



**Health
Professions
Council of Zambia**

National Health Care Standard for Zambia

CLASS 'A' FACILITIES (HOSPITALS)

2011

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FOREWORD

The Zambian government has recognized that the current health care provision needs to have a uniform standard of requirements in responding to health care needs of the country.

In its continued efforts since 1992 to achieve the vision of providing Zambians with equity of access to cost-effective, quality health care as close to the family as possible, the Zambian government embarked on a continuing health sector-wide reform to strengthen and improve health services in the country.

Public and private health care training institutions, services' provision, facilities and professionals, are central to these reform efforts and a number of recent initiatives have specifically sought to improve health care regulation which included the development of National Health care Standards to standardise health in both public and private health sectors.

The Ministry of Health, in 2007, engaged a Consultant to conduct an independent health care review to establish the state of health care regulation in Zambia. The consultant reviewed the operations of the Health Professions Council of Zambia(then Medical Council of Zambia, the Pharmaceutical Regulatory Authority and the General Nursing Council of Zambia. The review identified areas for further improvement and seventeen recommendations were made to strengthen health care regulation which included the recommendation to develop the National Health Care Standards for Zambia.

The process to develop the National Health Care Standards commenced in the year 2009. It started at an appropriate time when Zambia was signatory to the Millenium Development Goals and the implementation of the Sixth National Development Plan (SNDP) 2011-2015. The time was appropriate in that the Health Care Standards addressed the entrenched cross-cutting issues of Governance, HIV and AIDS, Gender, Disability, Nutrition and Environment Management.

The initiative of developing National Health Care fosters confidence and creates a robust health systems management, good governance, accountability and a transparent basis for regulation. We anticipate that the standards will improve the quality in health service delivery in Zambia, formulate a basis to prioritize investments in health sector, monitoring and evaluation, inspections and a basis for licensure.

Ultimately it is envisaged that the National Health Care Standards will definitely contribute to the attainment of the vision 2030 only if there is a strong, well-coordinated and sustainably managed multi-sectoral response with all the stakeholders involved.

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Dr. F. Goma
Chairperson
Health Profession Council of Zambia

Executive Summary

The National Health Care Standards are sub-divided into 4 Sections namely;

1. General Provisions
2. Core National Healthcare Standards;
3. Service Specific National Healthcare Standards
4. Annexes

Section 1

This section provides for:

- Licensing Process of health facilities
- Need to put in place efficient Leadership and Governance structures
- Need to recognize Patients Rights and Responsibilities
- Importance Human Resource Management

All these requirements are mandatory at all levels of care.

Section 2

This section provides for the Six (06) mandatory/core requirements for all levels of care and addresses the following:

(i) Safety

- Infection Control
- Medicines Management
- Equipment Management
- Safeguarding Vulnerable Populations

(ii) Clinical Effectiveness

- Management of Patient Conditions

(iii) Governance

- Structure and Accountability
- Staffing and Staff Management
- Records Management
- Research

(iv) Environmental and Amenities

- Premises meeting the public health
- Facilities (Health and Safety for patients)
- Facilities (Health and Safety for staff)
- Facilities (Health and Safety for visitors)

(v) Patient Focus

- Patient Information,
- Patient Consent,
- Patient Complaints

(vi) Accessible and Responsive Service (Feedback)

- Patient Views(Feedback)

Section 3. Service Specific National Healthcare Standards

This section outlines standards in the Ten(10) specific service areas;

- Pharmacy Services
- Laboratory
- Surgical Services
- Blood Transfusion
- Radiology
- Dental Services
- Rehabilitation
- Eye Care Services
- Emergency Services
- Medical Social Work

Section 4 : Annexes

- Equipment List For Level 3,Level 2,Level 1,Health Centre And Health Post
- Ambulance Service Providers Guidelines

The development of these Standards has followed the following fundamental principles:

- (1) Regulatory standards are prepared for all health facilities according to the new health care tier system.
- (2) All the public and private health care facilities are subject to uniform standards to avoid double standards in the health sector.
- (3) Health care services' provision is quantitatively and qualitatively standardized for the minimum conditions for service delivery with regard to what, where, when and how services are provided. However, standards assessment will consider differences of service delivery by health facility according to their status.
- (4) Regulatory standards are substantial evidences for ensuring quality of health care services.
- (5) Stakeholders are part of the regulatory standards development and implementation processes.

