results expected as a consequence of the actions.

If you cannot measure it, you cannot improve it.

1b-05-E-14-E There is a procedure for the definition of the indicators that enables their homogeneity and comparability.

The procedure describes how the indicator that facilitates internal and external comparability and homogeneity is constructed.

1b-05-E-15-E The plan establishes the key indicators for its monitoring.

The organisation will determine the key indicators to monitor the various areas and the results, both clinical and in terms of the management of the organisation.

1b-05-D-01-E There is a body or person responsible for the coordination of the plan.

1b-05-D-02-Q The participants in the formulation of the patient quality and safety plan and the leaders of the organisation have experience in or have been trained in the assessment of quality or in the management of organisations.

1b-05-D-03-E The organisation develops actions related to the hand hygiene strategic line. The indicators defined for its monitoring are registered.

- Before patient contact.
- Before aseptic task.
- After bodily fluid exposure risk.
- After patient contact.
- After contact with patient surroundings.

1b-05-D-04-E The organisation develops actions related to the safe use of high-risk medication. The indicators defined for its monitoring are registered.

- Identification, classification and storage of medication.
- Preparation of doses for the administration of medication.
- Identification of medication with similar appearance or name.
- Specific recommendations to prevent the use of dose abbreviations, symbols and expressions that might give rise to confusion.
- Preparation, packaging, labelling and administration of concentrated electrolyte solutions.
- Standardisation of doses, measuring units and the technology employed for the safe use of concentrated electrolyte solutions.

1b-05-D-05-E The organisation develops actions related to the verification of the surgical safety checklist. The indicators defined for its monitoring are registered.

- Approved policies and/or procedures. Those undertaken outside of the surgical unit are included.
 - Mark for the identification of the surgical site.
 - Participation of the patient in the marking process.
 - Documentation and equipment available and in good condition.
- Verification prior to, during and after the operation.

1b-05-D-06-E The organisation develops actions related to unique patient identification. The indicators defined for its monitoring are registered.

- Policies and/or procedures for the correct identification of the patient.
- Patient identification indicators: full name, date of birth and clinical history number.
- Active identification of patients prior to the administration of drugs, blood, blood components, etc.
- Active identification of patients prior to the extraction of samples for clinical analysis.
- Active identification of patients before undergoing diagnostic procedures and receiving treatments.

1b-05-D-07-E The organisation develops actions related to the fall prevention strategic line within the concept of patient safety. The indicators defined for their monitoring are registered.

- Physical structure: non-slip floor, rails, call bells, special attention to ramps, etc.
- Assessment of the risk of patient falls.
- New evaluation for various reasons such as medication, transfer to another unit, and patient stay longer than 7 days.
- Actions to reduce the risk of falls for identified patients.

1b-05-D-08-Q The organisation develops actions related to the policy on communication (oral, telephone and computerised) directly related to patient care. The indicators defined for its monitoring are registered.

- Policies and/or procedures for correct oral, telephone and computerised communication.
- Recording of orally prescribed medical orders and analyses transmitted orally and/or by telephone.
- Confirmation by the issuer of the transcription of medical orders and the results of analyses, including doctor's orders and analysis results transmitted digitally.

1b-05-D-09-Q The leaders use the defined indicators for the setting of objectives and for their monitoring.

The evaluation of the results of the indicators enables the definition of objectives and comparability.

1b-05-D-10-Q The patient quality and safety has been communicated and the personnel of the organisation and the stakeholders are familiar with it.

1b-05-R-01-E The patient quality and safety plan periodically provides homogeneous and objective results.

1b-05-R-02-E The patient quality and safety plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

1b-05-R-03-Q The strategic lines in relation to patient safety are objectively reviewed and updated with the scheduled periodicity and they are amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 1. LEADERSHIP

Sub-criterion 1.c - The leaders of the organisations know who their external stakeholders are and create planning tools to understand, anticipate and respond to the various needs and expectations of these groups. They prepare initiatives to involve partners, customers and society in the generation of ideas and innovation. They use innovation to improve the reputation and image of the organisation and to attract new partners and customers. Similarly, the leaders of the organisations identify strategic and operational alliances in accordance with their organisational and strategic needs, the complementarity of the strengths of the two parties and their capabilities. At the same time, they ensure the transparency of the information for the key stakeholders, including the governing bodies and in accordance with their expectations.

Conceptual grouper: involvement in relation to customers – 01

Definition

The organisation creates initiatives to involve customers in the generation of ideas, continuous improvement, innovation and the creation of new services.

Objectives

The personal involvement of the organisation focuses on knowledge, collaboration, communication and recognition in order to satisfy, understand and respond to the needs and expectations of customers.

1c-01-E-01-E The organisation has designed a customer service policy approved by executive management.

1c-01-E-02-Q The opinions of the leaders and of the stakeholders of the organisation are taken into account in the design of the customer service policy.

This must be approved by executive management.

1c-01-E-03-E Executive management designates one or several executives to be responsible for leading the customer service policy.

1c-01-E-04-E   There is a control mechanism in place for responses to customers.

1c-01-E-05-E   There are regulations that reflect the response circuits and the cases in which management directly participates.

1c-01-D-01-Q Management actively participates in the dissemination of the customer service policy inside and outside the organisation.

1c-01-D-02-E   There is a system to assess the responses and the level of customer satisfaction.

1c-01-D-03-E   Management informs the organisation of the results achieved.

1c-01-D-04-Q There is written information on the activity undertaken by the customer service unit.

1c-01-R-01-E   Improvement measures implemented to resolve deficiencies detected by customers are assessed.

Customers' opinions and knowledge of their expectations are essential improvement tools for organisations that seek excellence.

1c-01-R-02-E The customer service policy is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 1. LEADERSHIP

Sub-criterion 1.c - The leaders of the organisations know who their external stakeholders are and create planning tools to understand, anticipate and respond to the various needs and expectations of these groups. They prepare initiatives to involve partners, customers and society in the generation of ideas and innovation. They use innovation to improve the reputation and image of the organisation and to attract new partners and customers. Similarly, the leaders of the organisations identify strategic and operational alliances in accordance with their organisational and strategic needs, the complementarity of the strengths of the two parties and their capabilities. At the same time, they ensure the transparency of the information for the key stakeholders, including the governing bodies and in accordance with their expectations.

Conceptual grouper: involvement in relation to suppliers – 02

Definition

The organisation creates initiatives to involve suppliers in the generation of ideas, continuous improvement, innovation and the creation of new services.

Objectives

The personal involvement of the organisation focuses on knowledge, collaboration, communication and recognition in order to satisfy, understand and respond to the needs and expectations of suppliers.

1c-02-E-01-E The organisation has a suppliers record or file.

The organisation, through its leaders, is involved with suppliers in joint improvement tasks, innovation, partnerships and the creation of new services.

The organisation does not consider its relationship with suppliers to be a purely commercial relationship for the provision of products; rather it is oriented towards strategic objectives, seeking synergies and coordination on improvement tasks.

1c-02-E-02-E The organisation has designed or has general regulations for the selection of suppliers, which have been approved by executive management.

1c-02-E-03-Q Executive management and the leaders have actively participated in the definition and application of the regulations.

1c-02-E-04-E The organisation knows and values the quality control systems of its suppliers.

It is important for the organisation to know and value the quality assessment systems of its external suppliers, both when contracting them and throughout the validity of the contract. One of the organisation's criteria for the selection of its suppliers is that they have a verifiable quality system.

1c-02-E-05-E The organisation has a quality control system in relation to its suppliers.

The organisation defines and applies criteria for the objective assessment of services or products and, by extension, suppliers.

1c-02-E-06-Q The organisation has designed a policy on collaboration with the suppliers that it considers to be strategic.

1c-02-E-07-Q There is a system in place to determine the contribution of the suppliers to the results of the organisation.

1c-02-D-01-Q Management participates in the dissemination of the regulations for the selection of suppliers inside and outside of the organisation.

1c-02-D-02-Q The organisation applies general regulations for the selection of suppliers, which have been approved by executive management.

1c-02-D-03-Q The organisation applies a quality control system in relation to its suppliers.

1c-02-D-04-Q The organisation applies social responsibility criteria to its suppliers.

1c-02-D-05-Q Management coordinates with suppliers to prepare new plans and strategies, which are reflected in documents and approved.

1c-02-D-06-Q Management disseminates the results of suppliers' contributions to the results of the organisation.

1c-02-R-01-Q Management periodically evaluates the degree of satisfaction of the organisation and of the suppliers in relation to the results obtained.

1c-02-R-02-Q The supplier relationship policy is reviewed and updated with the scheduled periodicity in a homogeneous and objective manner and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 1. LEADERSHIP

Sub-criterion 1.c - The leaders of the organisations know who their external stakeholders are and create planning tools to understand, anticipate and respond to the various needs and expectations of these groups. They prepare initiatives to involve partners, customers and society in the generation of ideas and innovation. They use innovation to improve the reputation and image of the organisation and to attract new partners and customers. Similarly, the leaders of the organisations identify strategic and operational alliances in accordance with their organisational and strategic needs, the complementarity of the strengths of the two parties and their capabilities. At the same time, they ensure the transparency of the information for the key stakeholders, including the governing bodies and in accordance with their expectations.

Conceptual grouper: involvement in relation to society – 03

Definition

The organisation creates initiatives to involve society in the generation of ideas, continuous improvement, innovation and the creation of new services. The organisation uses innovation to improve its image and prestige and to attract new customers, partners and talent.

Objectives

The personal involvement of the organisation focuses on active participation in its environment in order to satisfy, understand and respond to the needs and expectations of society.

1c-03-E-01-E The organisation has designed a programme for health dissemination and training and the promotion of healthy habits as a contribution to society, which has been approved by executive management.

The organisation is involved in the society it forms part of. One of the mechanisms used for this involvement is the developments of a series of training activities that focus on health and the promotion of healthy habits.

Conferences at schools, publications in the press and magazines, training courses for people not related to the organisation. These activities do not respond to isolated or temporary initiatives, rather they are framed within a structured programme, equipped with resources and controlled by management.

1c-03-E-02-E The organisation has designed a policy aimed at improving the environment, which has been approved by executive management.

The organisation is involved in the society it forms part of. This involvement is also understood to be oriented to the promotion of environmental improvement programmes (beyond the regulations in force).

1c-03-E-03-Q The organisation has designed a policy that recognises the need to behave in a socially responsible manner.

This policy includes facilitating the incorporation of voluntary personnel.

1c-03-E-04-Q A policy has been designed to inform society of matters related to the organisation's expertise.

This policy is implemented through a specific action programme: open days, public events to disseminate the organisation's quality culture, etc.

1c-03-E-05-Q The organisation has designed a marketing policy.

This policy is implemented through a programme that publishes its portfolio of services, its value proposition with respect to brand prestige, excellence in the production of services, etc.

1c-03-D-01-Q The organisation implements the programmes.

It refers to programmes to promote health and healthy habits, health protection, sustainability and social responsibility.

1c-03-D-02-Q Management drives the implementation and dissemination of the programmes, provides support and actively participates in them.

It refers to programmes to promote health and healthy habits, health protection, sustainability and social responsibility.

1c-03-D-03-Q The organisation integrates the principles of social responsibility and reports activities and initiatives in this field.

1c-03-R-01-Q Management periodically assesses the effectiveness of the programmes.

The society relationship policy is homogeneously and objectively evaluated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 1. LEADERSHIP

Sub-criterion 1.d - The leaders of the organisation motivate the people who work for it and provide them with support and recognition.

Conceptual grouper: management style – 01

Definition

How the leaders of the organisation motivate the people who work for it and provide them with support and recognition.

Objectives

The leaders:

- communicate directly with the staff to stimulate them and support their initiatives to establish improvements on all levels of the organisation;
- generate a culture of enterprise, improvement, involvement, belonging, delegation and responsibility;
- foster a culture that supports the development of new ideas and promotes innovation and the development of the organisation;
- ensure the capability of their collaborators in relation to their contribution to their own success and that of the organisation within a climate of partnership;
- support people to implement their plans and reach their objectives and aims, recognising their efforts, and
- foster equal opportunities and diversity.

1d-01-E-01-E The organisation has designed an internal communication plan, which has been approved by executive management.

Formal descending, ascending and transversal communication channels within the organisation.

1d-01-E-02-Q There is a system that facilitates accessibility, active listening and the capacity to respond to any questions and concerns the staff may have about the organisation.

The plan establishes systems to incorporate the opinion of the staff about management (meetings, interviews, etc.).

1d-01-E-03-Q There is a system to incentivise staff participation in activities or work groups.

One of the most powerful mechanisms to incentivise employees is participation in improvement activities or groups.

There must be a structured mechanism that enables their assessment and correction.

1d-01-E-04-Q There is a system in place to recognise the people and work groups that contribute to improvements made by the organisation.

1d-01-D-01-Q The organisation uses the information provided through the established communication channels and that provided by the leaders and the staff to plan and prioritise improvement areas.

1d-01-D-02-E Management participates in the implementation and dissemination of the communication plan.

1d-01-D-03-Q Management favours the participation of staff in work groups and involves the staff (both healthcare staff and management and support personnel).

Management provides the work groups with the necessary resources (time, physical spaces, economic resources, training, etc.).

1d-01-D-04-Q Management disseminates the activities and results of the work groups.

The results of the work groups must be communicated to the organisation and their proposals must be incorporated to improve operation.

1d-01-D-05-Q Management disseminates its recognition to the work groups and people.

1d-01-R-01-E The communication plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

1d-01-R-02-Q Management periodically assesses improvements implemented as a result of the activities of these work groups.

1d-01-R-03-Q Management periodically assesses the effectiveness of the system for the recognition of the contributions of the work groups and people. This policy is objectively reviewed and updated with the scheduled periodicity in accordance with the evolution of the environment, its effectiveness or new priorities.

Management must ensure the various initiatives of the groups and have the capacity to change the recognition model.

CRITERION 1. LEADERSHIP

Sub-criterion 1.e - Flexibility and change management. The leaders reinforce a culture of excellence among the people of the organisation.

Conceptual grouper: change management – 01

Definition
The leaders ensure that the organisation is flexible and they manage change effectively.

Objectives
The leaders:
- understand the external and internal phenomena driving organisational change;
- show their capacity to make grounded decisions, based on the available information, previous experience and the analysis of the impact of their decisions;
- review and adapt the development of the organisation when necessary and transmit confidence at all times;
- involve all the relevant stakeholders and make an effort to obtain their commitment with the objective of contributing to the success of the organisation and introducing any changes necessary to ensure it.
- maintain a sustained advantage and respond quickly and with new work methods.

1e-01-E-01-Q The management team defines activities related to change management within the organisation.

The organisation adapts to planned changes in accordance with the analysis of trends in the environment and the structure of the organisation.

1e-01-D-01-Q The organisation undertakes activities related to potential organisational changes.

The undertaking of these activities in the centre is based on a previously defined approach.

1e-01-D-02-Q The organisation develops actions aimed at minimising forecast resistance to change.

1e-01-D-03-Q The organisation involves relevant stakeholders and obtains a commitment from them for the management of the change.

1e-01-D-04-Q The leaders respond with suitable speed, introducing new work systems.

1e-01-R-01-Q The management team assesses the efficacy of change management within the organisation.

Change management actions within the organisation are assessed and reviewed as a key element of continuous improvement and learning.

CRITERION 2. STRATEGY

Definition

How the organisation implements its mission and vision and develops a strategy that focuses on its stakeholders.

Organisations develop and deploy policies, plans, objectives and processes to implement their strategy.

CRITERION 2. STRATEGY

Sub-criterion 2.a - Strategy is based on understanding the needs and expectations of both stakeholders and the external environment.

Conceptual grouper: in relation to the environment – 01

Definition

The organisation knows and recognises its current environment, detects its characteristics and acts in accordance with its needs and expectations. The organisation observes its environment; identifies, understands and assesses new opportunities, threats, trends and progress; and adapts to them and acts accordingly.

Objectives

The organisation:
- must study the demographic, epidemiological, socio-economic and cultural and related characteristics of its customers and of the community it serves;
- must understand the expectations and needs of its environment and also its trends;
- must be able to dimension its potential market and its future development;
- must identify threats and opportunities;
- must understand the characteristics of the competition in its scope of activity, and
- must design its market strategies in accordance with the findings of environmental studies and act in accordance with the strategy.

2a-01-E-01-Q Information about current and potential demand is systematically collected to determine the demographic, socio-economic, epidemiological and cultural profile of the customers.

For all decision-making processes it is essential to have the necessary information, which is included in the information management plan. Accordingly, the definition of the organisation's policy and strategy needs to be in line with the current and future needs and expectations of its current and potential customers.

Potential demand is understood to be demand susceptible to using the centre's services but has not yet done so.

2a-01-E-02-Q There is a procedure that defines the basic information necessary, its structure, the recipients of the information, the analysis scope and its review, in relation to natural demand.

The organisation identifies what information is useful and necessary in relation to current and potential demand. It also specifies the design for data collection, the methodology, the person responsible, who analyses and prepares the information, how information reaches those who need it, and the system to be followed for the assessment of the collection and preparation system and for ongoing reviews.

2a-01-E-03-Q It is planned over future demand evolution and environment modification hypotheses.

It is necessary to determine where the organisation is and where it wants to go. Accordingly, demand studies allow it to work with various hypotheses.

2a-01-E-04-Q Competitors, their strengths and weaknesses and their penetration in the various market segments in which the organisation operates are identified.

The organisation's demand study must identify its competitors and assess their economic results, quality, range of products/services, market penetration, and customer segmentation.

2a-01-E-05-E Deficits in the healthcare range with respect to demand that might represent opportunities for the organisation are identified.

Unmet demand is understood to be, for example, waiting lists, shortage of equipment in certain technologies, etc.

2a-01-E-06-Q The strategy is designed in view of the results of the demand study.

2a-01-E-07-Q The expectations of current and potential customers are detected.

Customer information is considered to be complete when it includes the analysis of customers' needs and expectations beyond their opinion of the products/services currently offered.

2a-01-E-08-E   The demand strategy is consistent with the organisation's mission.

The mission must specify the scope of action in relation to the type of its supply and the territorial and demographic scope the supply is aimed at.

2a-01-D-01-Q   The current status of demand and its evolution are dimensioned.

The demand study includes demand analysis and also analyses the supply and number of users by product line.

2a-01-D-02-Q   The penetration of the healthcare supply is dimensioned.

The demand study determines the market share achieved by the various products/services supplied by the organisation.

2a-01-D-03-Q   A historical analysis is performed in accordance with the information obtained.

There is the possibility of comparing it with the results of studies from previous years.

2a-01-D-04-Q   The leaders are familiar with the supply and demand characteristics, both generally and in relation to those that particularly affect them.

2a-01-D-05-Q   The leaders participate in the interpretation of the needs and expectations of the customers and of the environment.

2a-01-D-06-E   The leaders detect and communicate innovations that might be effective in covering the needs of the customers.

2a-01-D-07-E   Action is taken in accordance with the needs and expectations detected.

2a-01-R-01-Q   The analysis of the supply and demand characteristics is periodically reviewed.

CRITERION 2. STRATEGY

Sub-criterion 2.a - Strategy is based on understanding the needs and expectations of both stakeholders and the external environment.

Conceptual grouper: in relation to the stakeholders – 02

Definition

The organisation is familiar with and recognises the stakeholders that affect it and identifies their expectations with respect to the organisation, the key success factors and the organisation's level of response.

Objectives

The organisation:

- includes in its strategy how to respond to the needs and expectations of its stakeholders;
- identifies the stakeholders, the needs and expectations of each one and the criteria and concepts they use to assess it;
- designs and develops coverage and consensus strategies for the expectations and needs, and
- identifies the key success factors of each stakeholder and controls their level of compliance.

2a-02-E-01-E The organisation identifies its stakeholders and their needs and expectations.

Written document that details the necessary information about the various stakeholders, which will vary in accordance with each stakeholder's relationship with the organisation. In any case, their expectations with respect to the organisation's activity must be determined.

2a-02-E-02-Q The organisation's strategy includes the response to the needs and expectations of its stakeholders and their actions.

This response must encompass the coverage of their expectations and the minimisation of the impact of not covering them.

2a-02-E-03-Q The organisation determines the key success factors of the stakeholders.

2a-02-D-01-Q The organisation directly interacts with the stakeholders to determine their needs and expectations and adapt them to the possibilities of the organisation.

2a-02-D-02-E The organisation responds to the needs and expectations of its stakeholders.

To the extent that these expectations are consistent with the mission and strategy of the organisation.

2a-02-R-01-Q The organisation monitors the degree of compliance with the key success factors of the stakeholders.

2a-02-R-02-Q The organisation periodically reviews the needs and expectations of the stakeholders.

CRITERION 2. STRATEGY

Sub-criterion 2.a - Strategy is based on understanding the needs and expectations of both stakeholders and the external environment.

Conceptual grouper: benchmarking – 03

Definition

The organisation learns from itself and from the best.

Objectives

- The organisation fosters learning from other organisations, how they act, how they are organised, how they tackle and develop their key processes.
- Learning is useful if it is applied and assessed by the organisation.
- The organisation collaborates with other organisations in its own and other sectors to share experiences.
- The organisation compares its performance with relevant benchmarks to understand its strengths and areas where it could improve.

2a-03-E-01-Q There is a procedure to allow the staff to learn from other organisations.

The organisation has a procedure with clear and objective criteria to allow the people of the organisation to learn from other organisations and to allow others to learn from it.

It refers to organisational, managerial and process development scopes.

2a-03-E-02-Q The organisation has established an internal mechanism for the dissemination of the knowledge gained by its personnel.

2a-03-E-03-E The organisation has information that allows it to make external comparisons.

The design of the organisation's information system includes the possibility of comparing its results with other organisations in its own or other sectors and with international and other standards.

2a-03-D-01-E The organisation participates in activities with other entities to share experiences and knowledge.

2a-03-D-02-Q The organisation provides its staff with access to the knowledge gained from other organisations.

2a-03-D-03-Q The organisation compares structures, processes and results with other organisations in its own and other sectors.

2a-03-D-04-Q The organisation encourages other organisations to learn from it.

2a-03-D-05-Q The organisation respects the intellectual property of the organisations from which it adapts applicable concepts, obtaining their explicit authorisation and/or citing them as the source.

All documents must bear the name of the owners and the sources of information used for their creation or updating.

2a-03-D-06-Q The organisation fosters the internal dissemination and communication of the knowledge gained.

2a-03-R-01-Q The organisation assesses the applicability of the knowledge gained from other organisations.

CRITERION 2. STRATEGY

Sub-criterion 2.b - The strategy is based on understanding the organisation's internal performance and capabilities.

Conceptual grouper: strategic information and analysis – 01

Definition

The organisation's information system is designed with decision-making in mind.

Objectives

- The organisation obtains useful information to determine its objectives and define the most appropriate strategies.
- The procurement of the information is planned in accordance with the needs of the organisation and is structured to satisfy, step by step, the needs of the leaders.
- The information is useful to set budgets and objectives, measure results and detect deviations.
- The available data and information about the key competencies and capabilities are analysed.

2b-01-E-01-E There is an information management plan that includes the information relevant to each level of the organisation. It also determines who has access to various types of information.

The information management plan is the organisation's global planning and management instrument in relation to the information from the various subsystems with the aim of facilitating its handling and use in the decision-making process.

This tool provides information about various activities: analyses of activities and their cost; studies on workloads and productivity by site, unit and service; cost studies by process, studies of the cost of quality and of no quality, among others.

2b-01-D-01-E The information included in the plan provides data about production, the resources used, productivity, capabilities and performance.

2b-01-D-02-E The information included in the plan provides data about the quality with which the services are provided.

2b-01-D-03-Q The information included in the plan provides data about the characteristics of the customer and of the environment.

2b-01-D-04-E The information included in the plan provides economic data.

This information will include data about revenues and their source, costs and their nature and the economic results for the entire organisation in general and by product line and by process.

2b-01-D-05-E Executive management and the members of the management team have a structured document (dashboard) that provides them with the information necessary for the analysis with the established periodicity.

The dashboard is the document that provides management with concise, precise, structured and periodic information about the development of the organisation.

2b-01-D-06-E The information enables the analysis and establishment of general objectives and strategies in the organisational scope and of specific objectives and strategies in the scope of productive and support structures.

2b-01-D-07-Q The information obtained enables clinical management by process.

2b-01-D-08-Q The information enables internal and external comparability analyses to be undertaken.

2b-01-R-01-E The information management plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 2. STRATEGY

Sub-criterion 2.c - Strategy and supporting policies are developed, reviewed and updated.

It integrates the following concepts:

- create and maintain a support strategy and policies that are consistent with its mission, vision and values;
- identify and understand the key results necessary to achieve the mission and assess progress towards the vision and its strategic objectives;
- balance the needs and expectations of all the stakeholders;
- balance short- and mid-term pressures and requirements;
- prepare alternative scenarios and contingency plans;
- manage strategic risks;
- identify current and future competitive advantages;
- align the organisation's strategy with that of its partners;
- reflect the fundamental concepts of excellence in the support strategy and policies;
- assess the importance and effectiveness of the strategy and its support policies;
- identify the key success factors;
- review and update the strategy and its support policies, and
- ensure economic, social and environmental sustainability.

N.B.: sub-criterion 2.c, "Strategy development and review", as in the 2006 model, is not developed in this criterion, rather it is included in the development of the strategic plan in criterion 1, "Leadership", and in sub-criteria 2.a, 2.b and 2.d.

CRITERION 2. STRATEGY

Sub-criterion 2.d - The strategy and its supporting policies are communicated, implemented and supervised.

Conceptual grouper: key processes – 01

Definition
The organisation has a system of key processes to implement its strategy.

Objectives
- The organisation systematically implements its strategy and support policies.
- The organisation's key processes are normally those that most directly affect customer satisfaction and results.
- These must be in line with its strategy and must be periodically updated, communicated and assessed.

2d-01-E-01-E The leaders identify and define the organisation's key processes in line with the strategy. The key processes are clearly set out.

2d-01-E-02-E The leaders plan and prioritise the objectives, activities and improvement plans of the processes in accordance with the policy and strategy at least once a year.

Executive management and the leaders formally approve the planning.

2d-01-E-03-Q There is a system in place for the prioritisation of the objectives, activities and improvement plans of the key processes.

2d-01-E-04-E The objectives, activities and improvement plans of the key processes are integrated and consistent with the implementation of the strategic plan and of the patient quality and safety plan.

2d-01-D-01-E A manager is assigned to the process.

The manager fosters the collaboration of a team formed by people familiar with the process.

2d-01-D-02-Q The organisation acts in accordance with the established prioritisation.

2d-01-D-03-E Meetings between management and the leaders are systematically held to review objectives, activities and improvement plans.

2d-01-D-04-Q All the objectives and activities have the necessary resources assigned.

2d-01-D-05-Q The manager responsible for the process and the team will define who should implement improvements to the process and will assign the corresponding responsibilities.

2d-01-R-01-Q The manager responsible for the process and the team will review and assess the effectiveness of the improvements in order to assess and maintain the improvement of quality.

2d-01-R-02-E The objectives, activities and improvement plans of the key processes are periodically reviewed in accordance with the organisation's strategy.

CRITERION 2. STRATEGY

Sub-criterion 2.d - The strategy and its supporting policies are communicated, implemented and supervised.

Conceptual groper: communication – 02

Definition

The organisation communicates it strategy and support policies to all its stakeholders.

Objectives

- The organisation has a communication plan to ensure that all the people that belong to it are aware of the established objectives.
- The programme is periodically reviewed, assessed and updated.

2d-02-E-01-E The organisation has designed, within its internal communication plan, a system to periodically disseminate its strategy to everyone.

Management establishes a system for the communication of its policy and strategy to inform all the people in the organisation.

2d-02-D-01-E Executive management fosters and supports the implementation and dissemination of the communication plan.

2d-02-R-01-Q Management assesses the effectiveness of the communication plan for the periodic dissemination of the strategic lines and objectives, and improvement actions are implemented.

CRITERION 3. PEOPLE

Definition

The organisation values the people that belong to it and creates a culture that enables the achievement of the objectives in a manner beneficial to all.

The organisation develops the capabilities of its personnel, fosters and employs their knowledge and potential, individually and as a team, and plans these activities to support its strategy and the effective operation of the processes.

CRITERION 3. PEOPLE

Sub-criterion 3.a - Human resources planning, management and improvement.

Conceptual grouper: people strategy – 01

Definition

The organisation prepares its people strategy in accordance with its mission and aims to have a staff of skilled people with recognised attributes who are permanently up to date in terms of knowledge and skills, motivated and committed to the organisation and its objectives.

Objectives

The organisation establishes and implements strategies concerning the selection, career development, training, assessment, attributes, productivity, motivation, recognition and communication of its staff.

The organisation's people strategies encompass all its professional groups, including subcontracted groups, trainees and others.

It uses the information provided by its personnel to improve its people management strategies and plans.

3a-01-E-01-E The organisation has a human resources plan in force that has been prepared with the participation of the leaders and approved by executive management.

Taking into account the fundamental value of human resources in the achievement of institutional objectives, it must have an action plan concerning human resources that, in line with the mission and strategies of the organisation, serves as an instrument to plan, implement and review the main functions related to personnel.

3a-01-E-02-Q The plan determines the human resources necessary for the development of the organisation's activity and the criteria used for its adjustment.

For each functional level, department or unit and in accordance with the tasks assigned and the volume of activity, the organisation forecasts and determines the necessary personnel.

3a-01-E-03-E The human resources plan includes the internal operational regulations for the organisation's personnel.

The organisation has general operational regulations for the entire staff or for professional groups or functional units. In relation to human resources, these regulations set criteria on organisation, operation, identification, access, safety, uniforms, treatment, responsibility, discipline and others matters.

3a-01-E-04-E There is a specific operational regulation for trainees that delimits their attributes and responsibilities.

The general operational regulations for the entire staff must be specifically adapted for application to trainees, especially when they have access to the customers and users of the centre.

3a-01-E-05-Q Organisations with volunteer programmes will have specific operational regulations that delimit the attributes and responsibilities of volunteers.

The general operational regulations for the entire staff must be specifically adapted for application to volunteers, especially when they have access to the customers and users of the centre.

3a-01-E-06-Q There is a specific operational regulation that delimits the attributes of the subcontracted personnel who carry out their activities at the health centre.

The general operational regulations for the entire staff must be specifically adapted for application to subcontracted personnel and others directly related to the organisation, especially when they have access to the customers and users of the centre.

3a-01-E-07-E There is a specific regulation on the compulsory identification of all the personnel working for and collaborating with the organisation.

Personnel working for and collaborating with the organisation are understood to be: employees, subcontractors, trainees, and volunteers, among others.

3a-01-E-08-Q The human resources plan includes procedures for the assessment of staff needs and for the requesting, approval, selection, certification and hiring of new personnel, both permanent and temporary.

3a-01-E-09-Q The plan establishes equal opportunity guarantees in terms of hiring and promotion within the organisation in accordance with an established criterion or profile.

3a-01-E-10-Q The human resources plan includes procedures for the periodic appraisal of the personnel and contract renewal.

3a-01-E-11-E The human resources plan includes a welcome plan for new personnel (both temporary and permanent).