A range of stakeholder views was sought during the development of the national health care standards. Stakeholders included the MOH, health care facility staff, professional associations, development partners and private sector throughout the development stages (the situation analysis, fieldwork activities, post fieldwork consensus meeting and feedback).

The Standards have taken into account the new health service delivery design and have used best practices within and outside the country to define the minimum input and service requirements.

The major aims of these Standards are:

- (1) To ensure quality of health care service delivery,
- (2) To be used as essential guidance and handy reference and
- (3) To simplify licensing, inspection and enforcement actions.

In addition, the Standards can be used by service providers as a mechanism for internally assessing the quality of care provided and for rational health investment. Finally, this document is framed to address the following issues:

- i. General Provisions and;
- ii. National Minimum Health care Standards (Core and Service-Specific).

This National Health care Standards document contains a set of minimum standards to help health care training institutions, providers and HPCZ in steering the consistent approach to the provision of equitable, cost-effective and quality health care in Zambia as close to the family as possible. It is expected that the Standards will continuously evolve as new evidence emerges from health care regulatory activities to ensure public safety is not compromised.

INFORMATION AND COMPLAINTS PROCEDURE

Questions or complaints regarding the following:

- (a) health care regulations,
- (b) Health facilities,
- (c) Training institutions,
- (d) Health professionals
- (e) Needs regarding amendment and revision of standards
- (f) Review of architectural plans and approval of construction may be addressed to the Registrar at the following address:

**HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Dental Training School Premises
Wamulwa Road, P.O Box 32554
THORNPARK
LUSAKA**

**Telephone: +260-239317, +260-236241
Email address: hpcz@iconnect.zm**

1. SECTION 1: GENERAL PROVISIONS

1.1. REQUIREMENTS

- 1.1.1 These standards shall provide minimum requirements for the establishment and maintenance of health care facilities in order to protect the public interest by promoting the health, and safety of individuals.
- 1.1.2 No health care facility shall be built or be functional by any person without prior permission of the HPCZ.
- 1.1.3 The requirements set by these standards may not be waived unless for public interest and there is a substantial need for waiver and an assurance that the waiver will not create a hazard to the health and well- being of patients or others (visitors and staff alike).

1.2. DEFINITIONS

1.2.1 Health facilities are classified as follows :

- a) Class A, for a health facility to provide in-patient care for acutely ill persons requiring regular monitoring and intervention by a medical doctor, including a hospital and a hospice to provide palliative care for the terminally ill: provided that the health care in the facility shall be supervised by a medical doctor.
- b) Class B, for a health facility to provide diagnostic service, prevention and treatment of disease and illnesses on an out-patient basis and to incorporate the services of multiple registered health practitioners and the use of equipment for diagnosis and treatment, including medical laboratories.
- c) Class C, for a health facility to provide diagnostic services, prevention and treatment of diseases and to perform physical examinations using simple equipment and taking specimens for laboratory analysis, but not including a facility to employ multiple registered health practitioners and to use extensive diagnostic equipment or invasive procedures.
- d) Class D, for a health facility to provide diagnostic service in any place other than a hospital.
- e) Class E, for a health facility to provide physiotherapy, occupational and hydrotherapy services in any place other than a hospital; or

1.3. SCOPE OF APPLICATION

These standards shall be applicable for all new and already existing governmental, non-governmental and private health facilities.

Guide to classifying Health facilities referring to level of classification:

Level	Class
Level 3 (tertiary /referral hospital)	A
Level 2 (provincial hospital)	A
Level 1 (district hospital)	A
Private Hospitals or Hospices	A
Health facility to employ multiple registered practitioners	B
Public Health Centres or Private Clinics	C
Health Posts	C
Stand alone Diagnostic Centres	D
Stand Alone Physiotherapy,Occupational or Hydrotherapy facility	E

1.4. OBJECTIVES

The objectives of these Standards shall be:

- 1.4.1 To license new or already existing health facilities ;
- 1.4.2 To inspect licensed health facilities in order to ensure provision of continuous and quality health services as prescribed under these Standards;
- 1.4.3 To promote access to equitable, cost-effective and quality health services.

2. LICENSURE

2.1. APPLICATION FOR LICENSURE

2.1.1 No person shall operate a health facility in Zambia, whether governmental, non-governmental or private, without being licensed as required by appropriate law and these standards.