The organisation must have welcome plan for new personnel, regardless of whether the position is permanent or temporary, whether the person is being hired for the second or third time or in the case of other special circumstances. The welcome plan must include fundamental orientation and knowledge elements to facilitate the swift integration of the personnel into the institution and into the functional unit.

3a-01-E-12-E The human resources plan includes procedures for the registration, opening and closing of individual personnel files and in relation to content, ordering, conservation, access and confidentiality.

The members of staff have individual files that register information about their professional and academic qualifications, curriculum vitae, their career development within the organisation, contracts and their amendments, appraisals, disciplinary measures, training received, etc.

This file exclusively affects the relationship between the person and the organisation and therefore must secret and confidential. The organisation must temporarily or permanently file records of terminations and have regulations on the use of the personnel files.

3a-01-E-13-E The human resources plan includes procedures regarding disciplinary action information, management and resolution.

3a-01-E-14-Q The human resources plan develops procedures for the protection and promotion of the health of the personnel, identifying risk factors and acting to promote healthy habits.

The organisation, beyond strict compliance with legislation, adopts a proactive position on the protection and promotion of the health of its personnel, given that a healthcare institution is a potentially high-risk work environment. It detects risks, adopts the corresponding preventive measures, identifies and registers any accidents or healthcare effects arising from professional activity and implements measures to minimise them.

3a-01-E-15-Q There are documents that indicate positions, roles and responsibilities in the scope of occupational health and safety, including people who collaborate with the organisation.

The organisation is globally responsible for the risks of all the people who work for it. This includes the staff of the organisation, subcontracted personnel, volunteers and others.

3a-01-E-16-Q The plan develops information and training actions on healthy work habits.

3a-01-E-17-E The plan includes a description of the existing positions.

For each and every one of its positions the organisation has a corresponding description, formulated with a homogeneous structure and with the active collaboration of the leaders involved.

3a-01-E-18-Q There is a procedure for the description of the position.

3a-01-D-01-Q Organisations that have a volunteer programme must have a document explaining the rights and obligations of the volunteer personnel, in addition to their performance criteria.

3a-01-D-02-E Organisations that have a volunteer programme will have a liaison officer for this group at the centre.

A liaison officer is understood to be a person from the organisation the volunteers of the centre can address (as distinct from the manager of the entity).

3a-01-D-03-Q The organisation manages and coordinates volunteer demand.

The organisation identifies, manages and coordinates the demand for volunteer functions, attending it through its own programme or external actions.

3a-01-D-04-E The organisation must have a record of volunteers and their source.

It will include the committed service periods.

3a-01-D-05-Q There is agility in the availability of the volunteer services at the centre.

Agility is understood to be a suitable response to a need in time and manner.

3a-01-D-06-E The leaders participate in the design of the positions of the affected areas.

3a-01-D-07-Q The positions are in accordance with the described roles, requirements and competencies.

These elements must be consistent with the described position, in the corresponding position description and sufficiently explicit as to clearly differentiate the positions of the organisation.

3a-01-D-08-Q The personnel receive information about their positions when they are hired.

Specifically, they have access to the description of their position.

3a-01-D-09-Q The established welcome programme is implemented.

3a-01-R-01-E The human resources plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

3a-01-R-02-Q The volunteer programme is periodically assessed.

3a-01-R-03-Q The operational procedures and documents and the descriptions of the positions are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 3. PEOPLE

Sub-criterion 3.a - Human resources planning, management and improvement.

Conceptual grouper: people management – 02

Definition

As part of the development of its personnel strategies the organisation establishes suitable mechanisms to guarantee compliance with its internal operating regulations and the instruments necessary for the comprehensive management of its personnel.

Objectives

The organisation ensures effective compliance with the regulations established in relation to personnel. At the same time it has homogeneous and systematic instruments that provide management and the leaders with elements to aid decision-making.

3a-02-E-01-Q There is a procedure in place to keep the curricula vitae of the personnel up to date.

3a-02-E-02-E The organisation guarantees that the personnel, new staff members, trainees, volunteers and personnel from other entities related to the organisation are aware of the legal regulations in force in relation to the secrecy and confidentiality of customer and user data.

The personnel of a healthcare organisation must respect the confidentiality of clinical information about its customers. This commitment may be reflected in individual contracts and in internal operational regulations.

3a-02-E-03-E There are specific human resources information systems that include the control of absenteeism and the degree of staff coverage, ordered by groups and causes.

The management control documentation pertaining to the organisation's personnel, which registers the evolution of absenteeism on a monthly basis by group and cause and the coverage percentage, must be reviewed.

3a-02-E-04-Q The organisation has specific criteria and procedures to cover absenteeism.

3a-02-E-05-Q The organisation has target systems to cover each position by shift, identifying who is covering each position, and for the coverage of positions with continuous physical presence and those that must be contactable.

The organisation must know, in real time, who is covering each one of the active positions and who is on call, both physically present and contactable.

3a-02-D-01-E The organisation guarantees that all personnel provide certified copies of their corresponding qualifications, which are necessary for their positions, and includes them in their files.

The organisation ensures the growth of its human capital and registers the curricular activities of its professionals from their hiring.

3a-02-D-02-Q The organisation reports the performance criteria and the absenteeism data to the corresponding leaders.

3a-02-D-03-Q The organisation seeks to minimise absenteeism by analysing its causes.

3a-02-D-04-Q The organisation guarantees the maintenance of the staffing levels considered to be sufficient for each area or department.

The organisation must guarantee a workforce capable of quantitatively and qualitatively assuming the workload generated in each functional unit, and establish mechanisms when this balance cannot be sustained.

3a-02-D-05-Q The leaders understand and apply the criteria referring to the maintenance of the productive capacity and know what to do in situations when it is lower than the established level.

3a-02-R-01-E The organisation periodically reviews and updates the procedures in accordance with its criteria.

CRITERION 3. PEOPLE
Sub-criterion 3.a - Human resources planning, management and improvement.

Conceptual groper: selection – 03

Definition

The organisation has the obligation of attracting and hiring the best professionals it can access, provided that the need to hire them is fully justifiable. The definition of the best professional encompasses aspects that are not strictly technical, scientific or curricular, rather it also assesses personal characteristics in relation to skills and attitudes.

Objectives

The organisation detects its personnel needs with a view to covering the needs of its customers (qualitative criteria) and providing suitable productivity (quantitative criteria).

The organisation establishes the procedures and requirements to be satisfied as part of the selection process for new professionals.

The leaders participate in the selection processes.

3a-03-E-01-E The organisation has a procedure in accordance with which it regulates the creation and provision of new positions and the recruitment and selection process to fill them. All new positions and hires must be approved by executive management.

The procedure must include mechanisms for the creation of new positions, the recruitment of candidates, the selection process and the filling of the position. The positions to be approved by executive management must be defined in the procedure. It must at least approve long-term positions.

3a-03-E-02-E   The procedure establishes the information required of the candidate, the systematic process to verify this information and the candidate assessment process.

3a-03-E-03-Q The procedure provides for the participation of the leaders in the determination of personnel needs, in the definition of the desired profile, in the selection process, in the qualifications and references verification process and in the decision-making process.

3a-03-E-04-Q The procedure includes the selection of short-term replacements.

The organisation has an agile and effective mechanism for the selection of personnel with short-term contracts. The organisation can perform advance selection procedures to enable the swift hiring of personnel when the need arises or it can establish an abbreviated selection procedure for these cases. The criterion is to simplify the process but not obviate it.

3a-03-E-05-Q The procedure provides for the possibility of the participation of representatives of the professional group in question in the selection process and in the assessment of curricula vitae, skills and competencies.

The organisation opens the assessment process for new hires to the qualified expertise of professionals on the same level (professional board, credentials committee, etc.). The objective is to foster self-regulation among professionals in the same group. Each organisation establishes the decision-making capacity of these advisory and technical and scientific representation bodies.

3a-03-E-06-Q The procedure specifies the process to be followed in the case of the selection of volunteers and trainees.

The selection procedure must cover all the personnel that functionally depend on the centre and, therefore, this includes volunteers and trainees (when their selection is possible).

3a-03-D-01-Q The organisation provides candidates with a response.

The organisation ensures a response for candidates that have not been selected in the various phases of the process and returns the documentation provided by the candidates upon their request.

3a-03-D-02-Q The leaders participate in the determination of personnel needs, in the definition of the desired profile, in the selection process, in the qualifications and references verification process and in the decision-making process.

3a-03-D-03-E Selected candidates have access to their contracts, the definition of their positions and the welcome programme before or at the latest upon starting their work.

3a-03-R-01-E The organisation periodically reviews and updates the procedures in accordance with its criteria.

CRITERION 3. PEOPLE

Sub-criterion 3.b - Identification, development and maintenance of the knowledge and capabilities of the people in the organisation.

Conceptual grouper: capabilities and attributes – 01

Definition

The organisation is equipped with and maintains skilled and competent human resources to satisfy the needs of customers and users. It recognises individual capabilities and attributes and ensures that the specific needs of customers and users are met by people who are qualified and authorised by the organisation.

The organisation understands the skills and competencies that are necessary to achieve its mission, vision and strategic objectives, and ensures that its people have the tools, competencies and information necessary for their contribution.

Objectives

The organisation specifically authorises each professional to perform his/her role only when it recognises his/her competence and capability.

The organisation ensures that the needs of customers and users are met by competent and authorised personnel.

The organisation undertakes to have, whenever necessary, qualified and competent personnel to assist customers and users.

The organisation fosters the ongoing training of its personnel to maintain and increase their qualification and attributes.

3b-01-E-01-E The organisation has a procedure in place that determines the necessary attributes and capabilities of its professionals who perform healthcare or healthcare support functions in order to meet the needs of customers and users.

The organisation must have personnel with the duly recognised qualifications required to perform the activity of their positions. For the recognition of capabilities, the organisation establishes an individual appraisal procedure in which direct supervisors and management issue authorisation for the performance of certain roles, whether they are of an organisational nature (capability to perform admissions, request consultations, etc.) or of a technical nature (performance of invasive or surgical procedures, diagnostic techniques...).

3b-01-E-02-E The procedure determines who is competent for:

- The authorisation of the attributes of other professionals.

- The assessment of the attributes of other professionals.

- The amendment, expansion, reduction or suspension of attribute authorisations.

3b-01-E-03-Q The procedure provides for the active participation of the leaders in the establishment of the necessary capabilities and attributes to be authorised.

3b-01-E-04-Q The procedure provides for the determination of the capabilities and attributes of the personnel of the paediatric area.

The organisation must determine the specific skills and capabilities of the people responsible for the care of paediatric patients. It must also be capable of guaranteeing that the people who provide this care have been issued with the corresponding attributes.

3b-01-E-05-Q The procedure provides for the determination of the skills and attributes to meet the specific needs of customers undergoing risky operations or techniques, including anaesthesia.

The organisation must determine the specific skills and capabilities of the people responsible for the care of customers undergoing risky operations or techniques, including anaesthesia.

It must also be able to guarantee that the people who provide this care have been issued with the corresponding competences.

3b-01-E-06-Q The procedure provides for the determination of the capabilities and attributes to meet the specific needs of elderly customers and those with sensory deprivation, judgement, intellectual and behavioural problems.

The organisation must determine the specific skills and capabilities of the people responsible for attending elderly customers and those with sensory deprivation, judgement, intellectual and behavioural problems.

It must also be capable of guaranteeing that the people who provide this care have been issued with the corresponding attributes.

3b-01-E-07-Q **The procedure provides for the periodic review of the attributes of each professional group.**

3b-01-E-08-Q **The procedure guarantees that all personnel participate in the process for the granting of their individual attributes, that they know them and sign their acceptance of them.**

3b-01-E-09-Q **The procedure provides for the review of attributes upon the request of the interested person and the conciliation mechanism.**

When a professional manifests his/her disagreement with the attributes assigned the organization must provide for a reassessment and conciliation mechanism.

3b-01-E-10-Q **The procedure specifies the scope of dissemination of individual attributes.**

Knowledge of individual attributes only concerns the person they are issued to, his/her direct manager and ultimately management.

3b-01-D-01-Q **The organisation develops mechanisms to ensure that the attributes assigned and those effected match.**

The organisation must provide control mechanisms to prevent or detect transgressions in the scope of the assignment of competences issued to its professionals, especially for actions that pose a significant risk for the customer.

3b-01-D-02-Q **The organisation develops mechanisms to detect training opportunities based on the assessment of individual attributes.**

The fundamental objective of the assessment of attributes is to detect individual training opportunities to update or provide the skills necessary to meet the care needs of the customers.

3b-01-D-03-Q **The entire healthcare staff have their attributes individually assigned and know them.**

3b-01-D-04-Q Attributes are limited in accordance with the existence of staff-customer contagion risk factors.

3b-01-D-05-Q The necessary capabilities form part of the description of each position.

3b-01-D-06-Q Each position is covered by people with sufficient attributes.

3b-01-D-07-Q Staff with individual attributes have them up to date and they are valid.

3b-01-D-08-Q The organisation detects and responds to breaches of issued and authorised individual attributes.

3b-01-D-09-Q The organisation prepares its training plan incorporating information from the assessment of individual attributes.

3b-01-R-01-E The procedure is periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 3. PEOPLE

Sub-criterion 3.b - Identification, development and maintenance of the knowledge and capabilities of the people in the organisation.

Conceptual grouper: training plans – 02

Definition

The organisation ensures that its personnel are up to date in terms of technical and scientific knowledge and skills in order to meet the needs of the customers and the objectives of the organisation. For this reason it plans and undertakes collective and individual training for the people that make up of the organisation.

The training plans help people to obtain the skills and capabilities currently needed by the organisation and it estimates future needs.

Objectives

The organisation:

- detects the training needs of the groups and the people;
- plans and manages the provision of training in accordance with the detected needs;
- provides compulsory training in key aspects;
- provides the means to train its staff and quantifies them economically, and
- fosters the efficiency of the training acquired.

3b-02-E-01-E The organisation has a training plan that affects the entire personnel, is approved by management and includes a specific budget.

3b-02-E-02-Q The training plan includes procedures for the detection of staff training needs, including subcontracted groups, trainees and volunteers.

Training needs are understood to be both individual and group.

3b-02-E-03-Q The plan provides for the active participation of the leaders in the detection of the training needs of their staff.

Training needs are understood to be both individual and group.

3b-02-E-04-Q The training plan provides for the training of trainers among the members of the organisation.

For matters the organisation considers relevant it is important to have an internal group of specific trainers (for example: in quality methodology, group and project management, etc.) in order to permanently have elements to support the training plan. These internal trainers may be key success factors for the development of continuous improvement groups or other instruments considered to improve the quality of the organisation.

3b-02-E-05-Q The organisation has an inventory of training resources and equipment and an explicit procedure on how to use them.

3b-02-E-06-E The training plan includes training for the entire staff on quality, continuous improvement and patient safety.

The centre will establish the priorities and content of the training in accordance with the needs detected by the organisation.

3b-02-E-07-E The training plan includes training for the personnel of the organisation, subcontracted personnel, trainees and volunteers on preventive measures in the event of potential emergencies. The training includes practical sessions and simulations.

3b-02-E-08-E The training plan includes training for the entire staff on infection prevention and control.

The centre will establish the priorities and content of the training in accordance with the needs detected by the organisation.

3b-02-E-09-E The training plan includes theory and practical training for the entire healthcare staff at least on cardiopulmonary resuscitation procedures. The staff attending children receive specific training on paediatric cardiopulmonary resuscitation.

3b-02-E-10-Q The organisation establishes the criteria for the awarding of resources to support external training.

The organisation must have explicit, disseminated and known criteria for the establishment of priorities in the use of the resources available for external training and the method for accessing it.

3b-02-E-11-Q The organisation establishes how access to external training funded by third parties is regulated.

The organisation must have instruments in place to provide support and determine limits in order to prevent abuses of the externally funded training provided by third parties. The objective is to align the institutional and individual interests of each professional in terms of training, seeking technical and scientific progress, which must be beneficial for the centre, the professional who receives the training and the members of the functional unit to which the professional contributes the knowledge received.

3b-02-E-12-Q The organisation establishes the external training funding criteria and the conditions for reversion to the organisation.

The organisation has instruments for the concession of resources for high-cost or long-term external training. This procedure must establish the concession criteria, the circumstances in which these resources can be accessed and the commitment to disseminate the knowledge obtained, in addition to the commitment to revert the investment made by the organisation should the professional abandon the training.

3b-02-E-13-E The training plan provides for the assessment of the personnel's satisfaction level with each training course.

Like in all improvement processes, the assessment of customer satisfaction is fundamental for effective progress. All courses must include the collection of the opinions of the students in relation to content, the skills and capabilities of the instructors, the material used, the organisation of the technical and support resources and comfort.

3b-02-E-14-Q The training plan provides for the existence of an individual training plan for each member of the organisation.

The scope of the plan reaches the individual level, detecting individual compliance with the compulsory general training plan and the incorporation of the training needs resulting from the performance appraisal and attribute issuance process.

3b-02-D-01-E The organisation designates the people responsible for staff training.

3b-02-D-02-E **The organisation registers all the training activities provided by the organisation or acquired externally and who has received them.**

3b-02-D-03-Q **The people of the organisation have access to the training programme.**

3b-02-D-04-E **All recipients of training complete satisfaction surveys.**

3b-02-R-01-Q **The training plan's execution status and any deviations are periodically assessed, enabling the implementation of corrective actions in the current year.**

3b-02-R-02-Q **Compliance with the individual training process is assessed in each assessment process concerning aptitudes, attitudes and skills.**

In addition to identifying training opportunities, the aptitudes, attitudes and skills assessment process must also verify compliance with the scheduled individual training plan.

3b-02-R-03-E **The training plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.**

3b-02-R-04-E **The procedures are periodically reviewed and updated in accordance with the organisation's criteria.**

CRITERION 3. PEOPLE

Sub-criterion 3.b - Identification, development and maintenance of the knowledge and capabilities of the people in the organisation.

Conceptual grouper: assessment of aptitudes, attitudes and skills – 03

Definition

The organisation individually, systematically and periodically appraises its human resources.

The appraisal is oriented towards professional improvement in relation to the aptitudes, attitudes and skills of each one of the people that form the organisation.

Objectives

The appraisal enables the organisation to express its expectations with respect to the people who work for it.

The appraisal enables the identification of the necessary training actions in accordance with the needs of the position filled by each person in the organisation.

The appraisal allows individual and team objectives to be reviewed and updated.

3b-03-E-01-E The organisation's human resources plan includes a programme for the assessment of aptitudes, attitudes and skills that is applicable to the entire staff and is performed individually and systematically with the established periodicity.

The assessment of aptitudes, attitudes and skills is a periodic appraisal instrument, performed by the direct supervisor of each member of the organisation. The content of the appraisal is shared with the person assessed, who will be asked for approval. The appraisal reviews the results of personal objectives, sets new ones and identifies possible improvements and training opportunities.

3b-03-E-02-Q The programme provides for the direct participation of the leaders in the assessment of the aptitudes, attitudes and skills of the people who depend on them.

3b-03-E-03-Q There is a procedure in place on the specific appraisal content, the criteria used, the process for its performance, communication and acceptance by the person assessed, the determination of training needs, filing, secrecy and confidentiality and conflict resolution.

3b-03-D-01-Q The leaders apply the analysis of aptitudes, attitudes and skills to set the objectives of their areas and to detect individual and joint training needs.

3b-03-D-02-Q The person assessed knows the content and the results of the appraisal of aptitudes, attitudes and skills and has the option of accepting by means of a specific document.

3b-03-D-03-Q The organisation registers individual completion of the appraisal with the scheduled periodicity.

3b-03-R-01-E The programme and the procedures that develop it are periodically reviewed and updated in accordance with the organisation's criteria.

3b-03-R-02-Q The results of the appraisal programme are analysed by management and the leaders to reformulate staff policies.

CRITERION 3. PEOPLE

Sub-criterion 3.c - Involvement and assumption of responsibilities by the people of the organisation.

Conceptual grouper: work groups – 01

Definition

The organisation has, in accordance with its strategy, a procedure to detect scopes or activities susceptible to being assessed or pending improvement. To respond to this the organisational structure of the improvement is that required for each case, adapted to each hospital, and more or less stable work groups (specific work groups, clinical committees, quality improvement teams, coordinators and managers) are created with varying degrees of responsibility and they are open to the participation of the professionals involved or interested in these activities. The active participation of the professionals of the organisation in transversal structures is a manner of reflecting the alignment of their objectives with those of the organisation, especially in especially relevant scopes.

The organisation creates an innovative culture that enables innovation that is aligned with its strategy and responds to challenges.

Objectives

The organisation determines the groups necessary and their composition, competencies, etc., in accordance with internal regulations.

Moreover, there are scopes whose assessment requires special attention from the organisations. These are at least the following:

- pharmacological therapy,
- infections,
- transfusions,
- clinical records and confidentiality,
- tumours, tissues and mortality,
- bioethics and deontology,
- quality and safety,
- occupational health and safety.

The staff knows the procedure to create the groups, the work methodology, the degree of responsibility that their participation implies and the measures that are consequently taken within the organisation.

3c-01-E-01-E There are explicit criteria for the creation of the work groups in accordance with the organisation's strategy.

The organisation establishes its lateral structure, in accordance with its mission and strategy, conditioned by its size and the relative relevance of the functions and matters to be covered. Therefore, the definition of the number, composition, objectives and operating mechanisms is the strict competency of the organisation (with the exception of committees for the accreditation required by the public administration). Moreover, there are functions that must be developed in a healthcare institution, ensuring the quality of the care, patient safety and efficiency.

3c-01-E-02-Q There is a methodological guide that defines how the groups work (definition of clear objectives, monitoring needs, time assigned, schedule, etc.).

3c-01-E-03-E   There is a manager accepted by the leaders or by the group.

The organisation must guarantee that each group is structured under the leadership recognised and accepted by its members and the management of the centre.

3c-01-E-04-Q The leaders and the members of the groups are trained by the organisation to develop their roles within the group.

The organisation favours the training of the members of the groups that are formed or are being formed, especially in relation to continuous improvement, meeting and work group management, results monitoring, project management and other methodologies.

3c-01-D-01-E   There is a work group or several work groups for the assessment of activities related to pharmacological therapy, infections and transfusions.

3c-01-D-02-E   There is a work group or several work groups for the assessment of activities related to clinical documentation and confidentiality.

3c-01-D-03-E   There is a work group or several work groups for the assessment of activities related to tumours, tissues and mortality.

3c-01-D-04-E There is a work group or several work groups for the assessment of activities related to bioethics and deontology.

3c-01-D-05-E There is a work group or several work groups for the assessment of activities related to patient quality and safety.

3c-01-D-06-E The causes that might give rise to adverse events are analysed using validated methodology. For example: root-cause analysis (RCA), failure mode and effects analysis (FMEA), "5 Whys", Ishikawa diagram.

At the least RCA will be performed in the case of unexpected deaths.

3c-01-D-07-Q There is one or several work groups dedicated to the promotion of activities susceptible to improvements detected by the organisation.

The organisation must open channels for the communication and management of improvement proposals arising from the operational core of the organisation. This is the base for the creation of continuous improvement groups.

3c-01-R-01-Q Each group analyses the effectiveness of its actions and the impact on its scope of activity.

3c-01-R-02-E The organisation periodically reviews and updates the established criteria in accordance with the process in place within the organisation.

CRITERION 3. PEOPLE

Sub-criterion 3.d - Existence of dialogue between the people and the organisation.

Conceptual grouper: staff welcome programme – 01

Definition
In accordance with its communication plan, the organisation's human resources plan has a specific process to inform and train new staff.

Objectives
The organisation has a welcome programme for new staff, regardless of their type of contract.
People must receive information and training about general aspects (general operating regulations) and about the specific organisational and functional aspects of their department or position.
The programme is periodically updated, communicated and assessed.

3d-01-E-01-E The organisation has designed a general welcome programme.

The programme covers the mission, vision, values, organisational chart, general organisation aspects, location of spaces, uniforms, personal identification, access to special interest units (HR, occupational health and safety, user services), etc. The organisation will determine who must receive the welcome programme and the time limit for the programme.

3d-01-E-02-Q There is a specific welcome programme for each position (internal operating regulations of the department or service).

3d-01-D-01-Q The leaders actively participate in the design, implementation and dissemination of the specific welcome programme for each position.

3d-01-D-02-Q The organisation facilitates the general welcome plan for new staff.

3d-01-D-03-Q The organisation facilitates the specific welcome plan for each position for new staff.

3d-01-R-01-E The organisation reviews and updates the general welcome programme.

3d-01-R-02-Q The organisation reviews and updates the specific welcome programme for each position.

CRITERION 3. PEOPLE

Sub-criterion 3.d - Existence of dialogue between the people and the organisation.

Conceptual grouper: guarantee communication – 02

Definition

The organisation identifies vertical (top-down and bottom-up) and horizontal communication needs and expectations and provides the means to facilitate it in its communication plan.

Objectives

In accordance with its communication strategy the organisation:
- identifies and detects its communication needs and expectations;
- facilitates the circulation of information through the creation of various channels;
- designs a variety of procedures to share corporate information, knowledge and best practices;
- periodically assesses and updates the channels and procedures, and
- communicates clear strategic orientation and management and ensures that people understand its mission, vision, values and strategy.

3d-02-E-01-E The organisation has procedures in place to guarantee:

- Top-down communication, both through its own and third-party representatives

- Bottom-up communication, guaranteeing secrecy

- Horizontal communication.

Top-down communication: operating regulations, meeting notices, general interest news...

Bottom-up communication: suggestion boxes, open-door programmes, staff satisfaction surveys...

Horizontal communication: organisational, scientific...

3d-02-E-02-E The organisation establishes mechanisms for the management, security and correct use of new communication technologies.

3d-02-D-01-E A system of oral channels (clinical sessions, talks...) and/or written channels, both paper (internal newsletter, posters...) and IT (e-mail, intranet, etc.) is facilitated to favour communication between staff.

3d-02-D-02-Q The resources necessary for communication (time, physical spaces, material, etc.) are facilitated.

3d-02-D-03-E Executive management and the leaders foster and are involved in the dissemination and implementation of the various procedures.

3d-02-D-04-Q The organisation establishes the methodology and periodicity for the collection of its staff's opinions.

3d-02-R-01-E Management periodically reviews and updates the procedures in accordance with the organisation's criteria.

CRITERION 3. PEOPLE

Sub-criterion 3.e - Recognition of and attention to the people in the organisation.

Conceptual grouper: recognition of people's efforts – 01

Definition

The organisation recognises people's efforts, whether in improvement activities or when assessing objectives, in accordance with its human resources policy.

Objectives

Within the organisation there is a system defined to recognise people with the aim of maintaining their level of participation and involvement in the organisation.

The system is periodically updated, communicated and assessed.

3e-01-E-01-E There are previously defined criteria to objectively recognise the efforts made by people.

The organisation recognises the added value contributed by the people of the organisation. The recognition criteria must be clear, as objective as possible, accessible for all groups and guarantee equal opportunities.

3e-01-D-01-E Executive management supports and disseminates the criteria.

The organisation's executive management actively participates in the processes of the system for the recognition of people and work groups.

3e-01-D-02-Q The leaders analyse and disseminate the results obtained.

3e-01-R-01-Q The organisation reviews the results of recognitions.

3e-01-R-02-E The organisation periodically reviews and updates the criteria in accordance with the process in place within the organisation.

CRITERION 3. PEOPLE

Sub-criterion 3.e - Recognition of and attention to the people in the organisation.

Conceptual grouper: attention to people – 02

Definition

The organisation has criteria to raise people's awareness in relation to the defence of the environment, safety, the promotion and protection of health and individual rights, the work-life balance and activities to benefit society in general. The organisation ensures and protects diversity and a safe and healthy work environment.

Objectives

The organisation's strategy has defined criteria to guarantee improvements in terms of the environment (energy saving, waste removal, reduced spending on water, paper, etc.), occupational health and safety, and the promotion and protection of health and individual rights.

The organisation adopts measures to suitably balance work and home life.

The criteria are periodically updated, communicated and assessed.

3e-02-E-01-E There are criteria to raise people's awareness in terms of the defence of the environment in accordance with the organisation's strategy.

The organisation has awareness criteria on the reduction of negative ecological impacts, fostering the recycling of products, the use of clean or renewable energy, the correct separation of waste, and favouring the training of personnel on matters related to the protection of the environment.

3e-02-E-02-Q Management and the leaders plan actions oriented towards the promotion and protection of the health of the personnel in their work environment.

Beyond the regulations in force.

3e-02-E-03-Q The organisation designs a programme to provide a suitable work-life balance for its professionals.

3e-02-E-04-E There are criteria to guarantee the protection of personnel in relation to the abuse of power, harassment, discrimination due to sex, race, disability, religion, etc.

The organisation must have standardised instruments for prevention, detection and action in relation to abusive, discriminatory, victimisation or similar actions that infringe on the personal and professional dignity of the staff.

3e-02-D-01-Q Management and the leaders actively participate in the design and implementation of the criteria.

The criteria are implemented in the form of specific environmental protection programmes.

3e-02-D-02-Q Management and the leaders analyse and disseminate the results obtained.

With regard to the protection of the environment.

3e-02-D-03-E Management, the leaders and the representatives of the personnel analyse and disseminate the results obtained in the application of measures for the promotion and protection of the health of the personnel in their work environment.

With regard to the promotion and protection of the health of the personnel.

3e-02-D-04-Q The organisation actively participates in the design and application of a programme to provide a suitable work-life balance for its professionals.

3e-02-D-05-Q Management and the leaders actively participate in the design and implementation of the criteria and disseminates them.

With regard to the protection of personnel against abuse, harassment, etc.

3e-02-R-01-Q Management and the leaders periodically assess the effectiveness of the criteria.

With regard to the protection of the environment.

3e-02-R-02-E Management, the leaders and the representatives assess the effectiveness of planned actions.

With regard to the promotion and protection of the health of the personnel.

3e-02-R-03-Q The organisation assesses the effectiveness of the programme to provide a suitable work-life balance for its professionals.

With regard to the work-life balance.

3e-02-R-04-Q Management and the leaders periodically assess the effectiveness of the criteria.

With regard to the protection of personnel against abuse, harassment, etc.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Definition

The organisations plan and manage external partnerships, suppliers and resources to support the implementation of the general strategy, policies and plans, and to assure the effective operation of their processes, in addition to correctly managing their social and environmental impact.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.a - Management of external partnerships.

Conceptual grouper: external suppliers of healthcare services – 01

Definition

To guarantee the provision of excellent services the organisation may use external suppliers to complement them or provide them with continuity. For this reason it is necessary to determine the degrees of quality, safety and efficiency it requires.

Objectives

The organisation:

- determines the limits of its healthcare capacity in order to detect external provision needs;
- establishes the criteria for the selection of the best external providers, and
- actively interacts in the improvement of the external provision process.

4a-01-E-01-E The organisation identifies and describes the healthcare support requirements and characteristics it needs.

The organisation detects and specifies its external healthcare support needs.

4a-01-E-02-Q The organisation has a procedure for the selection of the best external supplier, in which the leaders participate.

The procedure for the selection of external suppliers may include: information about the capabilities and attributes of the personnel . the characteristics of the buildings, the facilities and the equipment (age, condition, models) . work capacity . logistics . qualitative characteristics of the service to be provided . qualitative characteristics and requirements of the service provider (accreditations, certificates, etc.) . timing of the provision.

4a-01-E-03-Q There is a procedure to guarantee the operation of each external supplier.

The procedure that regulates the use of the external contracted services may include the following requirements:
- Communication mechanisms for access
- Requirements to request the service
- Assessment of needs met
- Scheduling of activities
- Transfers
- Availability of reports
- Billing
- Civil liability policy amount - Etc.

4a-01-E-04-Q The qualitative characteristics of the service to be provided include the fitness of the testing or processing needs requested of external suppliers.

4a-01-E-05-E There is a procedure for the periodic assessment of each external supplier and for contract reviews.

The procedure for the periodic assessment of the supplier and the review of the contract must include details on the criteria used in the assessment, the methodology and the schedule.
There must also be records and the communication of results.

4a-01-E-06-Q In organisations without the capacity to select external suppliers there is a mechanism for the replacement of the supplier due to objective causes.

These replacement mechanisms must include the criteria to remove a supplier and add another in its place, in addition to reviews and the schedule.

4a-01-D-01-E The criteria for the selection of the best supplier are applied.

These criteria may include:
- Characteristics and requirements in relation to the content of the provision
- Scheduling
- Emergency coverage
- Response agility
- Issuance of results
- Other specific aspects

4a-01-D-02-E **The organisation-external supplier relationship is formalised with a contract or agreement.**

4a-01-D-03-Q **The organisation internally disseminates the list of its external suppliers and the operational circuit to obtain the service.**

4a-01-D-04-Q **The leaders know the requirements set for each service and participate in their periodic assessment.**

4a-01-D-05-Q **The organisation controls and monitors:**
- The extent to which the external service provided meets the needs of the request
- The provision of the external service

The external service provision and indication criteria will be defined by the organisation.

4a-01-D-06-Q **There is a record and service nonconformities and incidents are reported.**

4a-01-D-07-Q **The organisation interacts directly with the external suppliers and fosters joint improvement projects.**

4a-01-D-08-Q **The external healthcare suppliers facilitate interaction between professionals to establish common criteria, facilitate specific information, validate techniques and foster service improvements.**

4a-01-R-01-Q **The extent to which the external suppliers meet the needs of the organisation is periodically assessed.**

4a-01-R-02-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.a - Management of external partnerships.

Conceptual grouper: continuity between healthcare scopes – 02

Definition

The organisation establishes partnerships with its references and contrareferences in order to ensure the healthcare continuity of its customers.

Objectives

The organisation:

- determines its degree of sufficiency in order to detect external provision needs;
- identifies its references and contrareferences;
- interacts with its references and contrareferences to guarantee the healthcare continuity of its customers, in accordance with its needs;
- agrees with its references and contrareferences the conditions in which the healthcare is provided.

4a-02-E-01-E The organisation specifically identifies its scope of activity and its external healthcare support and coordination needs.

4a-02-E-02-Q The organisation has procedures for the selection and replacement of its references/contrareferences.

4a-02-E-03-E The organisation has joint protocols in place with its references/contrareferences.

The protocols must contain aspects such as reception, scheduling, appointments, admission, communication, clinical information, registration, transfers and transfer conditions and other specific aspects.

4a-02-D-01-Q The organisation identifies the needs of the references and contrareferences with respect to the clinical management and handling of customers and users of the services.

4a-02-D-02-E The organisation knows who its references/contrareferences are and how they are related to the organisation.

4a-02-D-03-E The organisation provides the reference and/or contrareference with information in an individualised, systematic and complete manner as long as its services are in line with the established protocols.

4a-02-D-04-E The clinical information transmitted between organisations complies with the obligation to confidentiality.

4a-02-D-05-Q The organisation establishes the specific needs of the customers in order to refer them to the corresponding reference.

4a-02-D-06-E The organisation acts as a reference and has criteria for the acceptance of referred customers.

4a-02-D-07-Q The organisation registers the reference and contrareference of each customer attended.
The organisation knows the origin and destination of each customer attended.

4a-02-D-08-Q The organisation periodically coordinates with its references/contrareferences to foster joint improvement actions.

4a-02-R-01-E The procedures and protocols are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.a - Management of external partnerships.

Conceptual grouper: subcontracting – 03

Definition

The organisation may contract certain healthcare and support services from external entities. In this case, the organisation ensures compliance with the characteristics of the contracted service in terms of effectiveness, safety and quality, and ensures the maintenance of consistency with the mission, values and institutional policies.

Objectives

The organisation:
- determines which of its functions can be performed by other entities. For these functions it determines the content, limits and quantitative and qualitative characteristics of the provision of the service;
- selects the providers of the subcontracted services using service quality, safety, provision effectiveness and efficiency criteria based on the determination of its needs;
- assumes responsibility for the provision of the subcontracted services with regard to its customers;
- integrates the subcontracted entities into the general functions that affect it and encompasses them and involves them in the monitoring of the institutional mission and its policies;
- involves and binds the subcontracted entities in its continuous improvement process, and
- establishes mechanisms to review and control the quality and effectiveness of the subcontracted entities.

4a-03-E-01-E The organisation has a procedure for the selection of the subcontracted services with objective criteria for the assessment of the service provided.

The subcontracted services must comply with a series of requirements that respond to the strategies of the organisation, establishing a procedure that specifies the selection criteria and the requirements to access the selection process.

4a-03-E-02-E A procedure includes the responsibilities, competencies and dependencies (organic and functional) of the subcontracted entities in addition to their obligations with respect to the organisation.

4a-03-D-01-Q The leaders participate in the definition of the characteristics of the service to be provided based on the detected needs.

4a-03-D-02-E The requirements of the service provided are set out in a valid contract approved by executive management.

The contract may include:

- Operating regulations

- Duration

- Renewal periodicity

- Suspension criteria

- Possible penalties   -

Rescission conditions, staff replacement criteria (in the case of incidents, etc.)

4a-03-D-03-Q The organisation sets objectives for the provision of subcontracted services in accordance with the people responsible for the provision.

4a-03-D-04-Q The organisation knows the people directly responsible for the provision of subcontracted services.

4a-03-D-05-Q The organisation has periodic assessment information about compliance with the requirements for the provision of the subcontracted service.

This assessment may include the opinion of the leaders, the users and the customers of the services provided.

4a-03-D-06-Q The organisation responds to nonconformities to the established objectives and service requirements.

4a-03-D-07-Q The organisation integrates the subcontracted entities in its continuous improvement process.

4a-03-D-08-Q The organisation participates in the selection of the personnel of the subcontracted entities.

While the subcontracted organisations are carrying out their activity at the organisation, the organisation reserves the right to participate, directly or indirectly, in the new staff selection or acceptance process.

4a-03-R-01-Q The organisation periodically assesses the degree of compliance with the objectives and requirements for the provision of the subcontracted services.

4a-03-R-02-E The operational procedures and regulations of the subcontracted services are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.a - Management of external partnerships.

Conceptual grouper: other suppliers – 04

Definition

To cover its operational needs (services and products) the organisation has specific policies to optimise supplier relations and seek mutual commitment and joint responsibility in the achievement of the institutional objectives. The services provided may include consultancy, auditing, software maintenance, telephony, etc.

Objectives

The organisation:

- selects its suppliers based on grounded criteria shared by the leaders and the staff;
- interacts with the suppliers to determine how, when and where the services are provided in addition to their quantity;
- favours mutual commitment policies with the main suppliers and with others it considers suitable, and
- guarantees the supply of the goods and services necessary for its operations and establishes control and action mechanisms in the event of contingencies.

4a-04-E-01-E The organisation has a supplier selection procedure in place.

The procedure may include:

- Selection criteria
- Requirements to be added to the list
- Specific product characteristics   -
Delivery rate
- Storage responsibility
- Management of nonconformities and financial conditions.

4a-04-E-02-Q The leaders participate in the definition of the characteristics of the products and in the evaluation of alternatives.

4a-04-E-03-Q The selection procedure includes the quality requirements to be accredited by the supplier.

These requirements refer to specific approvals, certifications and accreditations.

4a-04-E-04-E The organisation has a record of supply products, with the characteristics and data necessary for purchasing management.

4a-04-E-05-E The organisation has an information system for stocks and consumptions that allows it to manage the replacement of supplies.

4a-04-E-06-Q The organisation has explicit criteria on the optimal, alarm and minimum levels of its stock.

4a-04-E-07-E The organisation has operational criteria in the event of special situations.

Special situations are for example:
- Stock breakage
- Depletion of essential products
- Replacement of suppliers
- Access to wholesalers

4a-04-D-01-Q The organisation periodically interacts with its most significant suppliers to define joint objectives.

The knowledge gained in periodic meetings with the suppliers and joint audits makes it easier to adapt and comply with the product requirements.

4a-04-D-02-Q The organisation disseminates its operational regulations and criteria to its suppliers to the extent that they affect them.

4a-04-D-03-E The organisation has mechanisms to assess the products provided and their compliance with the pre-established characteristics.

4a-04-D-04-Q The organisation takes into account the opinions of the leaders and the personnel with respect to the products used.

4a-04-D-05-Q The organisation fosters the involvement of the suppliers in its continuous improvement policy.

4a-04-D-06-Q The organisation internally disseminates its performance regulations and criteria in the event of special situations that might compromise the supply.

4a-04-R-01-Q The organisation periodically assesses the degree of compliance with the objectives and requirements of the supply.

4a-04-R-02-E The operational procedures and regulations are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.b - Management of economic and financial resources.

Conceptual grouper: management of economic and financial resources – 01

Definition

The organisation has an economic and financial resource management system to support its strategy, with mechanisms that guarantee the efficient use of resources.

Objectives

The organisation:

- manages the resources of a certain plan;
- documents policies and decisions in the economic and financial area;
- determines relations between departments in terms of customer and supplier;
- controls financial management;
- has the information necessary to make economic decisions;
- assesses, selects and validates investments and divestments in tangible and intangible assets, and
- ensures that its short-term financial planning and management are in line with its long-term objectives.

4b-01-E-01-E The organisation has an annual budget of revenue and expenditure in accordance with the plans and activities to achieve the forecast objectives, which will be approved by the governing body.

The annual budget must provide proof of:

- Correlation of the budget with the forecast activities
- Guarantee of access to the necessary information for the people responsible for preparing it (activity indicators, rates, costs, etc.)
- Participation of the leaders in the preparation of the budget
- Availability of resources
- Scheduling of monitoring activities (at least semi-annually)
- Reports on budget monitoring activities (at least semi-annually)
- Budget approval record
- Approval by governing bodies

4b-01-E-02-Q The organisation has procedures to provide the people responsible for the preparation of the budgets with sufficient and understandable information.

4b-01-E-03-E The organisation has an investment plan.

The organisation plans investments taking into account costs, amortisation periods, the calculated theoretical productivity of the investment and the justification of the investment need.

4b-01-E-04-Q The organisation has an analytical accounting system in addition to a financial accounting system and both are used for economic decision-making.

The organisation uses analytical accounting to help control costs and calculate profits by production and process area, in addition to providing data for the planning of investments and the setting of prices.

4b-01-E-05-Q In the case of donations, there is a procedure to guarantee that the funds are correctly identified and assigned.

It refers to asset donations, cost-free contributions from the industry and other stakeholders in the sector, etc.

4b-01-E-06-Q There is a system in place to assess staff suggestions and detect opportunities for improvement in relation to administrative and economic aspects.

The organisation uses staff suggestions with respect to the reduction of wasteful spending, improving efficiency, making the best use of resources, etc.

4b-01-D-01-Q The budget is prepared by management with the participation of the leaders.

4b-01-D-02-Q The leaders participate in the monitoring of the budgets.

4b-01-D-03-Q Any budgetary deviations in relation to revenue and expenditure are documented and justified.

4b-01-D-04-Q The analytical accounting model is based on clear and explicit criteria used to allocate revenues and internal costs.

4b-01-D-05-E Customer billing is controlled by a central system.

4b-01-D-06-Q The organisation has a procedure for the collection of customer debts.

4b-01-D-07-E The organisation keeps the inventory up to date and applies an asset replacement programme.

4b-01-D-08-E The organisation has an economic management assessment system.

The organisation analyses the data from the analytical accounting system, the investment plan and budget monitoring, in addition to all implemented corrective actions.

4b-01-D-09-Q There are information channels to inform the services, units or departments of agreements with insurance companies and other buyers of services.

4b-01-D-10-Q In the customer scope there is information about rates, insurance coverage, quotes and other economic aspects that affect them.

4b-01-R-01-Q The organisation assesses the recommendations of economic audit reports and those applicable after improvements.

4b-01-R-02-E Management assesses the economic results.

4b-01-R-03-Q The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.c - Sustainable management of buildings, equipment, materials and natural resources.

Conceptual grouper: installations and maintenance of the building – 01

Definition

The organisation adapts, from the perspective of the building (including civil engineering and installations) to its needs (healthcare, technological, security. etc.). It is also committed to guaranteeing its safe operation at full capacity.

Objectives

The organisation:

- conserves the building in accordance with the design parameters throughout its useful life;
- identifies the building's maintenance, replacement and adaptation needs;
- identifies refurbishment needs and the need to expand or create new spaces;
- adapts to the new needs of the building to support improvements;
- prioritises changes and investments, in accordance with legislative amendments, needs and economic resources;
- optimises use, and
- measures and manages the impact on the community and the environment.

4c-01-E-01-E The organisation has a budgeted maintenance plan for the building (exterior and interior).

4c-01-E-02-Q Suggestions and complaints from customers and staff are assessed in the design of the building maintenance plan.

4c-01-E-03-E There are one or several people responsible for the maintenance of the building appointed by executive management.

4c-01-E-04-E There are up to date and detailed installation plans, which are accessible by the people assigned.

4c-01-D-01-E There is a detailed record that specifies preventive, corrective, scheduled and emergency maintenance.

4c-01-D-02-E The maintenance service is assured 24 hours a day. The organisation determines which services are to be permanently covered.

The organisation must guarantee the continuity of the service, especially at night and on public holidays.

4c-01-D-03-E The building and its installations (electricity, water, ventilation (air conditioning), heating, waste, medicinal gas and other systems) are reviewed, maintained and improved.

4c-01-R-01-E The organisation periodically assesses the degree of compliance with the maintenance plan.

4c-01-R-02-E The maintenance plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.c - Sustainable management of buildings, equipment, materials and natural resources.

Conceptual grouper: adaptation of the building – 02

Definition
The organisation adapts its infrastructure to guarantee operation at full capacity and with energy efficiency.

Objectives:
The organisation:
- adapts its civil engineering and installations infrastructure to support new functional needs;
- adapts the building and its installations for rational energy consumption;
- adapts the IT network and machinery in accordance with present and future needs, and
- prioritises adaptation to changes in accordance with its needs and economic resources.

4c-02-E-01-E The organisation detects, plans and prioritises improvements to the building and installations in accordance with its needs and economic resources.

It refers to the supply of electricity, water, etc. and also to IT equipment and network needs.

4c-02-E-02-Q The organisation provides for the possibility of the growth of the building and the installations due to changing needs and the implementation of new technologies.

4c-02-E-03-Q The organisation has a plan for the management of energy and utilities.

This plan may be included in the building maintenance plan.

4c-02-D-01-Q The structure and the layout of the spaces for customer admission are adapted to healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:

- Hospitalisation units

For example, the following will be assessed as improvements:

- The flexibility to adapt to grouping changes in internal organisation.

- The centralised location of the control station, which facilitates the rationalisation of nursing staff rounds and the direct visualisation of access to the unit and the doors of the rooms.

- Spaces with air conditioning that, at least, provides primary air and quality filtration (EU7-EU9).

4c-02-D-02-Q The structure and the layout of the spaces for customer admission are adapted to healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:

- ICU

For example, the following will be assessed as improvements:

- Versatility of all the healthcare spaces (cubicles)

- Cubicles around the direct support spaces, in single and centralised layout.

- The cubicle must facilitate the use of equipment with a high level of technology.

- The filtering of the air conditioning system uses three filters (EU4-EU9-H13) and is provided in the cubicles in overpressure or depression in accordance with the needs.

4c-02-D-03-Q The structure and the layout of the spaces for customer emergency care are suitable for healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:

- A&E

For example, the following will be assessed as improvements:

- Differentiated access for outpatient customers and those using healthcare transport.

- Versatility and flexibility of use of all the cubicles.

- Cubicles around the direct support spaces, in single and centralised layout.

- Connection of this area to the customer management functional unit through the public circulation space.

- All the spaces have air conditioning which, at least, provides primary air and quality filtration (EU7-EU9).

4c-02-D-04-Q The structure and the layout of the spaces for customer outpatient care are suitable for healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:
- Outpatient services
- Examination rooms
- Day hospitals.

For example, the following will be assessed as improvements:

- The differentiation of flows for outpatient services and examination rooms, a public one that feeds the waiting rooms and a restricted one that feeds the support spaces and outpatient services.
- The flexibility and versatility of all the outpatient services and examination rooms.
- Outpatient services with a differentiated scope for consultation and for examination.
- In the day hospital, the flexibility and versatility of all the cubicles, which will be arranged around the direct support spaces, in a single and centralised layout.
- All the spaces have air conditioning which, at least, provides primary air and quality filtration (EU7-EU9).

4c-02-D-05-Q The structure and the layout of the spaces for customer surgical care are suitable for healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:
- Surgical block
- Outpatient surgery.

For example, the following will be assessed as improvements:

- Configuration in a single centralised block isolated from the general flows.
- The differentiation of circuits for customers/staff/materials.
- Progressive access, from the least clean to the cleanest areas.
- The structure of the block in accordance with the differentiation of zones: clean zone, restricted zone, internal non-clean zone and external zone.
- The versatility of all the theatres.
- The approximate dimensions of the rooms are 36 m^2.
- The existence of a differentiated space for the performance of preoperative anatomopathological studies.
- In the surgical block and in the outpatient major surgery areas the air conditioning has at least three quality filters (EU4-EU9-H13), and the clean spaces are in overpressure with respect to the non-clean ones.
- The connection from the outpatient surgery unit to the theatres is immediate.
- The post-anaesthesia recovery room has a nursing control station linked to corresponding direct support spaces.
- In the outpatient surgery unit there is air conditioning that at least provides primary air and EU5-EU9 quality filtration for the minor surgery theatres and EU4-EU9-H13 for the major surgery theatres.

4c-02-D-06-Q The structure and the layout of the spaces for births are suitable for healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:

- Obstetric block

For example, quick and easy connection to the surgical area will be considered to be an improvement.

- All the spaces have air conditioning which, at least, provides primary air and EU7-EU9 quality filtration.

- In the surgical spaces of this block, the filtration has three quality filters (EU4-EU9-H13), and the clean rooms are in overpressure with respect to the non-clean ones.

4c-02-D-07-Q The structure and the layout of the spaces for the central diagnostic services and central therapeutic services are suitable for healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:

- Medical imaging

- Rehabilitation

- Haemodialysis

- Laboratory/blood bank

- Pathological anatomy

- Morgue

- Pharmacy

- Sterilisation

For example, the following will be assessed as improvements:

- The correct definition of these areas to provide the necessary support for the staff.

- The flexibility of the spaces to adapt to the operating criteria implemented in the organisation.

- Access differentiation (internal or outpatient customers and staff).

- All the spaces have air conditioning which, at least, provides primary air and quality filtration (EU7-EU9). - In sterilisation and clean circuit spaces, the filtration has three quality filters (EU4-EU9-H13), and the clean rooms are in overpressure with respect to the non-clean ones.

4c-02-D-08-Q The structure and the layout of the spaces for administrative support areas are suitable for healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:

- Archive and clinical documentation

- Customer management

- Customer care

- Multi-purpose area for staff (including volunteers and customer associations)

- Management

- Administration

- Administrative units of the clinical services

- IT

- Teaching

- Library

- Multifaith prayer room.

For example, all spaces with air conditioning that at least contributes primary air and EU7-EU9 quality filtration will be assessed as an improvement.

4c-02-D-09-Q The structure and the layout of the spaces for staff areas are suitable for healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:

- Staff canteen

- Trade union spaces

- Occupational health and safety

- Staff changing rooms

- On-call doctors rooms.

For example, the following will be assessed as improvements:

- The correct definition of these areas to provide the necessary support for the staff.

- The flexibility of the spaces to adapt to the operating criteria implemented in the organisation.

- Restricted access to staff changing rooms.

- All the spaces have air conditioning which, at least, provides primary air and quality filtration (EU7-EU9).

4c-02-D-10-Q The structure and the layout of the spaces for general services are suitable for healthcare needs, facilitate the work of the professionals involved and enable the rational use of human resources:

- Kitchen

- Cleaning

- Laundry/Linen

- Maintenance

- Store rooms

- Security

- Waste sites.

For example, the following will be assessed as improvements:

- The correct definition of these areas to provide the users with high quality services in terms of food, cleaning, linen and supplies.

- Good communication of the waste storage area with the unloading bay.

- All the spaces have air conditioning which, at least, provides primary air and quality filtration (EU7-EU9).

4c-02-D-11-Q The structuring of the building prioritises adjacency, proximity or good communication between the areas or services.

Linking of:

- A&E with medical imaging, surgical block and ICU.

- Outpatient services with examination rooms and medical imaging.

- Day hospital with examination rooms and outpatient services.

- Surgical and obstetric blocks with sterilisation.

- Laboratory samples area with outpatient area.

Good communication between:

- Hospitalisation units and central hospital services.

- Outpatient services and clinical history archive.

- Laboratory and hospitalisation area, A&E, surgical and obstetric blocks, and day hospital

- Pharmacy and all hospital services.

- Kitchen and hospitalisation units.

4c-02-D-12-Q The building is finished in materials that are resistant to use, easily replaceable and easily maintainable.

For example:

On the walls, seamless covering materials, vinyl or stratified materials or highly resistant sheets.

On the ground, terrazzo or stone material flooring, etc.

4c-02-D-13-Q **The organisation has and applies assessment and auditing systems for environmental management, emission control and the energy efficiency of the building and installations.**

4c-02-D-14-Q **The organisation prioritises the introduction of advanced technologies and equipment with improved energy performance to substantially reduce specific consumptions.**

4c-02-D-15-Q **The organisation adapts the installations to the actual energy needs.**

It refers to the adaptation of lighting consumption in areas with little traffic, the adaptation of the heating and air conditioning equipment to the needs, etc.

4c-02-R-01-Q **The organisation assesses the improvements made to the building and to the installations.**

4c-02-R-02-Q **The organisation periodically assesses the measures applied for the reduction of energy consumption.**

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.c - Sustainable management of buildings, equipment, materials and natural resources.

Conceptual grouper: accessibility of the building and its environment – 03

Definition

The organisation facilitates accessibility to all its resources, informing them how and organising it in such a way as to meet the needs of the customers.

Objectives

The organisation guarantees the accessibility of the customers and the users to its resources, gives them information, guides them, facilitates flows and adapts the resources to the specific needs of the various types.

4c-03-E-01-E   There is a general signage plan at the centre for access to the various areas.

4c-03-E-02-E   The signage plan includes the identification of public and restricted areas.

4c-03-E-03-E   The organisation has procedures to regulate access to the areas of the centre, stating the working timetables, the visiting timetables and the restrictions in place in each area.

4c-03-E-04-Q   The organisation takes into account linguistic diversity in relation to customers.

It provides information in various languages and interpreters, etc. and has answerphone messages with operating options in various languages.

4c-03-E-05-Q   The organisation has operating rules in relation to representatives of pharmaceutical, product and equipment companies.

4c-03-D-01-Q The organisation has a system in place for exterior traffic, with parking areas for the general public, staff, taxis and ambulances, with limited stopping areas, restricted areas for the unloading of materials and equipment, etc.

4c-03-D-02-Q The car park is dimensioned with the capacity to meet the forecast flow of visitors and staff.

4c-03-D-03-Q The infrastructure has a differentiated access system: public area and restricted area.

4c-03-D-04-E The organisation has resources that facilitate accessibility for people with sensory impairments to the installations and services.

This refers to means of support for the blind and the deaf.

4c-03-D-05-Q The building has an ordered structure of flows, which differentiates public use (for outpatients and companions) and restricted use (admitted customers and staff).

– Differentiation of public use flows (for outpatient customers and companions) and restricted use flows (admitted customers and staff)
– Intersections of the various flows.
– Orthogonality and regular dimensioning of the corridors (free access and bed rotation).

4c-03-D-06-Q The building has specialist core areas (lifts) to meet the needs of users and functions.

– Differentiation of the core areas for the public, for admitted customers, for soiled materials and clean materials.
– Dimensions of the lift cabins.

4c-03-D-07-Q Access to the centre is suitably indicated on the roads leading to the centre.

4c-03-D-08-Q **The organisation has systems to help the general public identify and locate the areas to which they have access.**

4c-03-D-09-Q **The regulations covering access to the various areas of the centre are available to the general public and are disseminated to direct users.**

4c-03-D-10-Q **The organisation prevents the access of visitors to the rooms of customers who state they do not want visitors.**

4c-03-D-11-E **The use of mobile telephony in the centre is suitably indicated.**

4c-03-D-12-Q **The organisation facilitates access to telephone communication both in the care areas and other areas.**

4c-03-D-13-E **The organisation has mechanisms in place to control access to specific areas.**

It refers to: general staff changing rooms, theatre staff changing rooms and control of ICU restricted flows, isolation areas and any others that might be designated, etc.

4c-03-D-14-E **The organisation has customer telephone services for information, appointments, the scheduling of healthcare activities and other uses.**

4c-03-D-15-Q **The organisation has enough telephone lines for its size and forecast use.**

4c-03-D-16-Q The organisation has a public address system and has established its use conditions.

4c-03-D-17-E The organisation has internal and staff communication systems for emergency situations or location needs.

4c-03-D-18-E The organisation has internal location mechanisms for staff members.

4c-03-R-01-E The signage plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.c - Sustainable management of buildings, equipment, materials and natural resources.

Conceptual grouper: right to privacy and comfort – 04

Definition

The organisation takes into account aspects that refer to the privacy and comfort of customers and staff.

Objectives

The organisation:

- ensures the right to privacy and dignity of customers and staff;
- takes into account the specific needs of customers and their families at difficult times (pain, communication of terminal illness, etc.), and
- generates a care and recovery environment with maximum quality and comfort conditions.

4c-04-E-01-E The infrastructure allows the customer's stay to take place in a relaxing and comfortable physical environment that favours recovery.

This involves:

- Building: lighting, ventilation, visual and acoustic privacy with respect to the exterior and between rooms, separation between beds in rooms, wall colours, curtains (where applicable), air conditioning, telephony, music system.

- Equipment: comfortable and articulated beds, comfortable chairs, tables, wardrobes and cabinets for personal items.

- Other services: possibility of spending the night, meals, etc.

4c-04-E-02-E The organisation sets criteria for the use of individual rooms.

4c-04-D-01-Q The structure of the building favours the maximum use of natural lighting and ventilation conditions.

4c-04-D-02-Q The organisation's space distribution is such that it allows customers to easily access the bathroom and the telephone in all areas.

4c-04-D-03-E There are areas in all the services where customers and their families can wait to be attended.

4c-04-D-04-E The waiting rooms are equipped with suitable and sufficient seating.

4c-04-D-05-E There are zones where the customer can change, have privacy to undress and leave personal objects in a safe place.

4c-04-D-06-E The organisation has recovery areas for customers in the outpatient services.

This refers to the outpatient services that involve an invasive technique with sedation or stress generation.

4c-04-D-07-E The organisation applies the criteria established for the use of individual rooms.

4c-04-D-08-E Customers are provided with clothing for examinations in situations that require it.

4c-04-D-09-E The rooms are equipped with adapted and accessible sanitary installations for personal hygiene with privacy and comfort.

4c-04-D-10-E The organisation has installations/equipment and applies criteria to maintain the privacy and dignity of admitted patients.

4c-04-D-11-E There is an easily accessible locked space for customers' personal objects and clothing.

4c-04-D-12-Q The rooms have adjustable lighting levels and the beds and the treatment areas have individual headboard lights.

4c-04-D-13-Q The look and feel of the rooms are appropriate for their use.

4c-04-D-14-Q In all customer rooms the furniture and other items are in good condition.

4c-04-D-15-Q There are areas to allow family members and other companions to mourn.

4c-04-D-16-E There are rooms where meetings can be held for consultations and advice that guarantee privacy and confidentiality.

4c-04-D-17-Q The organisation allows a companion to spend the night in the room of the customer in comfortable conditions.

4c-04-D-18-Q The organisation has rooms for customers with access to telephones and entertainment.

4c-04-D-19-E There are restaurant areas available for family members, companions and visitors for the provision of hot and cold drinks and meals, which are accessible 24 hours a day.

4c-04-D-20-Q There is a community area (or several) for reflection, meditation and religious practices.

4c-04-D-21-E Children are cared for in an environment separate from adults that is adapted to their special characteristics.

4c-04-D-22-Q In the outpatient areas, the organisation has nappy changing facilities with the corresponding sanitary installations.

4c-04-D-23-E In the healthcare areas, the organisation has staff break rooms.

4c-04-D-24-Q The staff cafeteria zone has the means to offer its services 24 hours a day.

4c-04-D-25-Q In the healthcare services, the organisation has, for their management, meeting and administration spaces differentiated from those for customers.

4c-04-D-26-Q There are up-to-date notice boards in suitable locations.

4c-04-R-01-Q The organisation has mechanisms in place for the assessment of customer and staff satisfaction in relation to non-healthcare spaces.

4c-04-R-02-Q The organisation assesses the fitness of the non-healthcare spaces in accordance with the needs detected.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.c - Sustainable management of buildings, equipment, materials and natural resources.

Conceptual grouper: safety and security of the building and its environment – 05

Definition
The organisation guarantees the safety and security of its customers and their belongings at the centre.

Objectives
The organisation:
- guarantees the physical safety of customers, their companions and their belongings while they are at the centre, and
- plans the response in the case of internal and external emergencies and disasters.

4c-05-E-01-E There is a procedure to guarantee the security of the personal belongings of the customers, in the hospitalisation, A&E, day hospital and other areas. There is a procedure for the safekeeping of belongings.

4c-05-E-02-E The organisation prepares a plan to respond to possible emergencies of all types, internal and external and disasters.

4c-05-E-03-E The emergency plan provides for access to communications equipment, alternative care centres, and alternative sources of medical supplies and other materials.

4c-05-D-01-E The supply of electricity and potable water from the usual or alternative sources is guaranteed 24 hours a day to cater to the essential needs of the customers.

4c-05-D-02-E The organisation has safety and control measures in place to prevent or detect accidents and physical assaults on people or the structure of the centre, within its perimeter and its accesses.

For example:

- Lighting of the building and of the environment.
- Security installations (exterior cameras, etc.).
- Security personnel.

4c-05-D-03-Q The organisation periodically checks the staff's knowledge of the emergency plan through demonstrations, simulations and other activities.

4c-05-D-04-Q Security devices for customers and users are installed throughout the building and its furniture.

4c-05-D-05-E The security devices are specific and installed in the care areas for customers with behavioural disturbances and altered consciousness.

In relation to:

- Impossibility of opening windows.
- Absence of means that might cause asphyxia or strangulation.
- Lack of glass.   - Plastic cutlery.

4c-05-D-06-E There are specific security devices for the paediatric care areas.