2.1.2 Any person desiring to operate a health facility shall:

- a) Apply to HPCZ for a new license in the prescribed manner and form
- b) Pay the prescribed license fee; and
- c) Provide any information or material that the HPCZ reasonably considers relevant to the application. This information and material are defined regarding each class of health facility with reference to NHCS.

2.1.3 A person desiring to operate a health care institution shall consult the HPCZ on the design in conformity with these standards before starting construction or renovation work.

2.1.4 An application for the initial licensure of a health facility shall be submitted to the HPCZ no later than 3 calendar months prior to the stated date of operation.

2.1.5 The application for a license shall state each service for which the applicant undertakes to furnish the health facility, including and if applicable, the number of beds allocated to each service, and shall furnish other information as may be required by the HPCZ. These include:

- a) Location;
- b) Previous owner, license number for existing health care institution;
- c) Type and level of service provision including opening times
- d) Total bed capacity;
- e) List of major biomedical equipment (laboratory, radiology, anesthetic machines, OT major equipment, other major equipment such as dialysis)
- f) Off-site location (outreach);
- g) Staffing (number and type of medical, technical and administrative staff);
- h) Design and its description;
- i) Proposed use of idle space;
- j) Management arrangement of the health facility;
- k) Person in charge;
- l) Applicant (owner);
- m) Chain organization (organization structure);
- n) Owner of the building and;
- o) Responsible person for each service.

2.1.6 All applicants shall demonstrate that they have the capacity to operate a health facility in accordance with these standards.

- 2.1.7 An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, products, personnel and health care services are fit and adequate in accordance with these standards.
- 2.1.8 The HPCZ shall consider an applicant's prior history in operating a health facility in all the provinces of the country (and possibly internationally) in making licensure decision. Any evidence of licensure violations representing serious risk of harm to patients shall be considered by the HPCZ, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.
- 2.1.9 The license shall be posted in a conspicuous place at all times.

2.2. INITIAL LICENSURE

- 2.2.1 Every licensee shall have a separate license, if s/he owns two or more separate health facilities.
- 2.2.2 The HPCZ shall issue each license in the name of the owner only for the premises and person named as applicant in the application and the license shall not be valid for use by any other person or at any place other than the designated on the license.
- 2.2.3 A health facility license shall specify the following:
- (a) The name of the person to whom the license is issued;
 - (b) The name and location of the facility;
 - (c) Classification of the facility;
 - (d) Type of services it provides;
 - (e) Ownership of the facility (governmental, non-governmental or private);
 - (f) The total rated bed capacity;
 - (g) The list of biomedical equipment (as defined above);
 - (h) The issuance and expiration date.
- 2.2.4 Prior to initial licensure of the health facility the appropriate organ shall conduct an on-site inspection to determine compliance with the applicable laws and standards governing the health care facility regarding site characteristics (building, premises).
- 2.2.5 The HPCZ shall send a written report of the findings to the owner/ person in charge of the health facility after conclusion of the inspection.
- 2.2.6 A health facility with deficiencies shall correct them and submit written proof of correction of deficiencies.
- 2.2.7 The HPCZ shall deny the application for licensure to a health facility that has not corrected deficiencies. The applicant shall re-apply for licensure when deficiencies are corrected.
- 2.2.8 The HPCZ shall issue a licence if the Health facility is declared to be compliant.
- 2.2.9 The HPCZ reserves the right to conduct an unannounced on-site inspection of the health care facility at any time after the beginning of operation to assess its continued compliance with the laws and standards governing the facility.
- 2.2.10The HPCZ shall issue a replacement license where the originally issued license has been confirmed by the police as lost or destroyed.

2.3. LICENSE RENEWAL REQUIREMENTS

- 2.3.1 A license, unless suspended or revoked or under consideration in a pending case, shall be renewable every year.

- 2.3.2 A health facility shall submit an application for license renewal to the HPCZ no later than 6 months before the expiration date of the current license.
- 2.3.3 Every applicant who needs to renew a license shall:
- (a) Apply to the HPCZ in the form prescribed;
 - (b) Pay the prescribed license renewal fee; and
 - (c) Provide any information or material that the HPCZ reasonably considers relevant to the application.
- 2.3.4 The HPCZ may conduct background checks on the applicant or licensee to determine its suitability or capability to operate or to continue operating a health facility. Background checks shall consist of, but not be limited to, the following:
- (a) Verification of licensure status;
 - (b) Verification of educational credentials;
 - (c) Verification of residency status;
 - (d) Verification of solvency; and
 - (e) Contacts with government officials to determine outstanding warrants, complaints, criminal convictions, and records of malpractice actions.
- 2.3.5 The HPCZ shall renew a license for a health facility in substantial compliance with the applicable laws and these standards.