For example:

- Anti-strangulation cribs
- Suitably protected electrical connections.

4c-05-D-07-E There are measures applied to prevent confusion and favour the custody of newborns.

4c-05-D-08-E There are measures to prevent people from rushing both inside and outside.

4c-05-R-01-Q The organisation identifies incidents that affect the safety of customers and acts immediately, communicating them and registering them individually.

4c-05-R-02-E The safety and security rules and procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.c - Sustainable management of buildings, equipment, materials and natural resources.

Conceptual grouper: waste management and other risks – 06

Definition

The organisation, in its scope of competence, guarantees waste management in the handling, classification, storage and treatment stages, and also collaborates in the prevention of other environmental risks that might have an adverse impact on the community.

Objectives

The organisation:

- in accordance with its environmental strategy, takes into account the emission and elimination of solids, gasses and liquids;
- protects customers and staff from possible contaminations;
- safely manages the internal transfer of waste from the site where it is generated to a suitable storage site, and
- has the capacity to respond to possible accidents that might affect the centre and the environment.

4c-06-E-01-E The organisation has procedures for the management of waste and other potentially hazardous elements.

4c-06-E-02-E The organisation has procedures on internal waste circuits.

4c-06-E-03-E The organisation has procedures for the safe handling of infectious, chemical, toxic and radioactive material.

4c-06-E-04-Q The organisation has procedures for the separation and classification of all types of waste.

4c-06-D-01-Q The organisation has initiatives to facilitate the recycling, reuse and recovery of all types of waste.

4c-06-D-02-Q The organisation periodically controls effluents (biological, chemical, radioactive) within its scope of action.

4c-06-D-03-E The organisation applies the procedures related to the waste management system.

Waste classified by type (toxic, inflammable, etc.) and by phase (collection, classification, containers, temporary storage, collection by a waste management company).

4c-06-D-04-Q The organisation applies reduction criteria in the generation of waste.

4c-06-D-05-Q There is a system that enables the monitoring of the waste handling, classification, transfer and evacuation processes.

4c-06-D-06-Q The organisation responds to accidents related to the management of all types of waste in accordance with certain procedures.

4c-06-R-01-Q The organisation assesses staff compliance with the procedures for the management of all types of waste.

4c-06-R-02-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.d - Technology management.

Conceptual grouper: healthcare technology management – 01

Definition

The organisation's technical support resources for diagnosis and treatment must be effective, correctly used, operational for use and safe, both for customers and handlers.

Objectives

The organisation:

- ensures that it is technologically up to date;
- technologically innovates in accordance with its needs and possibilities;
- knows and values the technology it has and uses, whether it is its own, transferred or being demonstrated;
- identifies and assesses alternative and emerging technologies;
- ensures the correct use of its technology and its suitable replacement;
- guarantees that the technological equipment used is effective and safe, and
- guarantees that the people handling the technological equipment are qualified to do so.

4d-01-E-01-Q The organisation has systems for the detection and assessment of the utility, performance and profitability of new emerging technologies.

4d-01-E-02-Q The leaders participate in the assessment of new technologies.

4d-01-E-03-Q The organisation has a technology investment plan based on the needs detected by the leaders and approved by executive management. This plan is in force.

4d-01-E-04-E The organisation has an inventory of the technical healthcare equipment being used, whether it is its own, rented, transferred, being demonstrated or provided in other ways.

4d-01-E-05-E There is a procedure for the identification of all new equipment acquired by the organisation.

4d-01-E-06-E Each piece of equipment has a technical sheet that states its acquisition data, technical characteristics, checks and planned and effected repairs.

4d-01-E-07-E The organisation conserves and files the technical documents and guarantees of all the equipment in use. These are available to the people responsible for the maintenance of healthcare technologies.

4d-01-E-08-E The organisation has assigned responsibilities for the maintenance of healthcare technologies. In the case of a subcontracted service, a person in the same department assumes the responsibility for the supervision and control of the service.

4d-01-E-09-E The people responsible for the maintenance of healthcare technologies receive specific training with respect to the technical characteristics of newly acquired equipment.

4d-01-E-10-Q The people responsible for the maintenance of healthcare technologies control and supervise the work of external maintenance service technicians and register it.

4d-01-E-11-E The organisation has a preventive and corrective maintenance plan that covers all the devices in use, identifying the periodicity of checks and the specific characteristics of each one.

4d-01-E-12-Q There is a procedure to temporarily or definitively remove equipment that is not in use due to faults, obsolescence, sale, end of the right of use, etc.

4d-01-E-13-E The organisation has detected the devices that require periodic calibration and schedules its execution.

4d-01-E-14-E The organisation has detected the devices that require continuous control of their operational status.

4d-01-D-01-Q The organisation manages its technological portfolio, including the optimal use of existing technology and the replacement of obsolete technology.

4d-01-D-02-Q The preventive and regulatory maintenance plan is undertaken as planned.

4d-01-D-03-E The organisation provides for the training of the existing personnel with respect to the use of new equipment, and for the training of new personnel with respect to installed equipment.

4d-01-D-04-E The people responsible for the calibration and monitoring of the devices are trained, competent and act in accordance with the protocols.

4d-01-D-05-E The calibration of equipment in use in paediatrics is specifically adapted.

4d-01-D-06-Q Risk incidents in the use of the equipment are detected and individually and immediately communicated to management and to the occupational health and safety committee.

4d-01-R-01-Q The organisation has permanent mechanisms for the assessment of the preventive and corrective maintenance of the technical equipment, in addition to its calibration status and monitoring.

4d-01-R-02-E The operational plans, procedures and protocols are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.e - Information and knowledge management.

Conceptual grouper: information systems – 01

Definition

The organisation has, in accordance with its strategy, mechanisms to guarantee the correct collection, structuring and management of clinical information.

Objectives

The organisation:

- detects and plans its own and third-party information needs;
- designs and implements the most suitable system, in accordance with its strategy;
- guarantees the accessibility, distribution and security of information;
- provides the necessary resources;
- implements and maintains applications and software, and
- updates and adapts its applications in accordance with changes in the environment.

4e-01-E-01-E The organisation has a plan to cover its own and third-party information needs.

The plan must manage the information with a view to satisfying its own (healthcare and support) and external (suppliers, customers, other entities and volunteers) information needs. This plan must take into account at least the following aspects:

- Identification of the information needs to be covered (internal and external).

- Resources necessary (structural, technological, human).

- Information access and availability systems.

- Support for the information processed in customer care, the management of the organisation and quality management.

4e-01-E-02-E The plan adapts to the size of the organisation, the staff, the service portfolio and the complexity of the services provided.

The plan must have specific management mechanisms:

- Economic-financial management

- Customer management

- Personnel management - Production management, etc.

4e-01-E-03-E The organisation has organisational, structural and technological resources in accordance with its needs in order to guarantee the conservation, safeguarding, security and availability of the information over time.

4e-01-E-04-Q The organisation has suitable applications and software in accordance with its information management plan.

4e-01-E-05-Q There is a procedure to verify and validate the data entered into the information systems.

4e-01-E-06-Q Information management is integrated into the customer environment.

4e-01-E-07-E There is an information systems manager.

4e-01-D-01-Q The organisation updates and adapts its applications and software in accordance with changes in its environment, technological advances and the needs of its customers.

4e-01-D-02-Q The organisation implements the plan to cover information needs, providing the necessary resources.

4e-01-D-03-Q The organisation verifies and validates the data entered into the information systems.

4e-01-D-04-E There is a security and confidentiality system known to the entire organisation.

4e-01-D-05-E The staff have access to the information level required for their work needs and responsibilities.

Mechanisms are applied to regulate access to the information by determining the profile of the users of the information in accordance with their work needs and responsibilities and other defined needs.

4e-01-D-06-Q The information and data needs of the people of the organisation are met in a timely manner, in the format that complies with the user's expectations and with the assigned frequency.

4e-01-D-07-Q The information and data needs of the people of the organisation and third parties are met in a timely manner, in the format that responds to the user's request and with the established frequency.

For example:
- EESRI (Statistics on inpatient healthcare institutions)
- INE (Spanish National Statistics Institute)
- MBDS (Minimum Basic Data Set)
- Billing, etc.

4e-01-D-08-E The organisation determines the information that must be permanently available and up to date.

4e-01-D-09-Q Information management facilitates the possibility of combining information from various sources to prepare reports to support the decision-making of the leaders.

4e-01-D-10-Q The organisation designs, updates and manages specific clinical records (mortality, neoplasms, infections, etc.).

4e-01-D-11-Q The data analysis process includes internal comparisons with other organisations, with scientific standards and with good practices.

4e-01-R-01-Q The organisation periodically assesses the accessibility and availability of the information.

The mechanisms for access to information are periodically assessed taking into account the distribution and the degree of security and confidentiality.

4e-01-R-02-Q The organisation periodically assesses the information distribution system.

4e-01-R-03-Q The security and confidentiality mechanisms used by the organisation are periodically assessed.

4e-01-R-04-E The plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

4e-01-R-05-Q The organisation periodically assesses the utility and usage of the information generated.

The organisation periodically reviews the effectiveness and the efficiency of information management. The information must be useful for those who need it and efficient for those who generate it.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.e - Information and knowledge management.

Conceptual grouper: healthcare information management – 02

Definition

The organisation has, in accordance with its strategy, mechanisms to guarantee the correct collection, structuring and management of the information generated in the healthcare process using the clinical history.

Objectives

The organisation:

- detects and plans its own and third-party information needs;
- designs and standardises healthcare documents;
- maintains and manages healthcare documents;
- maintains and manages databases of healthcare information;
- guarantees the accessibility, distribution and security of information;
- provides the necessary resources, and
- assesses the quality of the data and of the documents.

4e-02-E-01-E The organisation has procedures to guarantee the design, organisation, formalisation and improvement of the circuits for the distribution, inclusion, modification or elimination of all paper and/or electronic clinical history documents.

4e-02-E-02-Q It has the resources (structural, economic, etc.) necessary to guarantee the suitable management of healthcare information.

4e-02-E-03-E There is a clinical history (paper or electronic) quality control mechanism sufficient to detect objective deviations.

The mechanisms to control the quality of clinical histories (and other healthcare documents) include assessment and review schedule criteria. This assessment system may include:

- Customer identification data.

- Healthcare process data.

- Informed consent formalisation.

- Healthcare terminology quality.

- Comparison with previous results.

- Participation of the leaders.

- Definition of improvement measures.

4e-02-D-01-E Clinical history quality controls are undertaken with a predetermined periodicity.

4e-02-D-02-Q The results are compared with other internal assessments, other organisations, scientific standards and good practices.

The comparisons made are as follows:

- Internal over time, monthly or annually.

- With similar organisations, using benchmark databases.

- With standards established by accreditation bodies and professional organisations or by legislation.

- With desirable practices using bibliographies or clinical practice guides.

4e-02-D-03-E The organisation assesses the results and takes suitable measures to improve the quality of clinical histories.

4e-02-D-04-Q The leaders provide support for the results obtained and disseminate them.

4e-02-D-05-E The organisation assesses the formalisation and the quality of the clinical history in relation to the items that correspond to:
- Customer identification
- Healthcare process
- Informed consent formalisation and quality
- Surgical activity data formalisation and quality

- Formalisation and quality of other data.

4e-02-D-06-Q The quality of the healthcare terminology and acronyms is assessed.

4e-02-R-01-Q The leaders periodically review the effectiveness of improvement measures.

4e-02-R-02-E The organisation periodically reviews and updates the procedures used in accordance with the organisation's criteria.

CRITERION 4. PARTNERSHIPS AND RESOURCES

Sub-criterion 4.e - Information and knowledge management.

Conceptual grouper: knowledge management – 03

Definition

The organisation has a process to manage knowledge, one of the most important assets generated by its personnel, given that one of the benefits it provides is the capacity for innovation.

Objectives

The healthcare organisations cover the demand of the market with services and products based on knowledge.

The organisation fosters the enrichment of people.

The organisation must guarantee new methods of communicating, collaborating, coordinating, sharing and using its knowledge.

To manage knowledge, the organisation:

- detects the knowledge it has;
- values people who have specific knowledge;
- reverts this knowledge so it can be used efficiently, and
- fosters its development.

4e-03-E-01-E The organisation has a plan to foster the detection, development, organisation and dissemination of collective knowledge.

The knowledge management plan tends to favour the development of intra-organisational collective knowledge.

This plan must include at least the following aspects:

- Identification of needs and opportunities

- Suitable internal communication systems

- Evaluation of results.

4e-03-E-02-Q The organisation has a procedure to assess the need to exchange knowledge with other organisations, partners, suppliers, etc. in order to take advantage of synergies.

4e-03-E-03-Q There is a budget assigned and approved for the development of the plan.

4e-03-E-04-Q There is a person assigned to the plan by management.

4e-03-D-01-Q The organisation applies the plan and assigns the resources necessary (technological, material, human, time).

The following are examples of resources:

- Time for the preparation of the information

- Use of own and external databases

- Intranet, email, etc.

- Internal magazine, internal newsletters, folders at specific points.

4e-03-D-02-Q The organisation seeks and facilitates suitable and up-to-date sources (scientific bibliographies, results of internal and external research, agency protocols based on evidence, etc.).

4e-03-D-03-Q The organisation establishes and manages networks to identify innovation opportunities that might arise inside and outside the organisation.

It refers to the Internet, social networks, blogs, forums, etc.

4e-03-D-04-Q Management and the leaders actively participate in the implementation and dissemination of the plan.

4e-03-D-05-Q The manager and the leaders encourage people who have specific knowledge and provide them with support and resources (protocols, guides, etc.).

The evidence of the development of collective knowledge is manifested, among other things, through:

- The production and updating of protocols, clinical guides and other documents that regulate the operation of the organisation.

- Reports on the results of research, and specific professional experiences published or disseminated to the organisation.

4e-03-D-06-Q The manager and the collaborators of the plan organise the information and facilitate its use and distribution to the organisation.

4e-03-D-07-Q The creation of areas for debate, contributions, suggestions, etc. is facilitated in order to foster the participation of other professionals and feed the collective knowledge of the organisation.

4e-03-R-01-Q The organisation periodically assesses and reviews the degree of participation of the various professionals in the plan.

4e-03-R-02-E The plan is objectively reviewed and updated with the scheduled periodicity and it is amended, where applicable, in accordance with the evolution of the environment, its effectiveness or new priorities.

CRITERION 5. PROCESSES

Criterion 5, "Processes", develops what constitutes the organisation's true raison d'être. In the healthcare scope it is the production of healthcare services (servuction) for its customers. Therefore, in this phase the organisation applies its structure, leadership, culture and resources (human, physical and technological), the conditioning factors and characteristics of which have been reviewed and assessed in the four previous criteria (enablers), to provide its customers with healthcare that is qualitatively satisfactory from the technical and scientific and organisational perspectives and meets their needs.

Sub-criteria 5.b and 5.c of the EFQM model (version 2010) are not included in this document, given that their content is considered to be included in the development of other sub-criteria. In contrast to the 2006 accreditation model, the order included in the 2010 EFQM model has been respected. Therefore, the production, distribution and management of the products and services (previously 5.b.) are now in sub-criterion 5.d., and customer service, which was 5.c., is now 5.e.

To provide the required healthcare services, the organisation is structured into processes, which are activated through the recognition of the existence of a given health problem, which the organisation is considered competent and capable of resolving.

This document, oriented basically to the scopes of activity of acute care hospitals, identifies and proposes, as the structural basis for the conceptual groupers, the various processes in which hospital activity is undertaken.

Healthcare support processes:
- laboratories,
- use of blood and blood components,
- use of medication,
- radiodiagnosis, nuclear medicine and radiotherapy,
- rehabilitation,
- nutrition,
- archive and clinical documentation,
- customer management,
- infection control and prevention and
- clinical research.

Non-healthcare support processes:
- kitchen,
- laundry,
- cleaning,

- warehouse,
- administration and
- information systems.

Customer support processes:
- social work,
- customer and environment education,
- customer rights and ethics and
- customer care.

Excellent organisations design, manage and improve their processes, products and services to generate increasingly better value for their customers and other stakeholders.

CRITERION 5. PROCESSES

Sub-criterion 5.a - Process design, management and improvement.

Conceptual grouper: process design, planning, management and improvement – 01

Definition
The organisation, having defined its strategic, key and support processes, has mechanisms to plan, design and manage its processes in a manner consistent with the established mission, policy and strategy, and establishes assessment and continuous improvement mechanisms.

Objectives
The organisation:
- systematically plans, designs, manages and assesses its processes;
- determines the interconnections necessary between the processes so can they work as a system, and
- introduces the improvements necessary to meet the needs of the customer and other stakeholders.

5a-01-E-01-E   The organisation prepares its process map.

5a-01-E-02-E   The leaders participate in the planning, design and management of the identified processes.

The organisation must have mechanisms for the planning, design and management of its processes. These mechanisms must foster the maximum levels of participation.

5a-01-E-03-Q   In all the processes there are activities related to:
- the accessibility of the customer to the functional unit or area
- actual care
- the continuity of the care.

5a-01-E-04-Q   The planning of the processes includes their verification, validation and review.

5a-01-E-05-E The organisation has a procedure manual.

The procedure manual is the document or set of documents that in an orderly, consistent and homogeneous manner groups the description and implementation of the processes and procedures with which the organisation is governed.

5a-01-E-06-E The processes have objectives and they are consistent with the mission and strategies of the organisation.

5a-01-E-07-E The processes are planned and designed taking into account the knowledge and resources available (building, installations, equipment, economic, financial and others).

5a-01-E-08-E The leaders determine the criteria and indicators to assess the processes and enable the results to be compared.

The measuring elements must enable comparability:

- Over time within the same organisation.

- With the processes in force in other similar organisations (if access can be gained).

- With recognised standards and/or desirable practices documented in recognised bibliography.

- With the health plan, master plans, guides and protocols established by the Ministry of Health.

5a-01-D-01-Q The personnel actively participate in the planning, execution and assessment of the processes.

5a-01-D-02-E The design of the processes is complete.

Complete design is understood to be that which complies with, for example, the following requirements:

1. Purpose (objectives)

2. Data

3. Person responsible (owner)

4. Sequence of activities ordered in accordance with the responsible areas

5. Indicators of compliance in relation to the product and the customer/receiver

6. Necessary resources

7. Assessment mechanisms

8. Achievement

9. Review schedule

10. Documentation and records if required

11. Determination of relationships with other processes

12. References to up-to-date information sources.

5a-01-D-03-E The design of the processes uses evidence-based information in accordance with their nature.

For example: scientific evidence, comparisons in relation to best practices, associated regulations, scientific bibliography, etc.

5a-01-D-04-Q The design of the processes defines the requirements of the product and/or service in relation to functional, execution, applicable legal/regulatory, ethical and other specific aspects, in addition to product and/or service acceptance criteria.

5a-01-D-05-E The processes are coordinated and integrated within each department or service or functional unit and with each other.

The functional units may develop various processes simultaneously. These must be able to be coordinated and integrated into the work of the functional unit.

5a-01-D-06-E The organisation guarantees that all its staff have access to and knowledge of all the procedures corresponding to their roles.

5a-01-D-07-Q The leaders establish the assessment priorities and define the parameters to be assessed in a consistent and comparable manner.

Each measuring element will be defined by specific characteristics such as:

- the purpose of the measurement

- process to be measured

- measurement method - data collection type and method - measurement frequency - limit values and others...

5a-01-D-08-Q The organisation uses statistical support techniques and tools for the analysis of the data of the assessments in order to interpret variations and detect improvement areas.

5a-01-D-09-E The organisation plans and implements the continuous improvement actions of the processes.

5a-01-D-10-E The organisation has a system to register and notify adverse events detected in each one of the organisation's various processes.

These processes will be determined by the organisation.

5a-01-D-11-Q The organisation:

- Determines potential and actual nonconformities of the services and/or products

- Implements procedures to be used in the case of nonconformities

- Determines the causes of nonconformities

- Establishes corrective measures in the case of nonconformities.

5a-01-D-12-Q The organisation:

- Implements and documents the actions necessary to prevent nonconformities.

5a-01-R-01-Q The organisation assesses the characteristics of the final quality of the product and/or service.

For each process.

5a-01-R-02-Q The organisation periodically reviews and updates the procedures of the manual in accordance with the organisation's criteria.

5a-01-R-03-Q The organisation assesses the results of preventive actions taken.

5a-01-R-04-Q The organisation assesses the results of corrective actions implemented.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: outpatient care – 01

Definition

The organisation supplies outpatient healthcare for its customers with quality and coordination between the various service providers, whether they are internal (from the same organisation) or external (in relation to other organisations).

The provision of outpatient healthcare services is understood to be that undertaken without the need for the customer to be admitted and, therefore, spend the night at the healthcare centre. These services are also known as services that can be forecast or scheduled.

Basically, this provision corresponds to outpatient services, day hospitalisation and examination rooms.

The following are not included here because they are included in other conceptual groupers:

- outpatient surgery (covered in "Surgical care"),
- minimally invasive surgery (covered in "Surgical care"),
- emergency care and
- healthcare support units or services such as radiodiagnosis and laboratories (specifically covered as healthcare support processes).

Objectives

The organisation:

- facilitates access to its outpatient services with diligence and equity;
- favours the participation of the customer in the choice of healthcare resources;
- coordinates its resources to provide an integrated service;
- seeks fitness in the use of its services and efficiency in their provision;
- guarantees healthcare continuity between the various healthcare scopes of the same organisation, and
- guarantees healthcare continuity and efficiently coordinates with other external healthcare suppliers, which may be those for which it acts as a reference (receiver) and those for which it acts as a referrer (issuer).

5d-01-E-01-E The organisation identifies and informs its customers of:

- The portfolio of outpatient services

- The professionals who perform outpatient activities.

5d-01-E-02-Q The organisation has a procedure to add or remove units from its service portfolio.

5d-01-E-03-E The organisation has an up-to-date scheduling system in force for its outpatient activity, by service or unit, identifying the professional performing it, the timetables, days and physical location.

5d-01-E-04-E The organisation has a procedure for access, appointments, scheduling and the time assigned to each outpatient activity, in accordance with criteria established by management and the leaders.

This procedure provides for the possibility of appointment scheduling by telephone, over the Internet, managed from the various points of the organisation, and managed by the referrers.

5d-01-E-05-E The procedure includes the possibility of scheduling multiple appointments.

Capacity to schedule appointments for the same customer in different units or services for the same day with the objective of increasing the resolution and effectiveness of each visit.

5d-01-E-06-Q The procedure includes the option of the customer choosing the professional.

5d-01-E-07-Q The procedure establishes the priority criteria for access to the outpatient services, which are explicit and communicated to the customers. The criteria do not discriminate in terms of economic coverage.

5d-01-E-08-Q The procedure establishes the maximum delays between the request and the date of performance of the scheduled activity and how to act in the event of delays longer than the established maximum.

5d-01-E-09-E The procedure establishes how to act in the event of an emergency care request.

5d-01-E-10-E The procedure establishes how to manage the waiting list and its tolerance limits.

5d-01-E-11-E A procedure establishes how the clinical history and additional data necessary to perform the care activity (additional examination, analytical and other reports) are provided and made available.

Whether from the organisation itself or from other organisations.

5d-01-E-12-Q A procedure establishes the tolerance limits for the scheduling of visits. These criteria are agreed with the leaders.

A given percentage of appointments are missed, whereas others need to be scheduled at a given clinical time. The organisation establishes criteria to guarantee efficiency and productivity without significantly affecting the scheduled appointments of other customers.

5d-01-E-13-Q A procedure establishes the circuit for access (with differentiation of circuits for outpatient customers and for admitted customers, both in terms of access and waiting), identification, reception, information, billing, collection and new appointments for customers.

Especially with regard to customers scheduled for additional examinations.

5d-01-E-14-E A procedure provides for healthcare continuity between outpatient care, emergency care and hospitalisation care.

5d-01-E-15-Q A procedure provides for healthcare continuity with the professionals and entities that refer customers and with those to which the organisation makes referrals.

5d-01-D-01-Q The customer has the option of choosing the attending professional.

5d-01-D-02-Q The organisation adapts its supply to actual demand.

5d-01-D-03-E The organisation adapts the care timetables in accordance with the collective needs of its customers.

It also offers outpatient care in the afternoon, especially in paediatric specialities.

5d-01-D-04-E The organisation favours coordination between professionals and services to comprehensively meet the needs of the customer.

5d-01-D-05-E The organisation informs the customer who his/her healthcare manager is for each one of the differentiated processes provided.

5d-01-D-06-Q If the professional is replaced, the customer is informed prior to the visit.

5d-01-D-07-E The customer is informed and consulted in an understanding and complete manner about the care plan proposed by the responsible professional/team.

5d-01-D-08-E The responsible professional/team has agile access to the relevant clinical information, referring to other healthcare actions the customer might be receiving at the same centre.

Especially with regard to previous pharmacological treatments.

5d-01-D-09-E The customer receives written information about the healthcare actions performed and the proposed diagnostic and therapeutic plan, provided that it is suitably requested in a timely manner.

The organisation has planned the resources necessary to facilitate the requested written information and establishes the terms in which it must be released.

5d-01-D-10-Q The responsible professional/team has agile access to the additional examinations required in addition to consultations with other professionals in the organisation.

5d-01-D-11-Q The responsible professional/team can provide, upon the request of the customer, a report upon the closure of the outpatient processes, which is included in the clinical history and issued to the customer and the referring professional.

5d-01-D-12-E The organisation registers outpatient healthcare activity with homogeneous and comparable criteria.

5d-01-D-13-Q The organisation has a system for the classification and assessment of the type of outpatient activity performed.

It refers to systems for the grouping, classification and coding of the outpatient healthcare provided.

5d-01-D-14-Q The organisation applies an objective system to assess the quality of the outpatient care area.

5d-01-R-01-E The organisation periodically assesses the activity performed in the outpatient area.

5d-01-R-02-Q The organisation reviews the efficiency and productivity of the outpatient services provided.

5d-01-R-03-E The organisation periodically assesses scheduling delays and waiting lists in order to correct them.

5d-01-R-04-Q The organisation periodically reviews how long customers have to wait before receiving attention.

5d-01-R-05-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: emergency care – 02

Definition

The organisation, in accordance with its strategy, has a process to provide emergency care for customers, whether they are admitted or from other sources.

Objectives

The organisation guarantees:

- its operation 24 hours a day, 365 days a year,
- the classification of customers and the prioritisation of their care,
- that it does not interfere with non-emergency activity,
- the permanent availability of radiological and analytical tests,
- the availability of emergency surgical treatment,
- the availability of specialist care (inside and outside the centre),
- the availability of transfers (to other centres or home),
- internal and external communication,
- information provided in a timely and suitable manner.

5d-02-E-01-E The organisation, in accordance with its strategy, guarantees immediate care for admitted patients or patients from other sources 24 hours a day.

5d-02-E-02-Q The organisation establishes criteria for the designation of the person responsible for emergency care.

5d-02-E-03-E There is a portfolio of emergency care services.

5d-02-E-04-Q The organisation has a procedure to add or remove services from its service portfolio.

5d-02-E-05-Q The organisation has a procedure to organise flows and distribute demand.

5d-02-E-06-E There is a procedure to communicate with and inform the public authorities and services competent in each case.

Telephone numbers, medical-legal documentation:

- Police

- Fire-fighters

- Courts (including coroner).

5d-02-E-07-Q There is a procedure to provide the customer and/or family with information in order to aid decision-making.

5d-02-E-08-E The organisation establishes criteria and trains competent healthcare staff to identify customers with immediate needs and prioritises their treatment.

5d-02-E-09-Q There is a procedure that facilitates correct interrelation with other areas of the centre and the exterior.

5d-02-E-10-E There are established criteria or protocols:

- To admit customers to the unit

- For external transfers of customers.

It includes the observation areas and other areas created to facilitate the response to the demand of the centre.

5d-02-E-11-E There are documented criteria established to guarantee healthcare continuity through to explicit acceptance from the receiving centre.

5d-02-E-12-E There is a procedure for the identification of customers who visit the A&E department without being able to identify themselves.

5d-02-D-01-Q An agile start to the administrative registration process is facilitated.

5d-02-D-02-E The organisation has a record of the activity undertaken in A&E.

Full name

Age and sex

Patient identification code

Entry and exit date and time

Source of the customer

Destination of the customer

Identification of the medical and nursing staff

Diagnosis or reason for the consultation

Treatment

Others.

5d-02-D-03-E Control of the location and the monitoring of the process of the customer are guaranteed during his/her stay in the emergency service.

It includes the observation areas and other areas created to facilitate the response to the demand of the centre.

5d-02-D-04-E The criteria for the assessment or classification of the customers are known by all the people involved.

5d-02-D-05-E There is an initial assessment of the customer to prioritise his/her care and direct him/her to the specific area.

5d-02-D-06-Q Medical and nursing staff are assigned to lead the process during the customer's stay at the service and the customer knows who they are.

5d-02-D-07-E Immediate use is guaranteed for radiology, laboratory, blood and medication.

5d-02-D-08-E The possibility of receiving specialist care is facilitated with internal or third-party resources.

5d-02-D-09-E The emergency healthcare process generates the corresponding clinical documentation and it is filed.

5d-02-D-10-E Access to the clinical history is facilitated in the event of previous visits to the centre.

5d-02-D-11-E An immediate treatment protocol is applied for cardiorespiratory emergencies.

It refers to the existence of specific protocols and procedures and suitable equipment (crash cart, monitors, defibrillator, etc.)

5d-02-D-12-E Healthcare information is issued in internal and external transfers.

5d-02-D-13-E A discharge report is issued.

The content of the report:

- Full name

- Age and sex

- Entry and exit date and time

- Medical history

- Physical and additional examination

- Diagnosis

- Treatment

- Referral

- Names of the medical and nursing staff

- Professional license number and signature.

5d-02-D-14-E Information is exchanged between the staff during shift changes and transfers.

5d-02-D-15-E Coordination with other centres is documented.

5d-02-D-16-E An objective system is applied to assess the activity of the A&E department by type.

5d-02-D-17-Q The organisation applies an objective system to assess the quality of the emergency care area.

Possible parameters that might be assessed are as follows:

- Waiting time in the visit

- Waiting time for results of additional tests

- Waiting time for admission

- Waiting time to give information

- Treatment received

- Discharge reports

- Return to A&E within 24 hours

5d-02-R-01-E The organisation periodically assesses the emergency care delay situation and addresses it.

5d-02-R-02-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

5d-02-R-03-E The organisation periodically assesses the activity performed in A&E.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: hospitalisation care – 03

Definition

The organisation has a care process for hospitalised customers that responds to the established strategies.

Hospitalisation is understood to be the service provided for the customer when admitted to a hospital or health centre. It also includes the intensive care unit and other special hospitalisations.

Objectives

The organisation guarantees:

- the possibility of admission 24 hours a day 365 days a year.
- care during the admission with efficient procedures, and
- the continuity of the service provided, though connection to the corresponding service or destination, once discharged.

5d-03-E-01-E The organisation guarantees the admission and care of the customers in the hospitalisation units 24 hours a day 365 days a year.

5d-03-E-02-E The organisation has procedures to welcome the customer to the hospitalisation unit.