2.4. REMOVAL PERMITS, CHANGE OF OPERATION AND FORFEITURE OF LICENSE

- 2.4.1 No health facility or part thereof shall move from the premises for which a license has been issued to any other premises without first having obtained Permit to Relocate from the HPCZ.
- 2.4.2 The Permit to Relocate shall indicate the special conditions governing the moving of the health facility or part of it as the HPCZ may determine in the public interest.
- 2.4.3 The licensee shall inform the HPCZ any change in operation. Change of operation means any alteration of services that is substantially different from that reported on the health facility most recent license application.
- 2.4.4 Any transfer as to person or place without the approval of the HPCZ shall cause the immediate forfeiture of the license. That is, the license shall not be assigned or transferred and shall be immediately void if the health facility ceases to operate, if its ownership changes, or if it is relocated to a different site without prior permission from the HPCZ.
- 2.4.5 When change of ownership of a health facility is contemplated, the owner or person in charge shall notify the HPCZ in writing and give the name and address of the proposed new owner.

2.5. DENIAL, SUSPENSION AND REVOCATION OF A LICENSE

- 2.5.1. Where there has been a substantial failure to comply with these Standards, the HPCZ may deny, suspend or revoke a license or order closure of a service or unit within a health facility, cease admissions to a health facility, order removal of patients from a health facility, or impose a money penalty.
- 2.5.2. Without prejudice to grounds of suspension provided under relevant laws, the HPCZ shall suspend the license until the health facility corrects the shortcomings where the facility:
- (a) Fails to practice relevant professional ethics;
 - (b) Engages in rendering services which are outside the competence of the health facility staff

- for which the license is obtained;
- (c) Conviction of its owner/person in charge, or other key staff member of a serious offence involving the management or operation of a health facility, or which is directly related to the integrity of the facility or the public health and safety;
- (d) Has committed any act which constitutes a threat to the public health and safety;
- (e) Fails to observe laws relating to health services and these standards;
- (f) Fails to submit, accurately and on time, information required under the relevant laws and these Standards.

2.5.3. Without prejudice to grounds of revocation provided under relevant laws, the appropriate organ shall revoke the health facility license on any of the following grounds:

- (a) Where the license is proved to have been obtained by submitting false information;
- (b) Allows a practitioner, who is not licensed pursuant to the appropriate law or who has been suspended from practicing his/her profession
- (c) Fails to allow inspection pursuant to the law and these Standards;
- (d) Where the faults referred to in Sub Article 2.5.2 of this Section have been committed for the second time or more repeatedly depending on their gravity;
- (e) Where the license is found transferred or rented to another person;
- (f) Where the license is not renewed in accordance with Section 2.3 of these Standards.

2.5.4. The health facility shall give a two(02) months notice to each patient and the public through a notice of the intended closure in case of voluntary surrender, revocation, refusal to renew, or suspension of the license. Each license in the licensee's possession shall be the property of the HPCZ and shall be returned to HPCZ immediately upon any of the following events:

- (a) Suspension or revocation of the license;
- (b) Refusal to renew the license;
- (c) Forfeiture of a license; or
- (d) Voluntary discontinuance of the operation by the licensee.

2.5.5. If the HPCZ determines that operational or safety deficiencies exist, it may require that all operations of the health facility cease. This may be done simultaneously with, or in lieu of, action to revoke license and/or impose a fine. The HPCZ shall notify the health facility in writing of such determination.

2.5.6. The HPCZ shall order the immediate removal of patients (as appropriate) from the health facility whenever it determines there is imminent danger to the patients' health and safety.

2.5.7. The license shall be returned to the HPCZ within five (5) working days from voluntary surrender, order of revocation, expiration, or suspension of license.

2.6. RIGHT TO APPEAL FOR FAIR HEARING

Any applicant made subject to action by the HPCZ for denial or suspension or revocation of license or is imposed a fine under terms of this Section shall have the right to a fair hearing in accordance with relevant Zambian laws.