The procedure includes a record (admission sheet), which must include at least the following data:

- Admission reason (code)
- Reference area
- Name of the referring doctor
- Identification of the sector and bed number.
- Confirmation of other data already present in the clinical history (address, telephone numbers: own and

contact family members, health insurance company, etc.)

- Name of the doctor responsible for the case
- Assessment of the potential risk, which includes a physical, nutritional, psychological, social

and economic assessment, the risk of suffering ulcers due to pressure, risk of falls, medication allergies, food allergies, contact allergies and other allergies, hypersensitivity to drugs and suspected abuse.

5d-03-E-03-E The organisation establishes the procedures necessary for the handling of customers that require special protection.

Immobilised customers, psychiatric customers, children, pregnant women, the elderly, the disabled, palliative treatment customers, isolated customers and customers under police guard.

5d-03-E-04-E In the cases in which customers are referred for admission from other services, complete healthcare information is required.

5d-03-E-05-E There are procedures that determine the assessment and treatment of pain.

5d-03-E-06-E There are procedures that determine assessment and special attention in the case of palliative care.

5d-03-E-07-E There are procedures to foster organ donation.

5d-03-E-08-Q The organisation has procedures to guarantee connection with the units to which the customer is referred after the discharge.

5d-03-E-09-E The customers are informed, prior to their admission about the internal rules of the hospital/centre.

For example:
- Spatial orientation (location map)
- General rules (visiting system, informed consent, provisions on protection concerning participation in research work, etc.)
- Access to the satisfaction survey

- Existence of a complaints book, how to access it and how to formalise a complaint
- Economic aspects of the service for which the customer is admitted: coverage, aspects to be paid for, etc.

5d-03-D-01-Q Procedures are applied to welcome the customer upon admission to the hospitalisation wards.

5d-03-D-02-E The healthcare needs of the customers are determined in the initial assessment and documented in the clinical history.

5d-03-D-03-Q All customers who are admitted to the hospitalisation unit are received by the nursing staff.

5d-03-D-04-E The organisation applies a procedure for the documentation of the customer's admission by the doctor. Clinical admission history (performed, at the latest, within the first 24 hours of admission).

The clinical admission history must contain at least:
- Consultation reason
- Background, previous medication, previous additional studies (prescriptions, laboratory)
- Physical examination
- Presumed diagnosis
- Request for additional studies (prescription, laboratory, etc.)
- Consultations with other professionals
- Initial therapy plan

5d-03-D-05-E The customer and/or his/her representative (where applicable) are informed of the nature of the disease and the diagnostic methods and treatments advised in easy to understand language to facilitate decision-making.

5d-03-D-06-E The organisation has and applies procedures for cases in which the customer and/or his/her representative are opposed to certain diagnostic and therapeutic processes.

5d-03-D-07-E Additional studies (radiology, laboratory, biopsies, etc.) are available at all times to the professionals involved in the care of the customer.

5d-03-D-08-E The responsible healthcare team/professional considers the existence, in the clinical history, of data on the peculiarities of the customer in relation to risk evaluation, and indicates measures for his/her protection.

5d-03-D-09-E The actions performed for the customer are registered in the clinical history.

5d-03-D-10-Q The organisation guarantees the coordination of the various procedures performed on the customer.

5d-03-D-11-E The organisation uses effective control mechanisms to prevent errors in the administration of the services.

5d-03-D-12-Q The organisation applies procedures to guarantee consultations between the various specialist professionals or others within the time periods established to be acceptable in accordance with the requirements.

5d-03-D-13-Q The organisation applies procedures to reassess the evolution of the customers and has diagnostic and therapeutic alternatives.

5d-03-D-14-Q The organisation applies written procedures for the care and treatment of children.

5d-03-D-15-Q The organisation applies written procedures for the care and treatment of pregnant women and legal pregnancy terminations.

5d-03-D-16-Q The organisation applies written procedures for the care and treatment of the elderly.

5d-03-D-17-Q The organisation applies written procedures for the care and treatment of the disabled.

5d-03-D-18-E The organisation applies written procedures for the care and treatment of palliative care customers, differentiating adults and children.

5d-03-D-19-E The organisation applies written procedures for the handling of immobilised customers.

5d-03-D-20-E The organisation applies written procedures for the handling of isolated customers.

5d-03-D-21-E The organisation applies written procedures for the handling of psychiatric customers.

5d-03-D-22-E The organisation applies written procedures for the handling of customers under police guard.

5d-03-D-23-E The organisation applies procedures to guarantee that information flows between the personnel responsible for customer care.

5d-03-D-24-E The organisation applies procedures to guarantee the continuity of the care of the customer upon discharge.

5d-03-D-25-E The customer is informed about the steps to be followed upon discharge and they are registered.

5d-03-D-26-E The organisation has and applies procedures to act in the case of death.

5d-03-D-27-E The organisation has and applies procedures to protect its customers in the case of domestic, gender and other violence.

5d-03-D-28-Q The organisation applies an objective system to assess the quality of the hospitalisation care area.

5d-03-R-01-E The organisation periodically assesses the activity performed in the hospitalisation area.

5d-03-R-02-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

5d-03-R-03-E There is a system to assess the implementation of corrections arising from reviews.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: surgical care – 04

Definition

The organisation, in accordance with its strategy, guarantees the performance of surgical therapeutic and diagnostic procedures for its customers.

This grouper includes outpatient surgery and obstetric care.

Objectives

The organisation guarantees:

- the operation of the operating theatres 24 hours a day (equipment and personnel available to equip the operating theatre and the recovery room),
- the availability of the support services necessary to guarantee quality surgical activity,
- the monitoring of the post-surgery evolution of the customer,
- internal and external communication, and
- information provided in a timely and suitable manner.

5d-04-E-01-E The organisation guarantees emergency surgical care (24 hours a day) and scheduled surgical care for its customers.

5d-04-E-02-E The organisation facilitates the possibility of surgery without admission and, when necessary, has defined spaces and human and material resources, with their own organisational and operating rules.

The organisation favours the implementation of an elective outpatient surgery programme for certain types of processes. This means the standardisation of the inclusion and exclusion criteria and the protocolisation of the processes for admission, control and monitoring, immediate and subsequent observation, customer/hospital communication, contingency resolution, etc.

5d-04-E-03-E The organisation has defined the description of the flow circuits within the surgical area.

Customer circuit: outpatient, hospitalised, emergency, birth.

Staff circuit: healthcare, administrative, maintenance and cleaning.

Clean and soiled material circuits.

Companion's circuit.

5d-04-E-04-E There are written rules to guarantee the operation and asepsis of the surgical area.

5d-04-E-05-E There is a procedure that guarantees the suitable preparation of the customer before being moved to the surgical block.

5d-04-E-06-E There is a procedure to guarantee the pre-operational study of the customer.

5d-04-E-07-E There is a procedure to coordinate scheduled and emergency surgery.

5d-04-E-08-E There is a procedure that determines who has access to the surgical area and under which conditions.

There are mechanisms to regulate third-party access to the surgical area (parents, partner, doctors from other organisations and others).

5d-04-E-09-Q There is a procedure that facilitates communication between the customer and/or his/her family and the professionals.

The organisation has mechanisms for communication with the customer that take into account the following aspects:

- Information about the disease and diagnostic and therapeutic alterations.
- Emotional support.

5d-04-D-01-E The organisation guarantees coordination between scheduled and emergency surgery.

5d-04-D-02-E The organisation guarantees inclusion on a single and centralised surgical waiting list.

5d-04-D-03-E The organisation guarantees objective management of the waiting list.

5d-04-D-04-E There is a periodic surgical agenda or schedule that has been agreed and accepted by all those involved.

5d-04-D-05-E Upon entry into the surgical area the customer is identified and all the documentation is verified prior to the operation.

5d-04-D-06-E There is a theatre register.

The register must contain the following data:

- Full name of the customer
- clinical history number
- age
- sex
- name of the surgeon
- name of the assistant
- name of the nurse
- name of the theatre assistant
- name of the theatre nurse
- name of the anaesthetist
- name of the person cleaning the theatre

- identification of the theatre
- diagnosis
- type of operation
- type of anaesthetic
- theatre entry and exit times
- operation start and end times
- prosthetic implanted
- blood transfusion
- parts sent to pathological anatomy
- sterile material record

5d-04-D-07-E The flows established by the organisation corresponding to the surgical area are used.

5d-04-D-08-Q The surgical area has access to the sterilisation area in order to facilitate the flow of material and staff.

5d-04-D-09-Q The recovery area and the intensive care unit are close, easily accessible and well communicated.

5d-04-D-10-E The following services are readily available:
- **Use of blood**
- **Pathological anatomy**
- **Medical imaging**
- **Admission, if necessary.**

5d-04-D-11-E The surgical area has quick sterilisation systems.

5d-04-D-12-Q The customer knows who the professionals responsible for the surgical and anaesthetic processes are.

It is considered that the customer knows the people responsible for the operation (surgeon, anaesthetist) with sufficient notice.

5d-04-D-13-E There are controlled asepsis conditions in the theatres.

In accordance with scientific evidence and the recommendations of the competent national and international organisations.

5d-04-D-14-Q There is a mechanism and a person responsible for the control of the stocks of the surgical area.

5d-04-D-15-Q Surgical care in the various surgical phases (before, after and during) is planned with the participation of the customer and with adherence to the procedures established for each surgical process. All this is documented in the clinical history.

The entire surgical process is established in a multidisciplinary manner with the participation of the surgeon, anaesthetist, nurses and any other corresponding staff and is planned with the participation of the patient.

5d-04-D-16-E The organisation applies a system for the verification of the surgical process, with the participation of the team responsible.

The surgical checklist includes items corresponding to before the induction, before the incision, before the exit from the theatre and before entry into post-anaesthetic recovery.

5d-04-D-17-Q The transfer is guaranteed with suitable conditions and information in accordance with the needs.

It refers to the conditions and criteria used for the authorisation of the transfer to the surgical area and to the destination after the operation.

5d-04-D-18-E The customer and his/her family are informed of the actions taken and the possible evolution.

5d-04-D-19-E In the case of outpatient surgery, there is documented monitoring after the discharge.

For the operations determined by the organisation.

5d-04-D-20-Q The organisation applies an objective system to assess the quality of the surgical care area.

5d-04-R-01-E The organisation and specifically the leaders involved periodically assess the effectiveness and efficiency of the surgical activity performed.

- Records of cancellations, citing the reasons and the people responsible.
- Theatre performance.
- Delay at the start of the first operation
- Consumptions
- Stocks

5d-04-R-02-E The organisation assesses the activity performed in the surgical area.

5d-04-R-03-E The organisation periodically assesses scheduling delays and takes the steps necessary to correct them.

5d-04-R-04-E The organisation periodically assesses the waiting lists and takes the steps necessary to correct the situation.

5d-04-R-05-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual groper: laboratories – 05

Definition

The organisation has, as a diagnostic support instrument, suitable and available laboratory services to cover the needs of its customers.

This item includes laboratories for clinical analyses and their various developments and pathological anatomy laboratories.

Objectives

The organisation:

- equips its laboratories with procedures to provide them with effectiveness and efficiency;
- permanently innovates its technology and the capabilities of the staff in response to its continuous improvement policy;
- guarantees accessibility to the previously established laboratory services and continuity for the techniques that are not performed at the centre;
- guarantees the reliability of the results obtained using systems to guarantee the quality of the objectives;
- creates clinical integration spaces to optimise the potential of the services;
- guarantees the availability of its results at suitable places and times, and
- complies with safety rules and regulations in force.

5d-05-E-01-E The organisation has an efficient tool for diagnosis using suitably equipped laboratories and competent personnel.

The existing units, equipment and staff are identified. The service portfolio is checked.

5d-05-E-02-E The organisation guarantees the clinical analysis laboratory service 24 hours a day, 365 days a year, and determines the provisions that comply with this premise, including emergencies.

5d-05-E-03-E The organisation has a referral system in the cases which, due to their complexity, technical shutdowns (maintenance) or faults, certain services cannot be offered.

5d-05-E-04-E There is a procedure that explicitly establishes the priority criteria for access to outpatient service tests, which is communicated to the customers.

5d-05-E-05-E The functional unit has a specific quality plan that is reviewed and updated and includes structure, functional organisation and safety.

5d-05-E-06-Q The organisation has procedures agreed by the leaders for the performance of analytical profiles corresponding to certain pathologies.

5d-05-E-07-Q The organisation establishes criteria for the performance of necroscopic studies and facilitates their performance.

5d-05-E-08-E The organisation establishes the criteria for the performance of anatomopathological studies of surgical specimens.

5d-05-E-09-E It has procedures for the provision, storage and use of supplies specific to the activity.

Healthcare fungible materials, reactive materials, etc.

5d-05-D-01-E The functional unit has its own portfolio of services and communicates it to the healthcare professionals, both internal and external, and to the organisation's customers.

5d-05-D-02-Q The functional unit applies specific procedures for each one of the techniques performed. These are updated with the scheduled periodicity or earlier if scientific/technological advances make it advisable to do so.

Each technique must have a standardised work procedure or a technical instruction that details how its execution process is prepared, performed, controlled, checked and validated.

5d-05-D-03-Q The functional unit agrees with the leaders on the suitability of the requested study.

5d-05-D-04-Q The functional unit provides the prescribing professional and the customers with understandable indications prior to the performance of diagnostic studies.

5d-05-D-05-E Samples are accompanied with a duly formalised request.

On paper and/or electronic.

5d-05-D-06-E The functional unit applies procedures for the collection, identification, handling, storage and secure transport and destruction, if necessary, of the study material.

5d-05-D-07-E The laboratory keeps records of all the samples received and processed, including those referred to other laboratories.

5d-05-D-08-E The laboratory applies procedures for the storage and conservation of samples that require long-term studies or as a legal safeguard.

5d-05-D-09-E The results of the studies are reported in accordance with documented procedures and apply the nomenclature currently in use. This includes validation from the competent professional.

5d-05-D-10-Q The functional unit applies procedures to enable the reports of the activities performed to be available at the agreed time and place.

5d-05-D-11-E The unit keeps records of all the studies performed, enabling analyses to be performed by the prescribing unit, the nosological entity and others.

5d-05-D-12-E The unit keeps records of the issuance of the results of the studies (whether to the customer, saved in the clinical history or referred to a service or healthcare manager).

5d-05-D-13-Q The unit performs clinical integration activities with the aim of optimising the service.

For example:

- Clinical session
- Clinical-analytical correlation sessions
- Joint scientific papers

5d-05-R-01-E The functional unit performs periodic assessments of the quality of its processes and applies the modifications or improvements that are required.

5d-05-R-02-Q The functional unit reviews the efficiency and productivity of the services provided.

5d-05-R-03-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: use of blood and blood components – 06

Definition

The organisation has, in accordance with its strategy, mechanisms to guarantee that the use of blood and blood components complies with the accessibility, safety and efficiency requirements.

Objectives

The organisation:

- has mechanisms to guarantee the availability of blood and blood components for the treatment of the customers;
- guarantees that the products administered comply with the safety measures of legal regulations in force, and
- creates integration spaces with other specialities, oriented to the development and optimisation of its blood and blood component treatment capabilities.

5d-06-E-01-E The organisation has a functional unit, led by a competent specialist professional, which is responsible for the policy on the use of blood and blood components.

5d-06-E-02-E The organisation has procedures to request and obtain blood and blood components from the corresponding transfusion service.

5d-06-E-03-E The functional unit has standardised procedures to guarantee the correct and safe administration of blood components.

These procedures must be within the scope of the units that require them: hospitalisation unit, surgical unit, etc.

5d-06-E-04-E The organisation has procedures for the fitness of the storage site and criteria for the conservation of blood and blood components.

5d-06-D-01-E The functional unit has procedures for the management of blood reserves for both scheduled and emergency cases.

5d-06-D-02-E The functional unit applies procedures to discard blood components once their storage expiry has elapsed or in the case of any other contingency that affects them.

5d-06-D-03-E The organisation applies instruction guides for the transfusion of blood components, in accordance with agreed protocols.

The instruction guides for the transfusion of blood components and/or agreed protocols are available to the units of the organisation that request them.

5d-06-D-04-Q The functional units fosters the rational use of blood components, including transfusion saving measures.

The saving protocols or guides must be available to the prescribing doctors. Sessions are held on the promotion of rational use and other actions, which must be registered.

5d-06-D-05-E Compatibility tests that are suitable for the type of receiver are performed and the results are registered.

The compatibility tests of receivers with positive irregular antibodies always include a cross-match test between the plasma of the receiver and the red blood cells to be transfused.

5d-06-D-06-E A check is made at the beside of the patient to ensure that the patient's information (full name, ABO group) matches the information on the bag.

5d-06-D-07-E The following data is registered in the clinical history: consistency of the receiver's data and the bag to be transfused, type of transfused component, which will be identified with a number, the staff involved and the appearance or not of adverse reactions and/or complications during or after the administration of the transfusion.

Immediate reactions are considered to be those manifested within the 24 hours following the administration of the transfusion.

5d-06-D-08-E The transfusion of blood and blood components is administered by competent and trained staff.

The staff who administer blood components receive the necessary training before performing this function. The training activities that qualify them for this function must be verified, for both new and existing staff.

5d-06-D-09-E The functional unit responsible for the administration of blood registers incidents detected throughout the process (from extraction through to administration, for both blood and blood components).

This includes: request, shipment, distribution, reception, conservation, administration, post-transfusion, etc.

5d-06-D-10-E Transfusion reactions and mistakes (incidents and near misses) are reported to the Catalan blood surveillance register.

5d-06-D-11-E The documentation is filed in accordance with a procedure. The documentation must be legible, easily identified and recovered, and must comply with the conservation, protection and availability requirements.

5d-06-D-12-Q The functional unit performs and/or participates in clinical integration activities with the aim of optimising the provision of the service.

For example, transfusion committee.

5d-06-R-01-Q The functional unit performs periodic assessments of the quality of its processes and applies modifications, where applicable.

5d-06-R-02-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: use of medication – 07

Definition

The organisation, in accordance with its strategy, ensures the effective, efficient and safe use of the medication prescribed, prepared, dispensed and administered.

Objectives

The organisation:

- establishes its policy on the use of drugs, favouring the homogeneity of their use among the prescribing professionals and guaranteeing their therapeutic use and the safety of customers;
- controls the purchasing, storage, conservation, safeguarding, prescription, preparation, dispensing and administration processes of pharmaceutical products;
- fosters the detection and reporting of errors in any of the phases;
- fosters the detection of adverse effects and medication interactions;
- fosters permanent training and consultation between professionals, with regard to the use of drugs, and
- fosters information and education for customers and family members with regard to the use of drugs.

5d-07-E-01-E The organisation has a formulary that includes the available drugs, the possible formats, in addition to the corresponding technical specifications.

5d-07-E-02-E There is a procedure for the formalisation of the formulary, which includes mechanisms for:

- Inclusion of drugs

- Exclusion of drugs

- Procurement of drugs not included in the formulary

- Identification of restricted use drugs

- Drugs for use in special situations

- Review and renewal of the formulary.

5d-07-E-03-E The organisation has a multidisciplinary group responsible for ensuring the appropriate, efficient and safe use of drugs.

5d-07-E-04-Q There is a procedure for the management of the purchasing of drugs.

5d-07-E-05-E There is a procedure for the reception, organisation, storage and expiry control of the drugs and for the suitable conservation and safeguarding of high-risk drugs (psychotropic, neuroleptic, stupefacient and radiopharmaceutical).

5d-07-E-06-E There is a procedure for the internal production of drugs, with suitable guarantees for their isolation, protection and quality control.

5d-07-E-07-E The organisation establishes a drug stock control procedure and explicitly provides for action in stock breakage situations, guaranteeing permanent availability.

5d-07-E-08-E The organisation establishes the peripheral drug storage policy and describes the contents and replacement system.

5d-07-E-09-E The organisation guarantees the permanent coverage of the provision of drugs, specifying how they are accessed at times when the pharmacy is closed.

5d-07-E-10-Q There are procedures for:

- The correct prescription of drugs and its control

- The validation of the prescription

- The preparation of drugs and its control

- The safe dispensation of drugs

- The correct and safe administration of drugs.

It refers to specific regulations to guarantee the correct prescription, validation, preparation, dispensation and administration of drugs. At the same time, the organisation must provide resources to review and detect errors.

5d-07-E-11-E There are procedures to control drugs provided as samples or used in clinical research.

5d-07-E-12-E There are procedures for the control of drug expiry throughout the entire organisation.

5d-07-E-13-Q There are procedures to prevent the verbal prescription of drugs.

The organisation must establish operational rules and criteria that, guaranteeing the safety of the customer, comply with the organisational situation of the health centres. Therefore, it can establish a procedure that determines which drugs can be verbally prescribed and under which conditions and with which guarantees.

5d-07-E-14-Q There are procedures to guarantee the pharmacotherapeutic continuity of customers admitted to the centre who have been prescribed drugs prior to their admission.

5d-07-E-15-E There are procedures for the detection and notification of adverse events.

5d-07-D-01-E The healthcare staff have easy access to the formulary of the centre.

5d-07-D-02-E The healthcare staff are informed and trained in the correct prescription and administration of drugs and in the detection of errors and adverse events.

5d-07-D-03-E The functional unit responsible for the pharmacy controls the suitability of the prescription, preparation, dispensation and administration of drugs and their adverse effects, keeping specific records of this control.

5d-07-D-04-Q The functional unit responsible for the pharmacy and the corresponding multidisciplinary group assess the suitability of the use of the drugs in the organisation and report the results obtained to whomever the organisation decides.

5d-07-D-05-Q The functional unit responsible for the pharmacy provides technical and scientific support to the professionals who require it.

5d-07-D-06-E The customers receive suitable and understandable information about the drug and its use before they are discharged.

5d-07-D-07-Q The functional unit responsible for the pharmacy assesses the drug consumption of the various functional units in correlation with the pathologies treated and the volume of activity.

It refers to the consumption of drugs and the associated cost per stay, admission, emergency, DRG, healthcare service.

5d-07-R-01-Q The organisation reviews the formulary with the scheduled periodicity and updates it in accordance with its needs.

5d-07-R-02-Q The organisation reviews the results of the quality controls of the various phases of the drug management and handling process with the scheduled periodicity.

5d-07-R-03-Q The organisation assesses the results of the use of drugs in terms of effectiveness and safety.

5d-07-R-04-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: radiodiagnosis, nuclear medicine and radiotherapy – 08

Definition

The organisation has suitable and available radiodiagnosis, nuclear medicine and radiotherapy services to cover the needs of its customers.

This item includes diagnostic and therapeutic services with ionising radiation, radiology, ultrasound and isotopes.

Objectives

The organisation:

- equips its medical imaging and isotope diagnostic and treatment services with technology and procedures that provide safety, effectiveness and efficiency;
- innovates its technology and the capability of its staff in response to its continuous improvement policy;
- guarantees accessibility to the previously established radiological diagnostic, sonography and nuclear medicine services;
- guarantees accessibility to the previously established treatments that use interventional radiology, nuclear medicine and radiotherapy methods;
- creates clinical integration spaces to optimise the potential of the services;
- guarantees the availability of its products at the appropriate time and place, and
- guarantees the safety of customers, users, staff and the community with controlled procedures.

5d-08-E-01-E The organisation guarantees an efficient tool for diagnosis or treatment using medical imaging and radiotherapy services that are suitably equipped with competent personnel.

5d-08-E-02-E The organisation guarantees the radiodiagnostic service 24 hours a day, 365 days a year, and determines the provisions that comply with this premise, including emergencies.

5d-08-E-03-E The organisation has a referral system in the cases which, due to their complexity, technical shutdowns (maintenance) or faults, certain services cannot be offered.

5d-08-E-04-Q The procedure explicitly establishes the priority criteria for access to the outpatient services, which are communicated to the customers.

5d-08-E-05-Q The functional units have procedures for the provision, storage and use of supplies specific to the activity.

5d-08-E-06-Q The functional units have a specific quality plan that includes the structure, functional organisation and safety.

It includes all aspects covered by the legal regulations in force.

5d-08-D-01-E The functional units apply differentiated circuits for outpatient and hospitalised customers.

5d-08-D-02-E The organisation provides customers with understandable information about the instructions and the documentation to be provided prior to the performance of diagnostic studies and/or treatments.

5d-08-D-03-E The functional units apply procedures for the identification of the customer in the studies undertaken.

5d-08-D-04-E The functional units apply procedures for the appropriate registration of the treatments performed.

5d-08-D-05-E The functional units apply specific procedures for the techniques and treatments they perform, which are updated with the scheduled periodicity or earlier if scientific and technological advances make it advisable to do so.

5d-08-D-06-Q The functional units apply procedures to ensure that reports are available at the time and places determined by common agreement.

5d-08-D-07-E The functional units keep records of the issuance of the results of studies (customer, clinical history, referrals to a healthcare service, etc.).

5d-08-D-08-Q The functional units coordinate with other units with the aim of optimising the provision of the service.

5d-08-D-09-Q The functional units apply criteria agreed with the leaders in relation to the suitability of the study and the requested treatments.

5d-08-D-10-Q The functional units have a system to save images and other types of documents considered necessary, independently of those issued.

5d-08-R-01-Q Improvement actions are periodically assessed and prioritised.

5d-08-R-02-Q The functional units review the efficiency of the services provided.

5d-08-R-03-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: rehabilitation – 09

Definition

The organisation, in accordance with its strategy, facilitates the rehabilitation process for the fundamental functions of its customers, seeking optimal functional recovery and social reintegration.

Objectives

The organisation:

- establishes its rehabilitation services based on the detection of the needs of its customers;
- facilitates access to its own continuity rehabilitation resources at customer's homes;
- favours multidisciplinary relationships to design the rehabilitation programmes, and
- assesses the effectiveness of the rehabilitation programmes.

5d-09-E-01-E The organisation guarantees resources for the rehabilitation of its customers.

The resources may be specific if there is a rehabilitation functional unit or they may be developed as care programmes without a direct link to a functional unit.

If there is not a specific rehabilitation functional unit, the organisation has established

agreements or references with qualitatively competent external resources, where it can refer customers who need them, the closer the better to the home of the customer.

5d-09-E-02-E The organisation has specific procedures to facilitate access to rehabilitation resources.

5d-09-E-03-Q The rehabilitation programmes are designed in coordination with the corresponding specialities.

The preparation of the rehabilitation programmes includes the participation of various specialists, for example: neurologists, cardiologists...

5d-09-E-04-E The rehabilitation functional unit has a competent manager.

There must be a rehabilitation professional involved in the technical management of the unit, even though a different type of professional may be responsible for the overall management of the unit.

5d-09-D-01-E Rehabilitation treatment customers have a therapy plan that is included in the clinical history and periodically assessed.

The therapy plan includes the explicit definition of the therapeutic objectives and assesses the progress made.

5d-09-D-02-Q The rehabilitation functional unit guarantees the healthcare continuity of the rehabilitation process outside the centre.

5d-09-D-03-E The rehabilitation functional unit provides customers and their families with information and training on:
- Techniques and exercises
- Facilitating equipment and instruments
- Systems to support everyday activities.

5d-09-R-01-Q The organisation assesses the effectiveness and efficiency of the rehabilitation unit.

5d-09-R-02-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual groper: nutrition – 10

Definition

The organisation, in accordance with its strategy, ensures that the nutritional condition of its customers is suitable and provides a balanced diet adapted to their needs and conditions.

Objectives

The organisation guarantees:
- the identification of the nutritional needs of each customer and the detection of conditions that might involve a risk of malnutrition;
- the suitable nutrition of its customers, in accordance with their previous condition, the evolution of the disease, energy needs and doctor's orders;
- the planning, facilitation and control of nutritional therapy when necessary, and
- the provision of information about healthy food habits for customers, their families and the community.

5d-10-E-01-E The organisation permanently guarantees nutrition for its customers in accordance with their previously assessed condition or nutritional needs.

5d-10-E-02-Q The organisation plans diets adapted to the age, culture and dietary preferences of the customers and their individually assessed needs.

5d-10-E-03-Q There is a procedure to consider the possibility of the family or the environment of the customer facilitating certain foods.

5d-10-E-04-E There is a specifically trained person responsible for the dietary unit.

5d-10-D-01-Q The organisation guarantees coordination between the various professionals involved, in addition to the customer and his/her environment.

5d-10-D-02-Q The clinical history includes the initial assessment, planning, administration, monitoring and response.

5d-10-D-03-E There is monitoring in the case of the risk of malnutrition and/or nutritional therapy.

5d-10-D-04-E There is a form (paper/electronic) to request diets with a system for the identification of special diets, which is available to all hospitalisation areas, including A&E.

For example: normal basic, normal and hyposodic liquid, normal and hyposodic drip, for normal and hyposodic digestive pathology, for normal and hyposodic diabetes, normal and hyposodic hypoproteic, normal and hyposodic hypocaloric. Consistency variation. Children's diet and nursing babies, if necessary.

5d-10-D-05-E The preparation of diets, including enteral nutrition, is developed in the necessary conditions of asepsis, hygiene and cleanliness.

5d-10-R-01-Q The response to nutritional therapies is periodically assessed.

5d-10-R-02-Q The level of satisfaction of the users of the unit is periodically assessed.

Users are understood to be both the prescribing professionals and the customers.

5d-10-R-03-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: clinical documentation and archive – 11

Definition

The organisation, in accordance with its strategy, has a functional unit to:

- manage clinical documentation: storage, safeguarding, conservation, loans and distribution of the clinical history on paper. In the case of an electronic clinical history, the unit should also actively intervene in its design, implementation, control and assessment;
- manage the healthcare information and the coding of the clinical data: coding, operation, creation of indicators, etc. to facilitate the use of the information from the scientific perspective and the management perspective.

Objectives

The organisation guarantees:

- the management of the single, integrated and accumulative clinical history.
- the management of the clinical histories archive (safeguarding, conservation and availability of the clinical history),
- periodic quality controls (duplications, transcription errors, etc.),
- access security,
- the extraction of the relevant information from the processes and their coding, and
- the dissemination of clinical information when requested by the various user profiles (administration, managers, healthcare professionals and others).

5d-11-E-01-E There are procedures that guarantee:
- The safeguarding of the documentation generated during the healthcare process
- The specific security of the archive.

Both on paper and/or electronically

5d-11-E-02-E There are measures for the protection and safeguarding of clinical information in the development of its management.

Both on paper and/or electronically

5d-11-E-03-E There is a regulation on the use of the documentation (both paper and electronic) that has been agreed and approved by management.

The usage regulation includes:
- Instructions for the preparation and use of the history (catalogue of clinical documents).
- Numbering of clinical histories (criteria)
- Specification of the structure and contents of the various documents
- Responsibilities of the various professionals (preparation and use)
- Signature of the professionals
- Controlled modifications, both on paper and electronically
- Document circuits
- Roles of the committees or work groups
- Documentation assessment criteria and periodicity
- Criteria and procedures to add or remove documents
- Archive area procedure manual.

5d-11-E-04-E The organisation has defined a procedure for the external requesting of clinical information, approved by executive management.

The organisation guarantees that the information is delivered with guarantees to preserve the interests of the customer. It also ensures the traceability of the information issued.

5d-11-D-01-E There is a centralised archive.

There is a functionally centralised archive, even though it might physically be decentralised (in different spaces).

5d-11-D-02-E There is a record of operations in the archive functional unit (on paper or electronically).

The record may include:
- Full name of the customer
- History number
- Exit date
- Destination (unit or person)
- Reason

- Forecast usage time
- Entry date

5d-11-D-03-E There is a permanent, exclusive and unique identification system for the clinical history.

If the clinical history is digitised, the paper history and the electronic history match.

5d-11-D-04-E There is uniformity in the design and updated maintenance of the folder or clinical history.

Both on paper and/or electronically

5d-11-D-05-Q There is quality control on the activity of the archive functional unit, which is performed with a predetermined periodicity.

5d-11-D-06-Q Clinical documentation on loan is tracked and located.

5d-11-D-07-E The documentation located in the inactive archive is easily accessed and available.

5d-11-D-08-E The clinical data generated in the healthcare process is coded and validated.

5d-11-D-09-E The minimum basic data set for hospital discharges (MBDS) is disseminated to the various levels (internal and external) in a timely manner within the established periods.

5d-11-D-10-E There is a mechanism to control and improve the quality of the coding of the MBDS.

For example:
- Internal and/or external audits

- Participation in internal and external coding meetings
- Non-coded episodes
- Coded episodes
- Number of procedures and diagnosis
- Coding, transcription, main diagnosis indexing errors

5d-11-R-01-Q The archive and clinical documentation functional unit periodically assesses and reviews the degree of satisfaction of the users.

5d-11-R-02-Q The organisation periodically assesses the effectiveness of the activity of the archive and clinical documentation functional unit.

5d-11-R-03-Q The organisation periodically assesses the quality of the activity of the archive and clinical documentation functional unit.

5d-11-R-04-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: customer management – 12

Definition

The organisation, in accordance with its strategy, has a functional unit dedicated to the integration of the contacts and healthcare operations of all customers. It coordinates and facilitates the healthcare work of the various areas, functional units and professionals.

Objectives

The organisation guarantees:

- the appointment scheduling of the customers in the various areas of the centre,
- the coordination of the various activities between all the healthcare services and levels,
- the suitable scheduling and prioritisation of healthcare with objective criteria,
- the provision of a portfolio of services or products of the centre, and
- knowledge of the existing demand and the activity performed.

5d-12-E-01-E The organisation defines procedures to manage the admissions, appointments, scheduling, waiting lists, transfers, discharges and records of the various healthcare areas.

5d-12-E-02-Q The organisation has defined criteria, previously agreed by the leaders, for the functional grouping of the customers.

Each organisation has the capacity to group patients according to its criteria. For example, medical, surgical, chronic, acute, adults, paediatric, infectious, psychiatric, etc.

5d-12-E-03-E The customer management functional unit uses the portfolio of services of the centre.

5d-12-D-01-E The organisation has defined the index file of the customers, which must be unique, permanently up to date, centralised and independent of the type of care received.

Minimum content:

- History number or identifier

- Full name

- Sex

- Date of birth

- Personal identification number (ID or passport and patient identification code)

- Address

- Telephone number

- Insurance company and affiliation number.

5d-12-D-02-E The functional unit manages the scheduling of outpatient appointments: outpatient services, examinations and specific units (outpatient surgery, day hospital and others).

5d-12-D-03-E The functional unit provides support for demand management and episode management.

Episode management support is understood to be the management of tests at other centres, healthcare transport management, etc.

5d-12-D-04-E The functional unit manages hospitalisation demand: admission request, admission scheduling (scheduled and emergency), control of transfers and discharges and registration of the hospitalisation episode.

5d-12-D-05-E The organisation manages the beds: registration of the status of the beds, service and bed assignment, authorisation and management of changes in location, discharge forecasts, occupation.

5d-12-D-06-Q Criteria are applied for the location of customers outside of the reference hospitalisation units.

5d-12-D-07-E Healthcare episodes and contacts are registered: hospitalisation, A&E, surgical activity, outpatient activity.

5d-12-D-08-E The functional unit manages the surgical waiting list: centralised record, customer monitoring, scheduling, preparation of reports on existing demand.

5d-12-D-09-E The functional unit coordinates emergency and scheduled healthcare requests between the services and/or centres.

5d-12-D-10-Q The staff of the functional unit informs and welcomes the customer and accompanies him/her to the corresponding unit.

5d-12-R-01-E The organisation periodically assesses and reviews the index file of the customers.

5d-12-R-02-Q The organisation periodically assesses the effectiveness of the activity performed.

5d-12-R-03-Q The organisation periodically assesses the quality of the activity performed.

5d-12-R-04-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: infection prevention and control – 13

Definition

The organisation has, in accordance with its strategy, mechanisms to guarantee that the set of activities for the prevention and control of infections is coordinated, up to date and accessible to all areas.

Objectives

The organisation:
- identifies the areas and situations most susceptible to the transmission of infections;
- has sufficient internal information to make decisions related to the prevention and control of nosocomial infections;
- assures interdisciplinary treatment of all matters that refer to the prevention and control of infections;
- ensures the safety of the customers and the staff in relation to the transmission of contagious diseases, and
- has measures to ensure that the staff are suitably trained and that their professional activity is diligently undertaken in relation to risk prevention in the transmission of contagious diseases.

5d-13-E-01-E The organisation has procedures to ensure the identification, assessment and improvement of nosocomial infection.

5d-13-E-02-E The organisation has mechanisms to inform the corresponding health authority of any matter that might represent a significant contribution to epidemiological studies.

5d-13-E-03-E **The organisation has procedures to act in the case of possible internal and external epidemics.**

5d-13-E-04-E **The organisation has documented procedures for the protection and occupational health and safety of staff concerning the risk of transmitting infections and for the communication of accidents that might include the possibility of the risk of infection transmission.**

5d-13-E-05-E **The organisation has documented procedures for the protection and health and safety of customers concerning the risk of transmitting infections and for the communication of accidents that might include the possibility of the risk of infection transmission.**

5d-13-E-06-E **The organisation has systems to guarantee isolation for the treatment of customers with contagious infection diseases.**

5d-13-E-07-E The organisation has procedures to perform microbiological contamination controls on areas of special relevance.

The major risk areas are defined by the organisation.

5d-13-E-08-E The organisation defines the specific requirements of each area and/or service with respect to their needs with reference to the sterilisation of healthcare materials and products.

5d-13-D-01-E The organisation applies strategies to reduce the risk of infection, for both customers and staff.

5d-13-D-02-Q The organisation implements an internal supervision system for the processes involved in the control of infections.

The organisation develops structured continuous and/or periodic monitoring mechanisms to guarantee the permanent supervision of prevention, risk detection, infection detection and effective and efficient action processes.

5d-13-D-03-Q The organisation is responsible for maintaining the resources necessary to correctly comply with the infection prevention and control procedures.

5d-13-D-04-E The infection control process involves all areas of the organisation.

5d-13-D-05-E There is a multidisciplinary committee that coordinates the infection control activities.

It includes, for example, doctors specialising in infectious pathology, microbiology and epidemiology, in addition to pharmacy, nursing, administration and sterilisation staff.

5d-13-D-06-E The staff are provided with information about nosocomial infection related to prevention and control.

5d-13-D-07-E There is a record of nosocomial infections with incidence and prevalence references in addition to other information that might contribute to decision-making in cases related to the prevention and control of infections.

5d-13-D-08-E The organisation applies the procedures and registers incidents related to microbiological contamination controls.

5d-13-D-09-E The organisation defines and identifies the medical processes and surgical procedures that require antibiotic preventive healthcare and applies them.

5d-13-D-10-Q The monitoring of surgical customers is documented throughout their hospital stay and after their discharge to assess the incidence of infection.

The discharge criterion is considered to extend 30 days after the day of the operation.

5d-13-D-11-E The sterilisation unit applies procedures for the reception and conditioning of the material to be sterilised and its performance.

5d-13-D-12-E The sterilisation unit applies scheduled controls to the sterile product prior to the issuance of the material.

5d-13-D-13-E The sterilisation unit applies an identification system that enables the location of all the material that has been processed at all points of the cycle through to its use (traceability).

5d-13-D-14-E There is a record of issued product nonconformities.

5d-13-D-15-Q The organisation has planned how to act in cases of:
- Identification of contamination in healthcare areas
- Impossibility of performing the sterilisation of the material (external provider).

5d-13-D-16-Q The sterilisation unit applies procedures for the assessment of the various areas with respect to the maintenance of sterile conditions and performs periodic inspections to guarantee the suitable conditioning of the materials where they are used.

5d-13-D-17-E The sterilisation unit issues periodic reports on incidents in its area and disseminates them to management, the infections committee and the various professionals involved.

5d-13-R-01-Q The sterilisation unit periodically assesses incidents and nonconformities in its area of responsibility.

5d-13-R-02-E The organisation periodically assesses the epidemiological surveillance it performs in relation to surgical infections.

5d-13-R-03-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

In relation to the prevention, protection and control of infections and sterilisation.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: clinical research – 14

Definition

The organisation, in accordance with its strategy, facilitates scientific progress to foster research while guaranteeing ethical compliance and safety for the customers involved.

Objectives

The organisation:

- fosters research, provides resources, fosters professional exchanges and provides methodological and document support;
- identifies the priority lines of research;
- delimits the resources allocated for healthcare and differentiates them from research resources, and
- guarantees respect for the rights of the customers who participate in research.

5d-14-E-01-E The organisation has procedures to standardise the proposal, assessment, prioritisation, approval, implementation, review and closure of research studies. These procedures are in force and approved by executive management.

5d-14-E-02-E The organisation has specific procedures to effectively differentiate research from care.

5d-14-E-03-Q The organisation has specific procedures for the economic management of research studies.

5d-14-E-04-Q The organisation has written criteria to value and assess the impact and cost-benefit analysis of its research activity.

Research must be able to provide tangible results for the organisation.

5d-14-E-05-E There are procedures for the filing of all information generated in clinical trials and for its conservation.

5d-14-D-01-E The clinical histories of all the customers included in a clinical research study clearly register this participation and their acceptance.

Acceptance is considered to be the signature of the informed consent by the customer and the researcher.

5d-14-D-02-Q The organisation reports and disseminates the research.

5d-14-R-01-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual groper: catering – 15

Definition

The organisation, in accordance with its strategy, has functional units to guarantee a set of services such as food, cleaning, laundry and linen, to support the healthcare activities and favour quality care for its customers.

This catering grouper encompasses the kitchen, cleaning and laundry and linen functional units.

Objectives

The organisation guarantees:

- the organisational structure of catering adapted to its dimensions and resources,
- the availability of the catering services 24 hours a day, where necessary,
- the suitable nutrition of its customers,
- the existence of good operation and quality rules, which are periodically reviewed, and
- the quality control of its own and third-party services.

5d-15-E-01-E The organisation has a physical and organisational structure suitable for its needs.

The catering products/services are adapted to the dimensions (number of beds, staff, service portfolio (paediatrics, nursing babies...) and the complexity of the care provided (type of diets, different consistencies...).

5d-15-E-02-Q The organisation defines objectives for the functional units.

5d-15-E-03-E There is a set of catering procedures agreed with other functional units involved in the various processes.

Food: Kitchen

– Dietetics

– Medical and surgical units

– Hospitalisation area managers.

Cleaning: Cleaning unit

– Infectious diseases committee

– Surgical area manager

– Occupational health and safety.

Laundry/Linen

– Hospitalisation area and surgical area managers.

5d-15-E-04-E There are procedures to control stocks and their rotation in the three functional units (food, cleaning and laundry).

With reference to:

- Criteria for food product conservation and the control of expiries

- Control of cleaning material stocks

- Criteria for the determination of the optimal and minimum amount of linen in circulation and in stock.

5d-15-E-05-E The managers of each functional unit are clearly identified and a director of the centre has ultimate responsibility.

5d-15-D-01-E The provision of the services is planned and organised for every day of the year.

The organisation forecasts the coverage of the service in normal circumstances and exceptional conditions (nights, public holidays, emergencies...).

5d-15-D-02-E The updated procedures of the food functional unit are applied.

Reception of food, storage, stock rotation, preparation and handling, cooking, serving and distribution.

5d-15-D-03-E The updated procedures of the cleaning functional unit are applied.

Cleaning in general, cleaning of critical or specific zones, preventive measures, recycling of waste (paper, food and others), elimination and transportation of contaminated soiled material.

5d-15-D-04-E The updated procedures of the laundry/linen functional unit are applied.

Treatment, storage, identification, handling and packaging of soiled clothes and transportation of clean and soiled clothes.

5d-15-D-05-Q The stocks and rotation in the warehouses of the three functional units are controlled.

5d-15-D-06-Q There are correct, balanced, varied, appetising and well seasoned diets to cover the various types of customers.

This includes the public and staff cafeteria and/or restaurant.

5d-15-D-07-Q There is a form to request menus distributed to all the hospitalisation areas and other areas.

5d-15-D-08-E Food is prepared in the necessary conditions of asepsis, hygiene and cleanliness.

5d-15-D-09-Q The preparation of the menu takes into account nutritional balance and adaptation to the budget, and the meals are well presented and well received by the customers.

5d-15-D-10-Q The organisation facilitates the possibility of optional menus suitable for the condition of the customer.

5d-15-D-11-Q The organisation facilitates the adaptation of meal times for the customer.

The organisation facilitates nutritional diets or complements in exceptional conditions (lunch after fasting for an examination...).

5d-15-D-12-E There is quality control of the food raw materials.

5d-15-D-13-E There is quality control of the various stages of food preparation and distribution.

5d-15-D-14-E There is quality control:
- Of the cleaning in the various areas of the centre
- Of the transportation and removal of soiled materials.

5d-15-D-15-Q The organisation facilitates a cleaning service that is adapted to the timetables of the customer.

There are mechanisms for specific cleaning needs in the environment of the customer. The usual cleaning timetables are set in a manner consistent with the scheduling of visits, customer rest, etc.

5d-15-D-16-E Clothing is periodically changed whenever necessary and without delay both for customers and for staff.

Control of the stocks of the storerooms of the floors, theatres, etc.

Clothing distribution and replacement circuits and periodicity.

5d-15-D-17-E Clothing, both for the customers and for staff, is in good condition and unified.

5d-15-D-18-E The quality of the clothing and of the distribution and collection circuits is periodically controlled.

5d-15-R-01-Q The activity and quality of the food functional unit are periodically assessed and suitable improvement measures are taken.

5d-15-R-02-Q The organisation periodically assesses the activity and quality of the cleaning functional unit.

5d-15-R-03-Q The organisation periodically assesses the activity and quality of the laundry/linen functional unit.

5d-15-R-04-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual groper: storage – 16

Definition

The organisation must guarantee the supply of the products and materials necessary to comply with the levels and the quality set by its strategy.

Objectives

The organisation:
- performs supply purchasing requests;
- verifies that purchased supplies comply with the characteristics of the requested products;
- efficiently manages the stock of products;
- adapts the supply storage spaces in accordance with the established requirements;
- manages the use of storage spaces, taking into account the specifics of each product, and
- guarantees provision to the functional units in accordance with previously determined flows.

5d-16-E-01-E The organisation has a list of supplies with their characteristics and suppliers.

5d-16-E-02-Q The organisation has criteria to include or exclude supplies agreed with the leaders.

Especially with respect to healthcare products applied to the patient.

5d-16-E-03-Q The organisation has procedures to order supplies from suppliers.

With reference to the determination of when the order is to be made (stock status) and the request procedure.

5d-16-E-04-E The organisation has procedures to control the supply, document nonconformities and guarantee suitable storage.

It responds to request requirements (quantity and quality) in accordance with the regulations.

Suitable packaging conditions.

Maintenance of special conditions.

5d-16-E-05-E The organisation has procedures for the management and control of stock.

Article consumption tables.

Determination of the maximum and minimum stock limits, detailed by product.

Determination of the minimum safety stock.

5d-16-E-06-Q The organisation has procedures for the issuance of the supplies to the functional units.

5d-16-D-01-Q The warehouse receives all fungible and non-fungible materials sent to the organisation. In special cases, which must be specified by a protocol, it might not be able to store them.

Examples of exempt cases: food, laboratory, radiology and pharmacy materials and blood.

5d-16-D-02-E Supply orders are made in accordance with the requirements agreed with and approved by the leaders.

5d-16-D-03-E The supplies are stored in certain spaces in accordance with the established criteria.

With reference to:

- Temperature, humidity conditions, etc.

- Dry goods areas and wet goods areas

- Sterile materials area

Etc.

5d-16-D-04-E Procedures are applied for the treatment of supply nonconformities.

5d-16-D-05-Q The flow of supplies received and delivered responds to pre-established criteria. Orders and deliveries are registered.

5d-16-D-06-E The organisation knows its stock through secure control systems.

Continuous inventory.

5d-16-D-07-E The warehouse is coordinated and permanently informs the accounting/administration area of the movements of supplies:

- Entries (purchases)

- Exits (deliveries to the functional unit).

5d-16-R-01-Q The degree of satisfaction of the functional units with respect to the warehouse activities is assessed.

5d-16-R-02-Q The organisation periodically assesses the degree of compliance with the criteria and procedures of the warehouse.

5d-16-R-03-Q The warehouse periodically assesses the efficacy of the supply reception and delivery processes.

5d-16-R-04-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: social care – 17

Definition

The organisation, in accordance with its strategy, facilitates the detection, assessment and treatment of social problems arising from the diseases of its customers.

Objectives

The organisation:

- identifies customers with social difficulties who need the support of a professional;
- guarantees accessibility, care and continuity in the service;
- guarantees confidentiality, and
- provides the necessary resources.

5d-17-E-01-E The organisation has a social care functional unit, with an identifiable manager, to respond to social problems arising from the healthcare needs of its customers.

5d-17-E-02-E The organisation determines the level of availability and the dimensions of the functional unit.

With reference to:

- Dimensions and location of the centre
- Customer classification
- Healthcare provided
- Others

5d-17-E-03-Q The organisation has procedures to assure the detection, identification, assessment and improvement of social problems arising from the healthcare needs of its customers.

5d-17-E-04-E The social care unit guarantees the confidentiality of the information subsequently received and generated.

5d-17-E-05-E The organisation determines the circuits between the various professionals and the functional unit to facilitate the accessibility, care and continuity of the service.

With reference to:

- How the intervention of the unit is activated

- Whether there are automatic activation mechanisms triggered by the initial nursing assessment.

5d-17-D-01-E The procedures and the circuits are disseminated and known by the staff.

5d-17-D-02-E A record of the cases is formalised (paper and/or electronic).

With the identification data, detected problems, action dates, solution, referral, etc.

5d-17-D-03-E The organisation facilitates the continuity of the service and its monitoring once the customer is discharged from the centre.

5d-17-R-01-Q The activity undertaken by the social care unit is periodically assessed.

5d-17-R-02-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

5d-17-R-03-Q The level of satisfaction of the users (healthcare staff) with respect to the activity undertaken by the unit is assessed.

Through satisfaction surveys (or alternative instruments) completed by the professionals.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: customer education – 18

Definition

The organisation, it accordance with its strategy, fosters healthcare education for its customers and their families, in accordance with their needs. It focuses on preventive aspects, healthy habits, participation in the correct use and administration of prescriptions and advice provided by the healthcare staff.

Objectives

The organisation:
- fosters the training of customers and their environment with respect to the promotion of healthy habits and disease prevention, and also knowledge of their disease and how to assume their participation in the healthcare process;
- determines for which groups of diseases education for customers and their environments is necessary;
- designs the educational process for each circumstance and prepares the support documentation to which the customer has access;
- facilitates channels for communication with the customer and environment to clarify or complement the training given;
- promotes the healthcare education of the community it serves, and
- reviews the effectiveness of training actions implemented.

5d-18-E-01-E The organisation determines which groups of customers and/or their environment, processes or techniques are suitable for specific training, and defines the content and methods for the training and how to access it.

Identification of the processes for which training needs are determined.

5d-18-E-02-Q The design and content of the education to be provided are produced with the direct participation of the leaders and the staff involved.

5d-18-E-03-Q The organisation has instruments to specifically identify customers susceptible to training.

In the initial assessment of needs, in the corresponding healthcare scopes.

5d-18-E-04-Q The organisation has educational resources suitable for the planned function and the various comprehension capacities, in addition to support mechanisms to respond to any doubts and requests for clarification that might arise throughout the process.

The education must be provided using understandable means and language taking into account possible sensory deficits or language differences.

5d-18-D-01-E The organisation registers the educational needs of customers in the clinical history.

5d-18-D-02-Q The organisation registers scheduled and performed training.

5d-18-R-01-Q The organisation periodically assesses compliance with the planned training process and the effectiveness of the education provided.

5d-18-R-02-Q The content of the training is periodically reviewed.

5d-18-R-03-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.d - The products and services are produced, distributed and managed.

Conceptual grouper: customer rights and ethics – 19

Definition

The organisation, in accordance with its strategy, ensures respect for the rights of its customers and takes into account cultural, philosophical and religious differences and acts with ethical institutional criteria. It also reports and fosters the efficient use of the services for customers and professionals.

Objectives

The organisation:

- has an institutional code of ethics that guides the collective and individual actions of its staff;
- respects the rights of customers and disseminates them:
- establishes mechanisms for internal discussion and the establishment of ethical action criteria, which the staff and customers can access;
- fosters the ethical principle of autonomy, with the participation of the customers and their environment in decision-making related to their care;
- prepares action lines in relation to ethically conflictive situations and establishes methods for their conciliation, and
- informs customers and professionals about the responsible use of the services.

5d-19-E-01-E The organisation has an institutional code of ethics that is formulated and approved with the participation of the maximum governing body.

5d-19-E-02-E The code of ethics is accessible for customers and is disseminated to and known by the entire staff.

5d-19-E-03-E The policies established by the organisation guarantee the non-discrimination of customers due to their ethnicity, culture, sex, economic conditions or beliefs.

Concepts included in the code of ethics.

5d-19-E-04-E The policies established by the organisation guarantee the right of the customer to participate in decision-making and the right to privacy and confidentiality.

Concepts included in the code of ethics.

5d-19-E-05-E The policies established by the organisation provide the framework for professional action in the healthcare scope, with criteria concerning respect for people, in a comprehensive manner in the various stages of their disease.

Concepts included in the code of ethics.

5d-19-E-06-E The policies established by the organisation identify the ethical suitability of institutional action with respect to advertising, marketing, competitive practices and economic and financial procedures.

Concepts included in the code of ethics.

5d-19-E-07-E The policies established by the organisation identify the ethical suitability of institutional action with respect to personal relations.

Concepts included in the code of ethics.

5d-19-E-08-Q The organisation has a multidisciplinary body that ensures the observation of institutional ethical commitments, the identification of ethical conflicts and support for their resolution.

Example: healthcare ethics committee.

5d-19-E-09-E There are procedures to facilitate the access of staff and customers to formulate ethical queries.

5d-19-E-10-Q There are procedures that determine the operating rules of the multidisciplinary ethical assessment body.

With reference to:
- Availability (emergency consultation)
- Composition of the group (including external collaborators)
- Meeting frequency
- Case presentation system
- Discussion and resolution system
- Response times and format
- Dissemination and confidentiality

5d-19-E-11-E A procedure establishes the functions and competencies of students and professionals being trained during the healthcare activity. Acceptance is sought from the customer.

5d-19-E-12-E The organisation has specific procedures to guarantee participation in decision-making that provide for:
- Informed consent indication, information and acquirement in all high-risk invasive processes
- anaesthetic processes that require it
- transfusions
- The action planned in the case of customers without the capacity to choose and those under guardianship.

5d-19-E-13-E The organisation has specific procedures to guarantee participation in decision-making in living wills.

5d-19-E-14-Q The organisation has identified concepts and channels to be used to inform customers and internal staff about the responsible and efficient use of its installations and services.

5d-19-D-01-Q The organisation applies the concepts and channels defined to disseminate the responsible use of the services.

5d-19-D-02-E The organisation informs its customers and staff of the rights and obligations of its customers.

5d-19-D-03-E The organisation applies procedures for the assessment and treatment of the customer in the terminal phase.

5d-19-D-04-E The organisation applies procedures and/or criteria for:
- The determination of the do not resuscitate order
- The determination of the removal of life support.

5d-19-D-05-E The organisation applies procedures to determine actions when there is a need to physically restrain a customer.

With reference to:
- Restraining criteria
- Authorisation procedure and family consent
- Exhaustion of other possible alternatives
- Monitoring of the restraint situation
- Periodic reassessment
- Assessment of the application of the procedure
- Customer demands and needs

5d-19-D-06-Q The organisation applies criteria for the determination of priority access to limited resources.

With reference to "the last bed in the ICU", transplant programmes or others (degree of access to the services).

5d-19-D-07-E The organisation applies criteria for the resolution of conflicts between the living wills of the customers and the code of ethics or the action of the responsible professional.

5d-19-D-08-E The organisation applies criteria to determine the capacity of the customers to freely make decisions.

Especially in judgement and behavioural disorders and adolescence.

5d-19-R-01-E The organisation assesses compliance with informed consent with the periodicity established.

5d-19-R-02-Q The organisation assesses the degree of observation of living wills with the established periodicity.

5d-19-R-03-Q The organisation assesses the degree of knowledge of the customers and staff of the rights and obligations of the customer, in addition to their compliance.

5d-19-R-04-Q The organisation periodically assesses the ethical questions proposed to the consulting body and the results of conflict resolution.

5d-19-R-05-E The organisation periodically reviews and assesses its institutional code of ethics.

5d-19-R-06-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 5. PROCESSES

Sub-criterion 5.e - Customer relations.

Conceptual grouper: customer service – 01

Definition

The organisation, in accordance with its strategy, has instruments and resources to involve customers in the improvement of the service, detect their expectations, collect their opinions, complaints and suggestions and foster action arising from the detection of improvement opportunities that results in increased customer satisfaction.

Objective

The organisation:

- facilitates, through active listening, the possibility of the customer voluntarily and freely stating his/her opinion about the organisation and the operation of the centre.
- fosters the instruments necessary to detect the expectations of the customers and identify and collect their opinions;
- adopts a proactive attitude in relation to its customers, seeking and identifying improvement opportunities and fostering their implementation;
- guarantees an agile, competent and suitable response in relation to the requirements of customers with respect to the operation and organisation of the centre, and
- advises the customers on the responsible use of products and services.

5e-01-E-01-E The organisation has a functional unit with an identified manager and has mechanisms to provide customers with personalised and permanent service in their dealings with the centre.

5e-01-E-02-E The organisation has procedures for the performance of satisfaction surveys and/or alternative instruments to collect and assess customer opinions and for the management of complaints and suggestions.

With reference to:

- Criteria for the performance of surveys
- Random selection of customers in different scopes
- Mechanism to obtain responses (telephone, letter, upon discharge...)
- Minimum volume of surveys and statistically significant criteria to be obtained
- Complaint referral criteria
- Determination of response responsibilities
- Maximum response periods
- Criteria for the treatment of information and the distribution of results.

5e-01-E-03-E The organisation has systems to inform the customer of the possibility of accessing the functional unit.

5e-01-E-04-Q The organisation has validated questionnaires for the performance of satisfaction surveys that enable discrimination by healthcare area and support functional unit.

5e-01-D-01-Q The organisation applies specific satisfaction surveys and/or alternative instruments for the collection and evaluation of the opinions of the customer in healthcare areas and support functional units.

Such as an instrument for the detection of specific problems, the assessment of a new service or an organisational change or due to the special characteristics of a given service for which conventional questionnaires are insufficient.

5e-01-D-02-Q The organisation uses active satisfaction surveys and/or alternative instruments for the collection and evaluation of the opinion of the customer throughout the year and in the key healthcare areas.

Active surveys are those in which it is the organisation that actively seeks a response from its customers.

5e-01-D-03-Q The organisation issues satisfaction surveys to be answered upon the initiative of the customer (passive surveys).

Passive surveys are understood to be those answered upon the initiative of the customer, who is passively provided with the questionnaire.

5e-01-D-04-Q The organisation processes the information provided by the active and passive satisfaction surveys in a differentiated manner.

5e-01-D-05-E Management and the leaders are responsible for responding to complaints in their scope of competency.

5e-01-D-06-Q Appreciations and congratulations are specifically treated: they are communicated to the professionals involved and the corresponding leaders, and the customer is answered.

5e-01-D-07-Q The organisation facilitates participative systems to obtain information about the opinion of social agents.

Focus groups made up of community representatives or others.

5e-01-D-08-Q The organisation periodically processes the information obtained through surveys and/or alternative instruments for the collection and assessment of customer opinions, complaints, suggestions and other initiatives in order to detect improvement opportunities and prioritise the implementation of corrective measures.

5e-01-D-09-Q The organisation internally and externally disseminates the results of opinion surveys.

The process for the distribution of the results of customer satisfaction surveys is verified.
The people informed and the periodicity are identified.

5e-01-D-10-E The organisation registers all complaints and suggestions received, the responses given, the time taken to issue a response, the monitoring and processing undertaken, the area affected and the person responsible for giving the response.

5e-01-R-01-E The organisation periodically assesses the corrective and improvement measures implemented.

5e-01-R-02-Q Management periodically reviews the aggregate and ordered information from the instruments used to collect customers' opinions.

5e-01-R-03-E The organisation periodically assesses the time taken to respond to complaints received.

5e-01-R-04-E The procedures are periodically reviewed and updated in accordance with the organisation's criteria.

CRITERION 6. CUSTOMER RESULTS

Definition

Excellent organisations produce a set of performance indicators and final results based on the needs and expectations of their customers in order to determine the success of the implementation of their strategy and support policies.

Sub-criterion 6.a - Perception measurements.

Conceptual grouper: customer perception – 01

Definition

It is the customer's perception of the organisation with respect to the quality of the products and services received, in accordance with value judgements and in relation to his/her expectations.

The indicators can be obtained through surveys, focus groups and other means that might be undertaken with the customers of the organisation. In the case of surveys, to understand the level of significance and representativeness of the results the methodology used must be clearly explained.

These instruments also take into account aspects concerning the detection of improvement opportunities.

Objectives

The organisation:

- assesses the perception of its customers with respect to the organisation in terms of general image, the quality of the products and services and loyalty;
- uses various methods to measure satisfaction, and
- determines the areas to be investigated with the aim of highlighting the aspects considered to be the most significant for its customers.

For detailed analysis, the results obtained may be discriminated by:

- functional unit,
- healthcare area and

- practice or technique.

The organisation must at least measure the opinion of the customer in two of the key processes: outpatient care, emergency care, hospitalisation and surgical care.

6a-01-01-01-E The customer's perception of the information received about the services offered by the organisation is measured.

6a-01-01-02-E The customer's perception with respect to the degree of accessibility to the services is measured.

Accessibility refers to the possibility that an individual or group can access the services of the healthcare system.

6a-01-01-03-E The customer's perception with respect to discrimination when being attended is measured.

Various variables must be taken into account when assessing the perception of discrimination: sex, race, religion and any other aspect that prevents the satisfaction of the principle of equality.

6a-01-01-04-Q The customer's perception of the efficacy of the signage systems in the organisation is measured.

6a-01-01-05-E The customer's perception with respect to the response times to receive the various services is measured.

The customer's perception with respect to the time between the appearance of the need for care and when it is received is measured.

6a-01-01-06-E The customer's perception with respect to the healthcare continuity of the services received is measured.

The customer's perception with respect to healthcare continuity and suitable coordination in the services received and in referrals to other services/institutions is assessed.

6a-01-01-07-E The customer's perceived degree of confidence in the services received is measured.

6a-01-01-08-Q The customer's perceived degree of safety in relation to the system and the services is measured.

The customer's contributions with respect to the safety measures instituted in the organisation will be taken into account, for example rails on stairs, anti-theft measures, back-up electricity units, evacuation and fire detection systems, infection control, customer identification systems, systems to prevent errors in the administration of the practices, etc.

6a-01-01-09-Q The customer's perception with respect to the organisation's capacity to effectively adapt to rational demands is measured.

The possibility of attending specific customer conditions in terms of justified demands and needs (timetables, waiting times, professionals participating, place) is taken into account. The customer's perception with respect to responses obtained will be measured.

6a-01-01-10-E The level of conformity of the customer and his/her environment with the treatment received from the staff in general and the staff directly related to his/her healthcare process is measured.

6a-01-01-11-Q The customer's perception with respect to the maintenance of the confidentiality of his/her data is measured.

6a-01-01-12-E The customer's perception with respect to the availability of sufficient information to make decisions with respect to his/her disease and treatment is measured.

Basically, the information responds:
- To his/her rights

- To his/her disease
- To the proposed diagnostic and/or therapeutic options
- To the administrative and economic conditions

6a-01-01-13-E The customer's perception with respect to the maintenance of his/her privacy and personal dignity at all times is measured.

6a-01-01-14-E The customer's perception in relation to comfort, cleaning, temperature and lighting is measured.

It includes the comfort of the waiting room, comfort in the case of having been in a room and comfort in relation to cleaning.

6a-01-01-15-Q The customer's perception with respect to the linen/laundry (general characteristics and condition) is measured.

6a-01-01-16-E The customer's perception in relation to the quality of the food (presentation, temperature, opportunity, quantity) is measured.

6a-01-01-17-E The loyalty of the customers is measured.

The loyalty of the customers can be determined by investigating the following and other aspects:
- Willingness to return to the same service on other occasions
- Willingness to use other services within the organisation
- Willingness to recommend the organisation

6a-01-01-18-E The customer's perception with respect to the possibility of expressing and manifesting his/her rights and desires is measured.

It refers to:
- Knowledge of the existence of the complaints and suggestions book, and the mechanism to access it
- Knowledge of the possibility of expressing living wills
- Knowledge of the possibility of participating in health promotion activities

6a-01-01-19-Q The customer's perception with respect to the organisation's compliance with his/her rights and desires is measured.

It refers to:

- Attention to complaints and suggestions and their communication

- Attention to living wills

- Knowledge of the citizen's charter of rights and obligations in relation to health and healthcare

6a-01-01-20-E The customer's global perception with respect to the service received is measured.

CRITERION 6. CUSTOMER RESULTS

Sub-criterion 6.b - Performance indicators.

Conceptual grouper: customer satisfaction assessment – 01

Definition

The measurements related to the customers that the organisation applies internally with a view to assessing, understanding, forecasting and improving their satisfaction.

Objectives

The organisation:

- manages the complaints, suggestions and appreciation expressed by the customers;
- measures its capacity to satisfy customers with respect to accessibility to the services;
- measures the loyalty of its customers and assesses the impact on the results of the organisation, and
- measures its actions with respect to compliance with the rights of the customer.

Management of complaints, suggestions and appreciations

6b-01-01-01-E The number of oral and written complaints, suggestions and appreciations is measured.

It refers to:

- Number, related to time and the amount of customers that have received the service
- Discrimination and analysis of causes
- Identification of improvement opportunities.

6b-01-01-02-E The time taken to respond to complaints, suggestions and appreciations is measured.

Accessibility

6b-01-02-01-E The waiting lists to access the services are quantified and qualified.

It refers to:

- Number of customers discriminated by service and by practice
- Time elapsed in the waiting list process

Information about surgical and exploratory activities will be requested.

6b-01-02-02-Q Delays to access the services are quantified and qualified.

It refers to:

- Delay time
- Discrimination by service and practice
- Differentiation between first appointment and successive appointments (minimum time to schedule a healthcare appointment)

6b-01-02-03-E The waiting time to be attended is quantified and qualified.

The data may be discriminated by:

- Service
- Practice
- Attending professional

6b-01-02-04-Q Appointment cancellations and no shows are quantified and qualified (outpatient services, surgeries, etc.) and their causes are analysed.

The data may be discriminated by:

- Service
- Practice
- Attending professional

6b-01-03-01-Q The number of new customers and the mechanisms that guided their choice are measured.

It refers to the measurement of the reasons that guided new customers to choose the organisation:
- Direct referral
- Proximity to home
- Recommendations from other customers
- Brochures, television and radio advertising, etc.
- Others

6b-01-03-02-Q Changes made by customers during their care of their own volition and within the same speciality are measured.

It refers to a request for a change in attending professional, discriminated by:
- Service
- Practice
- Attending professional
- Reason

6b-01-03-03-E Voluntary discharges are quantified and qualified.

Rights of the customer

6b-01-04-01-Q Customers benefiting from specific training/education activities are quantified.

It refers to the number of customers who have completed a training plan in relation to the number of customers who have started one (discriminated by service and pathology).

CRITERION 7. PEOPLE RESULTS

Definition

The organisation has a set of performance indicators and final results to determine the success of the implementation of the strategy and support policies related to people.

The organisation establishes clear objectives and understands the key factors that drive the results and the impact they have on other indicators.

Sub-criterion 7.a - Perception.

Conceptual grouper: staff perception – 01

Definition

The organisation measures the perception of the people who work for it in relation to the coverage of their needs, their level of motivation and the degree of satisfaction generated. The organisation must determine the best method of capturing these opinions and also the context, opportunity and frequency with which they are obtained.

Objectives

The perception that people have with regard to the organisation they belong to in relation to motivation, sense of belonging, satisfaction, coverage of expectations and working climate must be measured.

The following standards are designed to obtain them through surveys, focus groups and other methods applied to the organisation's staff.
The methodology used in surveys must be clearly stated in order to understand the level of significance and representativeness of the results.

7a-01-01-01-E The level of knowledge of the organisation's mission is measured.

7a-01-01-02-Q The level of acceptance of and adhesion to the organisation's mission is measured.

7a-01-01-03-Q The sense of belonging to the organisation is measured.

7a-01-01-04-Q The level of knowledge and acceptance of and participation in the strategic plan is measured.

7a-01-01-05-E The level of knowledge and acceptance of and participation in the patient quality and safety plan is measured.

7a-01-01-06-Q The extent to which the staff's expectations with respect to their positions are met is measured.

7a-01-01-07-Q The extent to which the staff's expectations with respect to their relations with the organisation are met is measured.

7a-01-01-08-Q The extent to which the staff's expectations with respect to the organisation of work are met is measured.

7a-01-01-09-Q The extent to which the staff's economic expectations are met is measured.

Expectations will be assessed within the context of the local job market.

7a-01-01-10-Q The extent to which the staff's expectations with respect to interpersonal and interprofessional relations are met is measured.

7a-01-01-11-Q The extent to which the staff's expectations with respect to professional promotion opportunities are met is measured.

7a-01-01-12-Q The extent to which the staff's expectations with respect to training opportunities are met is measured.

7a-01-01-13-Q The level of motivation perceived by the staff is measured.

7a-01-01-14-Q The perception of participation in the achievement of the institutional objectives and those of the functional unit they belong to is measured.

7a-01-01-15-Q The staff's perception of the extent to which the organisation recognises their work is measured.

7a-01-01-16-Q The staff's perception of the extent to which their direct leaders recognise their efforts is measured.

7a-01-01-17-Q The staff's perception with respect to the leadership capacity of management is measured.

7a-01-01-18-Q The staff's perception with respect to the motivational capacity of the leaders is measured.

7a-01-01-19-Q **The staff's perception with respect to the leadership capacity of their direct leaders is measured.**

7a-01-01-20-Q **The staff's perception with respect to the work environment is measured.**

With reference to structure, safety, comfort conditions, etc.

7a-01-01-21-Q **The staff's perception with respect to the workload is measured.**

7a-01-01-22-Q **The staff's perception with respect to the quality of the service provided is measured.**

7a-01-01-23-E **The staff's perception with respect to occupational health and safety is measured.**

7a-01-01-24-Q **The staff's perception with respect to personal safety and protection against physical assault, harassment and other risk situations is measured.**

CRITERION 7. PEOPLE RESULTS

Sub-criterion 7.b - Performance indicators.

Conceptual grouper: indicators of aptitudes, attitudes and skills – 01

Definition

The organisation objectively measures the development and efficacy of its functions in relation to its personnel.

Objectives

Improvement, objective achievement and compliance with the functions of the organisation in relation to people must be measured in the following scopes:

·   productivity,

·   personnel management,

·   assessment of aptitudes, attitudes and skills,

·   attributes,

·   training and

·   labour conflicts.

Personnel management

7b-01-01-01-E The necessary human resources are calculated and the existing ones are measured.

7b-01-01-02-E Absenteeism is measured by cause and the coverage percentage is identified.

By functional area and group.

7b-01-01-03-Q The productivity of the staff is measured.

By group and functional area, by homogeneous work unit (visits per person, discharges per person, stays per person, surgical operations per person, intermediate-term unit per person, etc.).

7b-01-01-04-Q The degree of compliance with the welcome plan for new employees is measured.

By functional area and group. The general welcome plan and the specific welcome plan for the position must be differentiated.

7b-01-01-05-Q The formalisation of personnel files in accordance with the procedures is measured.

By group.

7b-01-01-06-Q The correlation between the position and the definition of the position is measured.

All positions must be correlated with a description of the specific position.

Assessment of aptitudes, attitudes and skills

7b-01-02-01-Q The relationship between people whose aptitudes, attitudes and skills have been assessed and the total people to be assessed is measured.

7b-01-02-02-Q **The assessment of aptitudes, attitudes and skills is measured.**

By functional area and group.

7b-01-02-03-Q **The adaptation of the work conditions established on the health and safety map is measured.**

People with conditions adapted over total people.

7b-01-02-04-Q **Situations in which there is insufficient coverage of the established minimum staff and their causes are measured.**

By functional area.

Assessment of attributes

7b-01-03-01-Q **The mismatch between attributes and positions is measured.**

The times that for certain reasons a role is assigned to someone who does not have the right attributes (replacements, etc.) are identified.

7b-01-03-02-Q **Attribute non-compliances are measured.**

Transgressions within the individual competency framework are specifically identified, particularly in the riskiest processes.

7b-01-03-03-Q **The validity of issued attributes is measured.**

Number of people with valid competencies over the total number of people with attributes issued. By functional area and group.

Training

7b-01-04-01-E **The degree of compliance with annual occupational health and safety training is measured.**

By functional area and group.

7b-01-04-02-E **The degree of compliance with annual training on quality, patient safety and continuous improvement is measured.**

By functional area and group.

7b-01-04-03-E **The degree of compliance with annual training on health and safety and actions in the event of an emergency is measured.**

By functional area and group.

7b-01-04-04-Q **The number of simulations of potential emergencies is measured.**

7b-01-04-05-E **The degree of compliance with annual training on infection prevention and control is measured.**

By functional area and group.

7b-01-04-06-E **The degree of compliance with annual training on cardiopulmonary resuscitation is measured.**

By functional area and group.

7b-01-04-07-E **Compliance with the training plan is measured.**

By functional area and group.

7b-01-04-08-Q **Training hours provided within the organisation are measured in addition to the training hours received by the personnel of the organisation.**

By functional area and group.

Rights of the personnel

7b-01-05-01-E **Incidents and complaints concerning personal dignity, abuse of power, harassment, assaults and other problems are measured.**

They are registered as "sentinel events".

7b-01-05-02-E **Labour conflict is measured.**

In terms of complaints lodged with the Labour Court and Labour Inspection Service, number of people affected, number of days lost to strikes, etc.

CRITERION 8. SOCIETY RESULTS

Definition

Excellent organisations produce and agree a set of performance indicators and final results based on the needs and expectations of the relevant external stakeholders in order to determine the success of the implementation of their social and environmental strategy and support policies.

CRITERION 8. SOCIETY RESULTS

Sub-criterion 8.a/b - Performance perception and indicators.

Conceptual grouper: health promotion and dissemination and local impact – 01

Definition

The organisation measures society's perception of its action as a leading community agent.

Objective

The organisation must take care with respect to:

- the dissemination of relevant information to the community,
- coverage in general media,
- the affect on the local and national economy.
- relations with the relevant authorities,
- ethical behaviour,
- involvement in education and training in areas related to occupational health and safety, accidents, security, contamination and others.
- support for sport, leisure and culture, and
- the provision of volunteer and non-profit work.

Level of dissemination and society's knowledge of the organisation.

8a/b-01-01-01-Q The organisation's participation in public events, collaborations with associations, public administrations, schools, social centres and others is measured.

• Number of conferences held at schools, social centres, etc.
• Number of participations in public events
• Number of open days
• Participation in associations, councils, public administration

Coverage in general media

8a/b-01-02-01-Q Appearances in press, radio, television and other media (both national and local) due to relevant activities.

8a/b-01-02-02-E Visits to the organisation's website are measured.

8a/b-01-02-03-Q Presence in general and scientific search engines is measured.

Effect on the local and national economy

8a/b-01-03-01-E The hiring of local or nearby residents is measured.

Percentage of residents or people from the location or surrounding area hired over the total percentage.

8a/b-01-03-02-E The hiring of people who belong to disadvantaged groups is measured.

This group includes:
- People over 45 years of age
- Disabled people

- Immigrants
- Other disadvantaged groups.

8a/b-01-03-03-Q Investment in research is measured.

8a/b-01-03-04-Q Projects in collaboration with universities or other entities are measured.

8a/b-01-04-01-Q Support for humanitarian organisations is measured.

• The percentage of people who collaborate with humanitarian associations and cooperation activities over the total staff, discriminated by type of activity, is measured.

• The number of humanitarian organisations supported (economic, professional, logistic, etc.) is measured.

• The economic amount of donations made by the organisation to humanitarian, charity, social associations, etc. is measured.

8a/b-01-04-02-E The number of people who perform volunteer work in the organisation is measured.

Number of people involved in the programme and their work in terms of full days, grouped by activity.

Involvement in education and training

8a/b-01-05-01-E The number of training hours for third parties is measured.

Number of courses taught annually to third parties. This includes, among others, training for volunteers.

8a/b-01-05-02-Q The training courses and hours are segmented by subject and target public.

Annual measurements.

8a/b-01-05-03-E The number of interns in the organisation is measured by hours and group.

Number of interns per year. Third party groups include vocational training students, undergraduates, temporary professionals and master's students.

The organisation's support for sport, leisure and culture.

8a/b-01-06-01-Q The number of sporting, leisure and cultural activities sponsored by the organisation is measured.

Annual measurements.

CRITERION 8. SOCIETY RESULTS

Sub-criterion 8.a/b - Performance perception and indicators.

Conceptual grouper: ecological impact – 02

Definition

The organisation measures society's perception of its actions as an environmentally aware and collaborative body. Moreover, the organisation implements measures to improve its action in this scope.

Objectives

- The organisation fosters environment improvements and implements measures to reduce: environmental impact, waste and packaging, contamination, toxic emissions and wastewater.
- Moreover, the organisation fosters the safe and efficient use of utilities (gas, water and electricity) and of new or recycled materials.

The organisation's environmental impact

8a/b-02-01-01-E The number of complaints, fines and warnings related to contamination is measured.

Discriminated by reason.

8a/b-02-01-02-Q The number of environmental certificates and other sustainability references is measured.

It includes external certificates and actions:

- EMAS
- ISO 14001 Global Reporting Initiative (GRI)
- SA8000
- ISO 26000
- Agenda 21 and other Earth Summit recommendations and other sustainability references.

8a/b-02-01-03-Q Investment in cleaner equipment and technology is measured.

It includes equipment with better and cleaner energy consumption.

8a/b-02-01-04-Q The percentage of all types of recovered waste is measured.

The percentage of waste discriminated by type over the total waste generated is measured.

8a/b-02-01-05-Q The percentage of all types of minimised waste is measured.

Minimised waste; reduction of the production of waste sent to landfills. Percentage of minimised waste discriminated by type over the total waste generated.

8a/b-02-01-06-Q Spending on maintenance and investment in improvements to the façade and surroundings of the building are measured.

8a/b-02-01-07-E The consumption of electricity in relation to global activity is measured.

8a/b-02-01-08-E The consumption of fuel in relation to global activity is measured.

8a/b-02-01-09-E The consumption of water in relation to global activity is measured.

8a/b-02-01-10-Q Investment in the reduction of atmospheric emissions in relation to global activity is measured.

The investment may be to increase the purification of air or to increase external controls.

8a/b-02-01-11-Q Investment in wastewater purification to reduce concentrations of parameters to levels under the legally established discharge limits is measured.

8a/b-02-01-12-Q The percentage of energy generated by alternative systems is measured.

This standard includes cogenerated energy.

8a/b-02-01-13-Q The number of natural resource saving campaigns and others related to environmental improvement undertaken by the organisation is measured.

CRITERION 8. SOCIETY RESULTS

Sub-criterion 8.a/b - Performance perception and indicators.

Conceptual grouper: impact on society – 03

Definition

The organisation measures society's perception of its actions in relation to recognitions and awards issued by social and specialist entities. Moreover, the organisation implements measures to foster the development and improvement of its performance in this scope.

It must be clear that society's perceptions are in relation to the efficacy of the implementation and execution of the social and environment strategy, its support policies and its processes.

The organisation also measures its action in relation to general society.

Objectives

The organisation measures:

- recognitions and awards issued by people and social and scientific entities,
- coverage in specialist media and

- scientific activity.

8a/b-03-01-01-E The number of awards/recognitions issued by social entities to the organisation and/or people is measured.

This includes third parties such as volunteers.

8a/b-03-01-02-Q The number of recognitions issued by customers and suppliers in the media is measured.

Impact on the scientific community

8a/b-03-02-01-E The number of awards/recognitions issued by scientific entities to the organisation and/or people is measured.

This includes third parties such as volunteers.

8a/b-03-02-02-Q The number of publications in national and/or local general press and magazines is measured.

8a/b-03-02-03-Q The number of publications in international and national specialist magazines is measured.

Both paper and electronic publications are measured.

8a/b-03-02-04-E The number of talks at congresses and other international and national events is measured.

8a/b-03-02-05-E The number of communications accepted at congresses and other international and national events is measured.

8a/b-03-02-06-E The number of posters accepted at congresses and other international and national events is measured.

8a/b-03-02-07-E The average impact of scientific publications and other measuring systems is measured.

CRITERION 9. KEY RESULTS

Definition

Excellent organisations produce and agree a set of economic-financial and non-economic key results, based on the needs and expectations of the key stakeholders with the aim of determining the success of the development of their strategy.

These standards compile the objectives the organisation is achieving in relation to its planned performance.

CRITERION 9. KEY RESULTS

Sub-criterion 9.a - Key organisational results and indicators.

Conceptual grouper: key organisational results and indicators – 01

Definition
The organisation measures and controls its results in the scope of organisational structure and in strategic processes and roles.

Objectives
The organisation measures fundamental aspects of its action in relation to:
- the strategic plan,
- the patient quality and safety plan,
- the market policies and strategies,
- external suppliers of healthcare services and

- subcontractors and other suppliers.

9a-01-01-01-E The level of compliance with the objectives is measured.

By area of responsibility.

Patient quality and safety plan

9a-01-02-01-E The number of quality objectives achieved over the total planned is measured.

This standard measures quantitative compliance with the quality objectives. These may be included in the patient quality and safety plan or included in other documents such as the organisation's strategic plan or management plan.

9a-01-02-02-Q The percentage of active quality indicators over the planned total is measured.

This standard measures the indicators that have been implemented over the total.

9a-01-02-03-Q The percentage of quality indicators that detect improvement over the total assessed is measured.

9a-01-02-04-E The extent to which the organisation's protocols and other standardised documents are up to date is measured.

This includes clinical protocols, organisational procedures, technical instructions and other regulatory documents that the organisation recognises and registers.

Policies and strategies in relation to the market

9a-01-03-01-Q The market share achieved is measured.

Determined by payment entity and by productive line (consultations, hospitalisation, A&E, etc.).

External suppliers of healthcare services

9a-01-04-01-E The degree of compliance with the criteria established for external suppliers of healthcare services is measured.

In terms of:

- Service quality

- Agility in scheduling and execution

- Delays in the issuance of results or in the provision of care

- Interaction with the professionals

For the product or service lines determined by the organisation.

9a-01-04-02-E The number of nonconformities of the service provided with respect to the total activity referred is measured.

For the product or service lines determined by the organisation.

Subcontractors

9a-01-05-01-Q The degree of compliance with the criteria established for subcontracted services is measured.

In terms of:

- Service quality

- Agility in scheduling and execution

- Delays in the issuance of results or in the provision of care

- Interaction with the professionals

For the product or service lines determined by the organisation.

9a-01-05-02-E The number of nonconformities of the subcontracted service provided with respect to the total activity performed is measured.

For the product or service lines determined by the organisation.

Other suppliers

9a-01-06-01-Q The degree of compliance with the criteria established for the suppliers is measured.

In terms of:

- Adaptation to the product requirements

- Service quality

- Order agility

- Agility in the delivery of products or in the performance of the service

For the product or service lines determined by the organisation.

9a-01-06-02-E The number of nonconformities of the product/service provided with respect to the total is measured.

For the product or service lines determined by the organisation.

CRITERION 9. KEY RESULTS

Sub criterion 9.b - Key economic results and indicators.

Conceptual grouper: key economic results and indicators – 01

Definition

The organisation measures its economic results, guarantees the sustainability of the activity and seeks maximum efficiency.

Objectives

Assess the economic figures of the organisation's activity from a global perspective and from their implementation in productive lines.

9b-01-01-01-E The correlation between the accounting and the budget is measured.

- Monthly
- Accumulated
- AAR (average annual rate)
- By type or budgetary capital
- Year-on-year variations

9b-01-01-02-Q The proportional weight of the various entries over the total cost is measured.

- Monthly
- Accumulated
- AAR (average annual rate)
- By type or budgetary capital
- Year-on-year variations

9b-01-01-03-E The cost evolution is measured.

- Monthly
- Accumulated
- AAR (average annual rate)
- By type or budgetary capital
- Year-on-year variations

9b-01-01-04-E Turnover and its evolution are measured.

By payment entity.

9b-01-01-05-E Cash flow is measured.

- Pre-tax profits – amortisations
- Monthly
- Accumulated
- AAR (average annual rate)
- Year-on-year variations

9b-01-01-06-Q Turnover by production unit is measured.

- Monthly
- Accumulated
- AAR (average annual rate)
- Year-on-year variations
- Production unit: Intermediate-term unit, weighted healthcare unit, etc.

9b-01-01-07-Q The turnover generated by each healthcare or management area is measured.

Differentiated by:

- revenue per discharge

- revenue per stay

- revenue per A&E visit

- revenue per visit

- revenue per process.

Discriminated by:

- payment entity.

9b-01-01-08-Q The costs, differentiated by type, generated by each healthcare or management area and by production unit are measured.

- Costs per discharge

- Costs per stay

- Costs per A&E visit

- Costs per visit

- Costs per process

- Costs per production unit

9b-01-01-09-E Investment, by item, and its evolution are measured.

Differentiated by:

- Investment in healthcare technology

- In equipment

- In structure and remodelling

- In technical equipment

- In furniture, IT, etc.

- Others

9b-01-01-10-Q Investment in the replacement of healthcare technology equipment is measured.

CRITERION 9. KEY RESULTS

Sub-criterion 9.a - Key operational results and indicators.

Conceptual grouper: key processes – 01

Definition
The organisation measures the results achieved, based on its strategy, in the scopes in which the key processes are developed.

Objectives
The level of achievement of the objectives set in the key processes is measured such as:
- outpatient care,

- emergency care,
- hospitalisation care and
- surgical care.

Outpatient care

9c-01-01-01-E Outpatient activity is measured.

The measurement of the activity must be expressive enough to allow its effective and efficient management. It must be discriminated by outpatient services, day hospital and examination booths. For example:

- Number of initial consultations plus successive consultations / number of working days of the period
- Rate of successive consultations / first consultations

Discriminated by service, nursing care...

- Number of examinations performed, discriminated by specialist
- Number of activities performed in day hospital by specialist.

9c-01-01-02-Q The performance of the outpatient care facilities is measured.

9c-01-01-03-Q Unscheduled activity performed is measured.

Emergency care

9c-01-02-01-E The activity of the emergency services is measured.

This measurement must provide knowledge of the activity of the area, its hourly, daily, weekly flows, etc. It can be discriminated by speciality.

9c-01-02-02-E A&E pressure is measured.

- Number of hospital admissions from A&E.
- Percentage of A&E cases admitted over the total number of A&E cases.

9c-01-02-03-Q Internal A&E cases are measured.

Discriminated by:

- Unit

- Service

- Pathology

9c-01-02-04-E Customers who return to A&E within 72 hours from their discharge from the area are measured.

Adjusted by:

- Pathology

- Technique performed

- Area and/or unit/service

9c-01-02-05-E Transfers to other centres are measured.

Rate of transfers to other hospitals and reason.

9c-01-02-06-Q The destination or source of the customers attended in A&E are measured.

9c-01-02-07-E The waiting time in A&E is measured.

Differentiated by:

- Patients visited

- Additional tests

- Percentage of customers who wait more than an hour to be visited

9c-01-02-08-Q The waiting time to be admitted to the hospitalisation area from A&E is measured.

Waiting time to be admitted.

Percentage of customers who are in A&E for more than 24 hours before being admitted.

9c-01-02-09-E The number of customers who leave before being attended is measured.

It is an indirect measurement of the level of acceptance of the service.

9c-01-02-10-E Mortality in A&E and its reasons are measured.

9c-01-02-11-E The number of adverse events in A&E and the reasons are measured.

For example: falls from beds, chairs, identification errors, medication errors, etc.

Care in hospitalisation

9c-01-03-01-Q Customers attended in accordance with the protocols and the level of compliance are measured.

The organisation determines which clinical processes are to be assessed. The level of application of the protocols, discriminated by pathology, is reviewed.

Customers attended in accordance with the protocol / total customers attended.

9c-01-03-02-E The number of discharges, stays and the average stay are measured.

Differentiated by:

- Unit

- Service

- Diagnosis

9c-01-03-03-Q The suitability of the admissions and the stays is measured.

Unnecessary admissions and stays, additional days of stay in relation to those planned.

9c-01-03-04-E The number of internal and external transfers is measured.

- Unit

- Service

- Diagnosis

9c-01-03-05-E The occupation index is measured.

- Percentage of beds occupied / beds available

- Broken down by the various services or units

- Number of stays in a period / number of beds available by number of days of the period and as a percentage.

9c-01-03-06-E The number of readmissions in measured.

New admission within 30 days from discharge for the same process.

It includes readmissions for further operations or other complications. Broken down by outpatient, scheduled and emergency surgery.

9c-01-03-07-Q The degree of compliance with the customer welcome plan in relation to the total number of admissions is measured.

- Unit
- Service

9c-01-03-08-Q Compliance with the assessment of the potential risk of the patient upon admission is measured.

- Physical-nutritional
- Social
- Economic
- Allergy to drugs
- Suspected abuse
- Others

9c-01-03-09-Q The delay in the emergency attention of the hospitalised customer is measured.

9c-01-03-10-E The level of compliance with the organisation's restraining protocol is measured.

Detailing immobilised days / stay days.

9c-01-03-11-E The appearance of ulcers due to nosocomial pressure related to the admission of customers is measured.

Customer with ulcers / number of days admitted.

Differentiated by:

- Admission functional unit
- Previous pathology: diabetes, obesity, malnutrition, etc.

9c-01-03-12-Q Procedural complications (endoscopies, biopsies, punctures, etc.) during hospitalisation and related to the total are measured.

9c-01-03-13-E Adverse events of customers in the hospitalisation area and the reasons are measured.

For example: errors in the identification of customers, falls from beds, wheelchair, stretcher, stairs, bath, etc.

Listed by unit, service and pathology.

Listed by admission days.

9c-01-03-14-E Mortality is measured.

By:
- Unit
- Pathology
- Age
- Sex
- Treatment
- Others

9c-01-03-15-Q Unexpected deaths are measured.

By:
- Unit
- Pathology
- Age
- Sex
- Treatment

9c-01-03-16-Q The number of root-cause analyses (RCAs) performed on unexpected deaths is measured.

9c-01-03-17-E The customers attended in accordance with the protocols or other standardised clinical act documents are measured.

Emphasis is placed on the discharge plan, for the customers that have it, etc. The organisation determines which clinical processes are to be assessed. The level of application of the protocols, discriminated by pathology, is reviewed.

Customers attended in accordance with the protocol / total customers attended. The level of compliance with the protocols is measured.

Surgical care

9c-01-04-01-E Surgical/obstetric area activity is measured.

The measurements must be expressive enough for the correct management of effectiveness, efficiency and quality of the area. For example:

- Number of scheduled operations
- Number of emergency operations
- Number of outpatient operations
- Number of births (caesareans / eutocic vaginal births / instrumental vaginal births)
- Number of general anaesthetics (scheduled, outpatient, emergency)
- Number of local anaesthetics (scheduled, outpatient, emergency)

9c-01-04-02-E The occupation time of the theatres is measured.

Understood to be the performance of the theatres.

- By service
- By theatre

9c-01-04-03-E Cancelled operations and the reasons are measured.

9c-01-04-04-E The average pre-operational stay is measured.

- Scheduled
- Emergency

9c-01-04-05-E The percentage of customers who reach the surgical care area with correct preparation and documentation over the total of attended scheduled customers is measured.

Correct preparation and documentation is understood to be:

- Necessary pre-operational preparation in accordance with doctor's orders and protocols
- Well documented clinical history (including additional tests)
- Informed consent signed by the customer and by the attending doctor

- Pre-operational process supervised and signed by the anaesthetist

---

9c-01-04-06-E The percentage of customers with antibiotic preventive healthcare in accordance with the protocol over the total number of customers is measured.

9c-01-04-07-E Anaesthetic and surgical/obstetric complications during attention in the surgical area are measured.

Broken down by outpatient, scheduled and emergency surgery.

By service and operation. By type of anaesthetic

9c-01-04-08-E Perioperative mortality is measured.

By service and operation.

9c-01-04-09-E Post-anaesthetic and post-surgical/obstertic complications are measured.

Immediate (outside of the surgical area) and mediate (30 days).

It includes infectious complications, surgical site infection in clean surgery.

Broken down by service and operation. By type of anaesthetic.

Postpartum complications.

Readmission within 15 days from birth.

Customers with haemorrhage complications.

Mortality in the first 24 hours, maternal mortality.

9c-01-04-10-E The index of replacement of hospital admission surgery with outpatient surgery is measured in certain processes.

The organisation must determine which surgical processes.

9c-01-04-11-E Repeated operations are measured.

New operation within 48 hours and before the discharge, not scheduled.

9c-01-04-12-Q Customers attended in accordance with the protocols and the level of compliance are measured.

The organisation determines which clinical processes are to be assessed. The level of application of the protocols, discriminated by pathology, is reviewed.

Customers attended in accordance with the protocol / total customers attended.

CRITERION 9. KEY RESULTS

Sub-criterion 9.a - Key operational results and indicators.

Conceptual grouper: support processes – 02

Definition

The organisation measures the results achieved, based on its strategy, in the scopes in which the support processes are developed.

Objectives

The level of achievement of the objectives set in the support processes is measured such as:

- laboratory,
- use of blood and blood components,
- use of medication,
- radiodiagnosis, nuclear medicine and radiotherapy,
- rehabilitation,
- nutrition,
- archive and clinical documentation, customer management and information systems, infection prevention and control,
- catering,
- warehouse,
- social work,
- building maintenance and adaptation and
- waste management.

Laboratories

9c-02-01-01-E The determinations performed in the various areas are measured.
– Hospitalisation
– A&E
– Outpatient

Differentiated by:

- Scheduled
- Emergency
- Diagnostic orientation
- Type of technique

9c-02-01-02-Q The number of determinations by customer and/or process is measured.

Differentiated by:

- Unit
- Service
- Diagnostic orientation

9c-02-01-03-E Incidents are measured and discriminated by reason.

For example:

- Extraction repetitions

- Procedural faults that generate the repetition of tests

- Number of customers on whom the test is not performed due to unsuitable preparation

- Lost reports

- Non-compliance or delay due to equipment shutdown

9c-02-01-04-E The total number of biopsies performed is measured.

Differentiated by:

- Unit

- Service

- Diagnosis

9c-02-01-05-E The total number of smears performed is measured.

Differentiated by:

- Unit

- Service

- Diagnosis

9c-02-01-06-E The number of pre-operative biopsies is measured.

Related to the total number of operations determined by the organisation.

9c-02-01-07-Q The percentage of biopsies over the total number of operations is measured.

Related to the total number of operations determined by the organisation.

9c-02-01-08-Q The rate of correlation between clinical diagnosis and pathological diagnosis is measured.

By:

- Service

- Source

9c-02-01-09-Q **The percentage of autopsies performed in relation to the total number of deaths at the centre is measured.**

9c-02-01-10-E Delays in the issuance of results are measured.

Biopsies, smears and autopsies.

Use of blood and blood components

9c-02-02-01-E The number of units transfused for each type of blood component is measured.

9c-02-02-02-Q **The percentage of autotransfusion units transfused in relation to the total of autotransfusions is measured.**

9c-02-02-03-E The transfusional units refused/discarded and the reasons are measured.

It includes expiries.

9c-02-02-04-Q **The rate of use of blood for certain pathologies or procedures is measured.**

9c-02-02-05-E The suitable demand for blood in reserve for elective surgery is measured.

Assessment of demand in the services: urology, orthopaedic and traumotological treatment, general surgery, gynaecology and obstetrics, vascular surgery, ear, nose and throat and others.

9c-02-02-06-E Transfusional reactions are measured.

9c-02-02-07-E Errors made by the transfusion services are measured. Erroneous deliveries of blood components are included and the corresponding corrective measures are applied.

9c-02-02-08-E Bedside blood component administration errors are measured.

9c-02-02-09-Q The level of suitable formalisation of requests for blood and blood components is measured.

9c-02-02-10-E Incidents and their reasons are measured.

For example:
- Lack of deposits
- Delays in the delivery of the order
- Incidents with the external supplier
- Transmission of contagious diseases

Use of medication

9c-02-03-01-E Medication consumption is measured.

Differentiated by:
- Unit, service and diagnosis
- First-aid kits, outpatient dispensation
- Type of drug

9c-02-03-02-Q The number of medication preparations performed by the organisation is measured.

For example:
Parenteral nutrition, cytostatic and others.

9c-02-03-03-Q The percentage of single doses over the total drugs prescribed is measured.

9c-02-03-04-Q The rates of errors in the prescription of drugs are measured.

They are evaluated by unit, service and diagnosis.

9c-02-03-05-E The rates of errors in the dispensation of drugs are measured.

They are evaluated by unit, service and diagnosis.

9c-02-03-06-E The rates of errors in the administration of drugs are measured.

They are evaluated by unit, service and diagnosis.

9c-02-03-07-E Adverse reactions, toxicities, interactions and incompatibilities detected during customer service are measured.

List of notifications to the administration.

Discriminated by cause.

9c-02-03-08-E Incidents in the safeguarding of high-risk drugs are measured.

- Stupefacients
- Neuroleptics
- Psychotropics

9c-02-03-09-E The number of expiries of drugs registered in the stocks is measured.

- By unit
- By service

9c-02-03-10-E Drugs used that are not included in the formulary are measured.

- Unit
- Pharmacological groups

9c-02-03-11-E Incidents registered in checks of cardiac arrest carts are measured.

For example:

- Expiries

- Lack of products

9c-02-03-12-Q The number of technical-pharmaceutical consultations performed is measured.

Radiodiagnosis, nuclear medicine and radiotherapy

9c-02-04-01-E The activity performed is measured.

Number of diagnostic studies performed in a period (areas, services, etc.) in the scopes.

Number of studies per hospitalised customer.

Number of studies per outpatient customer.

Number of studies per customer attended in A&E.

Number of studies per surgical operation (pre-operative).

Number of therapeutic procedures in the three scopes.

9c-02-04-02-Q The number of duplicated examinations is measured.

It refers to the prevention of unsuitable examinations.

9c-02-04-03-Q The performance of the machines is measured.

9c-02-04-04-Q The resources consumed per examination and/or treatment are measured.

Discriminated by the diagnoses and the resources determined by the organisation.

9c-02-04-05-Q The shutdown hours of the machines due to corrective and preventive maintenance are measured.

In the three scopes: radiodiagnosis, radiotherapy and nuclear medicine.

9c-02-04-06-E Incidents and their reasons are measured.

For example:

- Inadequate preparation of the customers

- Scheduling errors

- Errors in the delivery of reports
- Study repetitions

9c-02-04-07-E Complications and their reasons are measured.

Complications of a clinical nature and in reference to the three scopes in relation to the totals and discriminated by reason.

9c-02-04-08-Q The clinical-radiological correlation of the studies performed is measured.

9c-02-04-09-Q The customers attended in accordance with the protocols or other standardised clinical act documents and the level of compliance are measured.

The organisation determines which clinical processes are to be assessed. The level of application of the protocols, discriminated by pathology, is reviewed.

Customers attended in accordance with the protocol / total customers attended.

9c-02-04-10-E Delays in the delivery of reports are measured.

By area and type of activity.

9c-02-04-11-E The percentage of non-reported radiological studies is measured.

In relation to the pathologies determined by the organisation.

Rehabilitation

9c-02-05-01-E The number of customers attended is measured.

Initial examinations and successive examinations.

Broken down by area, service and pathology.

9c-02-05-02-Q The average number of sessions per customer attended is measured.

Broken down by area, service and pathology.

9c-02-05-03-Q The level of compliance with the rehabilitation plans in accordance with the objectives is measured.

Percentage of compliance with the treatment plans (hospitalised and outpatient).

Nutrition

9c-02-06-01-E The number of diets dispensed is measured by type.

The diets should be up to date and adapted to cultures and beliefs.

9c-02-06-02-Q The number of consultations performed for hospitalised customers is measured.

9c-02-06-03-E The number of enteral and parenteral diets dispensed is measured.

Broken down by unit, service and pathology.

9c-02-06-04-E Incidents and their reasons are measured.

For example: mismatch between the needs of the customer and type of diet dispensed, diet dispensed for discharged patient, etc.

Archive, documentation, customer management and information systems

9c-02-07-01-E The level of availability of the clinical history in hospital care, outpatient care and emergency care is measured.

With reference to the clinical history on paper or electronically.

9c-02-07-02-E Histories on loan are measured.

- Index of histories on loan that are reclaimable.
- Proportion of loaned clinical history location errors. Applicable to clinical histories on paper.

9c-02-07-03-E The number of detected duplicated clinical histories is measured.

It refers to the clinical history on paper or electronically.

9c-02-07-04-E The number of lost histories detected is measured.

It refers to the clinical history on paper or electronically.

9c-02-07-05-E The number of assessed clinical histories is measured.

9c-02-07-06-E The percentage of formalisation of customer identification data is measured.

History identification number; full name of the customer; date of birth; sex; name, address and telephone number of the emergency contact person and personal identification code.

9c-02-07-07-E The percentage of formalisation of healthcare process identification data is measured.

Primary residence (address, telephone number); date of care and/or admission, and reason (in the case of emergency care: time); unit/service, room, bed where the customer is admitted; customer's attending physician; source of the customer (home, GP, hospital, etc.); admission method (emergency, scheduled).

9c-02-07-08-E The percentage of formalisation of the general data during the healthcare process is measured.

Family and personal background; history of allergies and/or adverse reactions; current disease; physical examination; results of additional techniques and examinations; diagnostic orientation; clinical course, observations and medical prescriptions; nursing sheet: care planning, control of parameters, observations, administration of therapy; welcome sheet and nursing assessment; discharge report.

9c-02-07-09-E The percentage of formalisation of informed consent is measured.

It refers to the formalisation of informed consent in the following services:
- Use of blood and derivatives
- Surgical operations
- Examinations with potential risk
- Treatment with potential risk
- Clinical research

9c-02-07-10-E The percentage of formalisation of the general data for surgical activity is measured.

Pre-operational examination, anaesthesia sheet, operation sheet.

9c-02-07-11-E The percentage of formalisation of other data is measured.

The organisation must determine the other data to which the standard refers. For example: previous transfusions, organ transplant authorisation sheet, autopsy authorisation sheet and/or results report; medical reports transmitted to the judicial authority; voluntary discharge document and social report, and others.

9c-02-07-12-E Other controls performed over healthcare documentation are measured.

For example: formalisation and quality of the clinical documentation that is issued to the patient, discharge report, etc.

9c-02-07-13-Q The quality of the MBDS on the part of the organisation is measured.

For example:
- Indexing errors
- Main diagnosis selection error
- Coding errors
- Mechanisation errors
- Customer grouping system: DRGs…470, 477, 468…
- Others: MBDS number of deaths = number of deaths in hospital statistics

9c-02-07-14-Q The delay in the delivery of the MBDS and of other data to the requesting entities is measured.

9c-02-07-15-E Quality in the specific records of the organisation is measured.

For example:
- Record of theatre activity
- Mortality record
- Tumour record
- Infections record
- Others

9c-02-07-16-E The quality of the index file is measured.

9c-02-07-17-Q The assignment of beds outside of their location (ectopic) is measured.

9c-02-07-18-Q The percentage of customers removed due to the administrative purging of the waiting lists is measured.

- Surgical waiting list
- Outpatient surgery waiting list
- Operational radiology waiting list
- Examination waiting list (CAT, MRI, etc.)
- Others

Infection control and prevention

9c-02-08-01-E The incidence and prevalence of nosocomial infection in relation to activity is measured.

The organisation establishes in which procedures it determines the incidence or the prevalence of nosocomial infection.

9c-02-08-02-E Incidents registered and reasons are measured.

For example:
- Autoinoculation accidents
- Percentage of positives in routine environmental controls
- Percentage of positives in routine instrumental controls

9c-02-08-03-E The number of nonconformities in the sterile material delivered by the functional unit is measured.

Catering

9c-02-09-01-Q The rate of clothing renewal is measured.

Percentage of new clothing over the total.

9c-02-09-02-E Incidents and their reasons are measured.

- Laundry
- Kitchen
- Cleaning

9c-02-10-01-E Stock breakage is measured.

9c-02-10-02-Q The effective management of stock is measured.

Evolution of maximum stock.

Nonconformities registered in other services due to the delivery of unsuitable products.

Losses due to expiries and/or deteriorations.

Social care

9c-02-11-01-E The number of cases attended is measured.

- By service or unit
- By diagnosis

9c-02-11-02-Q The percentage of cases attended over the total of susceptible cases (risk scale) is measured.

9c-02-11-03-Q The number of cases referred in accordance with the resource used is measured.

Building maintenance and adaptation

9c-02-12-01-Q The level of compliance with the preventive maintenance plan is measured.

9c-02-12-02-E Corrective maintenance requests are measured.

By:
- Requesting area
- Type: building, equipment, installations
- Type of fault
- Level of urgency

- Service manager

9c-02-12-03-Q The efficacy of the maintenance service is measured.

By:
- Average response time
- Number of reiterations
- Preventive maintenance hours
- Corrective maintenance hours

Waste management

9c-02-13-01-Q The number of kilograms of classified waste related to the activity is measured.

9c-02-13-02-E The number of incidents detected in the management processes for all types of waste is measured.

- Contaminated waste at unsuitable location
- Collection delay
- Accidents during handling
- Lack of protective material for personnel
- Alterations to the containers

9c-02-14-01-Q The number of cases with educational process performed is measured.

By type of training programme.

9c-02-14-02-Q The percentage of patients with training over the total is measured.

By type of training programme.

Glossary

Aid for the interpretation of the terminology used in the acute care hospital accreditation in Catalonia standards document. 2013-2016 period.

Accessibility

Attribute of the healthcare systems that refers to the possibility of citizens receiving the services offered by a system, in accordance with their health or condition, at the time and place they need them, with sufficient quality and at a reasonable cost. It measures the degree to which a healthcare system allows an individual or group access to use its services. It is a condition linked to the equality of healthcare service distribution.

Accreditation

The accreditation of a healthcare institution is the process through which a healthcare centre is incorporated into an external verification, which evaluates the degree to which a centre complies with a set of previously established standards. The evaluation of the healthcare centre is undertaken by an accreditation body, which will issue the corresponding ruling in the form of a certificate.

Accreditation certificate

Document issued by the accreditation body stating the result of the accreditation process.

Active/passive survey

An active survey is understood to be one in which the organisation actively seeks the response from its customers. Passive surveys are understood to be those answered upon the initiative of the customer, who is passively provided with the questionnaire.

Adverse effect/event (AE)

Event that damages the health of the patient as a consequence of treatment or due to a medical complication and not due to the underlying disease that gives rise to prolonged hospitalisation, disability upon discharge or both. According to the "National Study on Adverse Effects Linked to Hospitalisation" (ENEAS) it is the accident or incident included in the clinical history of the patient that has caused or could have caused harm, above all linked to the healthcare conditions.

The World Health Organisations (WHO), within the "Conceptual Framework for the International Classification for Patient Safety", refers to an "incident with harm" (adverse event) as an incident that harms the patient.

Advisory entities

Entities or legal persons external to the organisations assessed in the accreditation process which can provide technical support to the centres that are being accredited. These entities cannot be at the same time entities assessing the accreditation model.

Analysis of complaints and suggestions

Systematic assessment of complaints and suggestions about dysfunctions of the service received, which enables, in accordance with the information obtained, the promotion of the introduction of improvements to increase the quality of the service.

Analytical accounting

Ordered set of economic records of an organisation with the aim of capturing, measuring, assessing and controlling the internal circulation of the values of the company with the aim of supplying information for decision-making.

Attribute

Characteristic of a person, whether innate (ability or quality) or acquired (knowledge and experience), which is related to successful action in a position. Qualities or facts can be attributed or issued to people.

Availability

Measure of the type, volume and location of the supply of healthcare resources, with respect to the demands or needs of an individual or group.

Average annual rate

Accounting of annual periods comprising the current month plus the accumulation of the previous eleven months. It enables complete annual periods to be compared without the effects of time.

Benchmarking

Continuous process for the comparison of the products, services and practices of the organisation over time with itself (internal benchmarking) or with organisations in the sector or other sectors (external benchmarking). It involves research into best practices, both internal and external.

Calibration

Procedure to compare what an instrument indicates with what it should indicate in accordance with a known reference value. Calibration must be undertaken periodically. The intervals must be defined in accordance with the customer and the user and the frequency and type of use of the device.

Capability

An individual's set of resources and attitudes to perform a given task, function or position.

Cash flow

Accounting concept that defines the difference between revenue and expenditure in a given entity for a given period. It is understood to be profit before taxes and amortisations.

Code of ethics

Statement of the commitments, values and principles that govern an organisation in relation to its activities and relations with internal and external customers, the market, suppliers and the environment.

Cogenerated energy

Electrical energy generated with high efficiency, thanks to the use of the heat generated.

Committee

Interdisciplinary group that facilitates the participation and interrelationships of the personnel. The name, competencies, composition and decision-making procedure of each one are set by the internal regulations of each organisation.

Competency

Capacity or aptitude or a professional to perform work or perform a role in an organisation.

Competitors

Entities that offer similar products or services in a given scope, both in a framework without competition and with regulated competition.

Complaint

Expression of the customer's opinion in relation to a healthcare act or process, as a consequence of the care received at a healthcare centre, service or establishment that has not satisfied him/her and from which he/she expects action. New 2013

Contrareference

With regard to the healthcare environment, the contrareference of an organisation is understood to be the healthcare establishment from which a given flow of customers is received.

Customer index file

Record of all patients attended with multiple search capacity, in the hospitalisation area, outpatient services and the emergency unit.

Dashboard

Structured and periodically published document that incorporates product, productivity, economic, quality and other data that the organisation or a given functional unit considers to be basic for management and control.

Delay
Difference between the day of the indication and the day of the performance of the care, for example first outpatient visits, examinations, surgical operation.

Demand
Healthcare needs of the people in the form of the use or the request for use of healthcare services.

Energy efficiency
Optimisation of primary energy consumption with the aim of increasing the performance of its transformation processes, in addition to the optimal use of energy levels or raw materials not transformed (lost), equipping them with utility parallel to the main one.
It is generally obtained through a set of techniques that are applied to improve the performance of an industrial installation.
Systems considered to be efficient from the energy perspective are increasingly more necessary, both due to economic competitiveness, given that they suppose better use of resources, and due to respect for the environment. The objective is to produce more with the least possible effect on the environment through, for example, a reduction in contaminating emissions.
Energy efficiency should not be confused with renewable energies.

Executive line
Organisational structure composed of the organisation's middle managers.

Executive management
Strategic apex of the organisation. Similar to general management.

External customer
Citizens receiving or benefiting from the activity or services of the healthcare centres.

External supplier
Healthcare service supplier that does not form part of the organisation's service portfolio and whose activity does not depend on a single reference. It also includes the characteristics to maintain autonomy, in terms of both management and billing, with respect to its customers and it is organically and functionally independent of other institutions.

Example; analysis laboratory that provides services to one or various hospitals, other types of healthcare centres, independent professionals, etc.

Failure mode and effects analysis (FMEA)

Proactive and prospective assessment method to identify and prevent problems in processes or products before they are produced. It analyses in a structured and systematic manner the possible failure modes of a new product or procedure and identifies the consequence for the system and the associated risks in order to detect problems to be improved to assure their reliability and safety before they are produced. It not only examines problems that could occur, but also the seriousness of their effects should they occur.

Financial accounting

Ordered set of economic records of an organisation that aims to provide a global vision of its activity through its operating account, and of its assets through the balance sheet.

Focus Groups

Qualitative research technique that enables the detection of improvable situations and problems. It is used to assess the quality of the services perceived by their users. It is structured in the form of a group of users of the healthcare service to be assessed, with a minimum of 4 participants and maximum of 10. The group is led by a moderator, who follows a script of previously established aspects to assess.

Functional unit

Organised productive factors or resources dedicated to the achievement of specific products or results that act in a harmonious manner under the control of a single decision centre.

Governing body

Concept that, expressed in a singular manner (the organisation's governing body), is similar to the authorised representation of the owner of the healthcare centre.

Healthcare centre assessment entity

Specialist technical establishment subject to Health Ministry authorisation, which performs technical verification functions that are applicable to healthcare centres with a view to obtaining accreditation. They are external entities without a link to the organisation in the accreditation process that audit the quality of healthcare centres in accordance with the accreditation standards in force at all times. Assessment entities cannot simultaneously act in an advisory capacity in relation to the accreditation system.

Healthcare continuity

Coordination of the patient's care over time and between different professionals, services, healthcare centres and care levels.

Healthcare technology

Equipment related directly or indirectly to customer care. Therefore, this excludes fixed installations or equipment such as boilers, air conditioning, lifts, etc.

Impact factor

It is the value annually assigned to magazines where original articles have been published. This index reflects the number of times that a given magazine is cited in the bibliography of other articles published in a set of biomedical magazines, divided by the total number of original articles published in the cited magazine in the last two years.

Information system

It is a system formed by people, data, activities, and in short, the set of resources that process the information of an organisation.

Internal customer

Person who forms part of an organisation, developing his/her activity for it or collaborating in the performance of the tasks of the organisation. Internal customers are the receivers and users of the actions provided by the organisation, with the aim of increasing the inherent value of the human capital available. In process management terminology the internal customer is the person in an organisation who receives the result of a previous process performed in the same organisation. All the members of an organisation are the internal customers of the previous stage or process and the internal suppliers of the next stage or process.

Key processes

Activities that have a priority within the strategy of the organisation. Generally they are those that, at a given time, have a greater impact on customer satisfaction and the results of the organisation. In general, the responsibility for their management lies directly with the leaders.

Key success factors

Those that satisfy and meet the main expectations of the stakeholders of the organisation. For example, for a supplier, the payment period; for the service buyer, the efficiency and satisfaction of the customer, etc.

Knowledge management

Detection, capture, development, organisation and dissemination of the intangible assets that represent the set of knowledge, experience and skills of all the people that make up the organisation.

Leaders

Executives and middle managers.

Living will

Instructions freely expressed by an adult in full possession of his/her mental capacity, which must be taken into account when due to specific circumstances the person cannot express them personally. It must be taken into account that the living will cannot incorporate provisions contrary to public order and good clinical practice.

Management system
The structure, the organisation, the responsibilities and the processes they establish and the resources used to manage the organisation.

Management team
Collegiate structure made up of executive members of the organisation.

Market share
Fraction or percentage of the total market available or of the market segment that is covered by a given organisation.

Minimised waste
Waste generated that through a set of operations applied at the source has been reduced to the minimum possible quantity and/or hazardousness and also recycled waste.

Mission
The mission of an organisation is generically understood to be the explicit recognition of its raison d'être, identifying the products or services that it provides, the market they are aimed at and how it produces or serves them. It includes recognition of the essential values that guide its action as fundamental elements of its "personality" as an organisation and differentiate it from others with similar products or services and markets. At the same time it determines the basic policies to be followed with respect to the main stakeholders (external customers, internal customers, payment entities, suppliers, the community, public administrations, etc.).
The mission is clearly stated and disseminated within the organisation, seeking adhesion from those who work in it and those related to it, and commits management to act in accordance with its contents.
The mission is not immutable and therefore it requires periodic reviews and adaptation.
The mission is the fundamental element in the formulation of an organisation's strategic plan.

Natural market
Actual and potential customers.

Nonconformity

Non-compliance with a requirement.

Organisation

Structure that is made up of human, material and technical resources to form a system of interactive relations to produce goods and/or services.

Concept that, understood in the singular (the organisation) is similar to the health centre to be assessed.

Organisational structure

Organisational architecture formed by positions with recognised organic responsibility within the organisation.

Partners

The people or groups with which the organisation has established an alliance; suppliers, other institutions, etc.

Patient safety

According to the WHO, the safety of patients is the reduction of the risk of unnecessary harm associated with healthcare up to an acceptable minimum. It refers to the collective knowledge available at the time, the resources available and the context in which the care was given, weighted in relation to the risk of not dispensing the treatment or of dispensing another.

Process in which an organisation provides care that is manifested by the absence or reduction of the incidence of accidental injuries attributable to healthcare processes.

Guaranteeing the safety of the patients means establishing operating systems and processes to minimise the probability of errors and maximise the probability of intercepting them.

People

All those who have acquired a commitment to the organisation.

Performance appraisal

Procedure through which the leaders assess the people that directly depend on them. It is normally undertaken on an annual basis through a personal interview that is structured in accordance with a specific appraisal script, incorporating the concepts and criteria used to appraise the person.

It is an opportunity to manifest and modulate the organisation's expectations with respect to the people who work for it and at the same time review professional development objectives on the individual level, propose and agree improvement actions and establish specific training objectives.

In relation to criteria, performance appraisal includes aspects related to knowledge, skills and attitudes.

The performance appraisal undertaken by the leader is known by the person appraised, who can accept it or disagree with it, providing arguments.

Procedure

Specific way of undertaking an activity or a process.

Procedure manual

Set of structured and ordered instructions that contains the procedures and also the instructions and rules corresponding to the formulation, preparation, identification, conservation, access, review and periodic reassessment of these procedures.

Process

It is a sequence of associated activities that add value to a product, for a specific customer.

Protocol

Set of agreed uses and rules, expressed in an orderly and written manner, referring to the activity of the healthcare staff, based on scientific evidence.

Public healthcare coverage

Provision of healthcare services provided by the Catalan Health Service for the people insured through contracts with provider entities with a variety of legal structures.

Catalonia has a healthcare network, implemented throughout its territory, formed by various types of centres, which provide their healthcare services to respond to the healthcare needs of the public. These healthcare centres, through the management of their resources (fundamentally professionals and technology), respond to the purchase of services with the provision of healthcare services

Quality plan

The organisation's global management and planning instrument with regard to quality and the implementation of continuous improvement to achieve excellence. The quality plan, as one of the elements that "naturally" form the strategic pan of the organisation, prioritises and sets the quality objectives to be achieved, the programmes and action plans to achieve them, the structure that supports the organisation to undertake them, the periods and the people responsible for their execution.

The quality plan is a continuous review, renewal and feedback process.

Recovered waste

Waste whose resources have been used through procedures that do not harm human health and do not use methods that might damage the environment.

Reference

Applied to the healthcare environment, a reference of an organisation is understood to be a healthcare establishment to which the organisation refers demand it cannot attend. The organisation acts in this case as a referrer.

Root-cause analysis (RCA)

Systematic process for the identification of the causes or basic factors that contributed to the appearance of adverse events or incidents. Variations in execution may produce (and frequently do) unexplained or unwanted adverse results, including the risk of a sentinel event. The analysis is used for an exhaustive evaluation that focuses on the system of critical incidents or sentinel events. It includes the identification of the causes and factors that contribute to the system, the determination of risk reduction strategies, and the development of an action plan and measuring strategies to assess the efficacy of the aforementioned plan.

Service portfolio

Set of techniques and the application of technology or procedures, that is, each one of the methods, activities and resources, based on knowledge and scientific experimentation, through which the health care services are provided.
Set of services and activities that are offered at a healthcare organisation or centre.

The regulations related to the National Health System use the term service portfolio as the set of techniques, technologies or procedures, understood to be each one of the methods, activities and resources based on the scientific experimentation and knowledge that are used to provide healthcare services. According to Royal Decree 16/2012 it is organised in accordance with the following modes: the common basic portfolio of healthcare services, the supplementary common portfolio, the common portfolio of accessory services and the portfolio of complementary services of the autonomous communities. This concept is equivalent to the catalogue of public health coverage services, defined in Catalonia as the set of services to which the insured population of CatSalut has the right, regardless of the organisation and place where they are provided.

Support processes

The processes that support the generation and distribution of the services and products that form the organisation's activity.
All the processes that facilitate key processes, provide products and services without which a key process could not operate or would be deficient. Their contribution to the creation of value for customers is indirect, but their importance in the compliance with and achievement of the objectives of the organisation is similar to that of the key processes.

Stakeholders

The organisations, entities, associations, companies or groups of individuals with an interest in the organisation. They may be public administration bodies (on all levels), suppliers, service buyers, volunteers, financial entities, residents associations, customer or consumer associations, teaching entities, trade unions, etc. All the stakeholders have certain expectations with respect to the organisation, from which they expect certain behaviours. Even

though the organisation cannot meet all these expectations, it should be familiar with them, interact with the representatives of the stakeholders and define the degree of coverage of their needs and expectations.

Although the personnel of the organisation are also stakeholders, the fact that they are treated more extensively in the section corresponding to Criterion 3 excludes them from this term.

Strategic plan

The organisation's global management and planning instrument for the short, mid and long term that allows it to establish the priorities of its action. The strategic plan incorporates the definition of the mission, the vision, the values and the policies of the organisation, the determination of the strategic objectives to be achieved, the strategies that develop them and the tactical and operational objectives and the action plans for their implementation. Accordingly, it identifies opportunities and threats in the environment and the market, in addition to the organisation's strengths and weaknesses.

The plan determines execution periods and the people responsible, and is based on the allocation of the resources necessary to achieve the objectives.

The strategic plan must be a continuous evolution instrument that periodically reviews its effectiveness and prioritises new action lines to provide it with feedback.

The essential content of the strategic plan must be known and recognised by the organisation, which identifies its specific actions as elements to help the plan, reinforcing the adhesion of the professionals that make it up.

Subcontracted service

Service that forms part of the portfolio of services of the centre that is contracted or mainly or significantly depends on a single reference.

The organisation that contracts it actively forms part of the management processes such as organisation, management, internal operational regulations, customer billing, etc.

Suggestion

Proposal or opinion that a citizen may offer to improve both structural and operational aspects in relation to the services received.

Survey

Procedure to obtain objective information, through questions addressed to a sample of individuals representing the population.

Technical Instruction

Document that collects the sequence of operations, requirements and activities performed in the specific scope of certain positions.

Traceability

Set of pre-established procedures that enable the determination of the path of a product from its incorporation into the organisation to its final destination.

Traceability is based on the registration of the signs a product leaves in the chain before reaching the end consumer. The objective of traceability is to reconstruct the history and course of each product, identifying the source of its components, the characteristics of the processes applied and the distribution and final location of the product.

Validation

Verification of the degree to which a measuring instrument achieves its fitness for purpose, measurement it aims to measure or service for which it was built. In terms of healthcare it is the verification of a set of data to determine whether its values are within the limits of reliability.

Values

The values of an organisation are the philosophical principles that establish a particular method of action and that differentiate it from others, forming the culture of the organisation. All organisations have them even if they are only implicit. As they form part of the mission they are understood to be recognised and explicit and when communicated they entail a commitment to coherently and consistently act in a given manner.

Verification

Confirmation through the contribution of objective evidence that something has been completed in accordance with specific requirements and rules.

Verification versus calibration

Certain clinical instruments, devices or equipment must be subjected to periodic calibration (annual, biennial or other periodicity) using an instrument, device or piece of equipment that is called the "standard" with the aim of determining its precision. At the same time and also periodically, the device is reviewed with the aim of checking and assuring its operability and suitable operation (verification) in relation to the range, established units, parts in the correct position, collimators, probes, etc.

These instruments, devices and/or equipment units are subjected to periodic calibration (with an uncertainty and correction calculation) and to verification, which assures optimal operation in accordance with the specified parameters.

Vision

Nuanced component of the mission, expressing what is to be achieved. That is, a projection of the mission for the future.

Waiting list

Number of customers pending reception of healthcare and time for the implementation of the scheduling, both surgical and for examinations.

Waiting time to be attended

Difference between the scheduled time and the actual attention time. This definition applies in the case of outpatient services, given that the visit is scheduled.

Waste

Substance or object that the generator or owner has discarded or intends or is obliged to discard. In the case of healthcare centres, independently of strictly healthcare waste, the following must also be taken into account:
- Oil: industrial and cooking
- Dead animals used in experimentation
- Cloths, paper and cardboard
- Glass
- Batteries
- Mattresses, instruments, devices, furniture, etc.
- Laboratory chemical products and others (e.g. thermometer mercury)
- X-ray plates

Waste recovery

Set of operations with the aim of partially or fully reusing waste. It basically covers recycling or reuse.

Working capital

Difference between current assets and current liabilities.