2.7. INFORMATION TO BE DISCLOSED

2.7.1. Evidence received by the HPCZ through inspection and other credible sources threatening public health and safety about health facility shall be disclosed to the public to protect the consumers and to enable them make informed decisions.

2.7.2. The HPCZ shall forward inspection reports to the health facility at least 20 (twenty) days prior to public disclosure.

2.7.3. Anyone who is interested in any health facility shall have the right to be provided information about the health facility by the HPCZ within 30 (thirty) days.

3. LEADERSHIP AND GOVERNANCE IN HEALTH FACILITIES.

3.1. CLASS A HEALTH FACILITIES (LEVELS 1, 2 & 3 PUBLIC INSTITUTIONS , PRIVATE HOSPITALS AND HOSPICES)

3.1.1. Have or establish a Senior Management Team (SMT) led by a Head of the Health Facility (Medical Superintendent, Hospital Administrator, Medical Director), with Heads of Departments/Services as members.

3.1.2. Except for Share Company where its Board of Directors shall be deemed as SMT, other private hospital licensed otherwise under the Commercial Code shall not be required to have such organizational structure.

3.1.3. The management structure of non-governmental hospitals licensed according to Charities (e.g. Churches Health Associations of Zambia) shall be deemed as a SMT.

3.1.4. The SMT shall have the authority and responsibility for hospital operations.

3.1.5. The SMT shall be lead by its chairperson.

3.1.6. The SMT of a hospital may issue its own rules of procedures in accordance with relevant laws of Zambia as long as minimum standards as defined by NHCS are met.

3.1.7. Without prejudice to powers and duties provided by the relevant laws, the SMT responsibilities shall include:

- (a) Formulate all policies and procedures, guidelines, standards operating procedures and manuals to be used in the hospital;
- (b) Maintaining the hospital's compliance with all applicable laws, its policies, procedures and plans of correction;
- (c) Systems are in place for ensuring the quality of all services, care and treatment provided to patients;
- (d) Designating and defining duties and responsibilities of all hospital staff ;
- (e) Notifying the HPCZ in writing within 30 (thirty) days when a vacancy of the Head of the health facility occurs, including who will be responsible for the position until another person is recruited/appointed;
- (f) Notifying the HPCZ in writing within 30 (thirty) days when the Head of the health facility vacancy is filled indicating effective date of the appointment and name of person appointed;
- (g) At least once a year, reviewing the services provided and the utilization of the hospital resources;
- (h) Establishing a means for effective communication and coordination between the Head of the Health Facility and the SMT, hospital staff and the various hospital departments; and

3.1.8. Minutes of the SMT meetings shall be recorded, signed, and retained in the hospital as a permanent record.

3.1.9. The Head of the Health Facility is possibly non-voting member of the SMT.

3.1.10. The SMT/board shall at least develop the following policies and procedures that are revised at least every three years :

- (a) For human resource management;
- (b) For ensuring the health and safety of patients, staff and visitors (e.g making sure that the hospital is a smoke- free area)
- (c) For the declaration of death of patients which shall accommodate the patient's religious beliefs with respect to declaration of death. Such policies shall also include indicating the

cause of death, medication given, examinations done, and practitioner who cared for the patient.

- (d) For transfer of a dead body to its family. If a patient is dead, it shall not be in the hospital for more than 3 days.
- (e) For visitation which are in the best interest of patients, including, but not limited to, protection from communicable diseases, protection from exposure to hazardous substances and equipment and assurance of health and safety of patients, visitors and its staff.

3.1.11. The hospital shall develop and implement a complaint procedure for patients, families, visitors, and others. The procedure shall include, at least, a system for receiving complaints, a specified response time (for example 20 working days for all written complaints), assurance that complaints are referred appropriately for review, development of resolutions, and follow-up action.

3.1.12. There shall be an organizational chart of the hospital and each service that shows lines of authority, responsibility, and communication between and within services.

3.1.13. The hospital shall establish a mechanism for involving patients/public and staff (as appropriate in terms of implications for each group) in the formulation of hospital policies.

3.2. CLASSES B & C HEALTH FACILITIES (HEALTH FACILITY TO EMPLOYEE MULTIPLE REGISTERED PRACTITIONERS AND PUBLIC HEALTH CENTRES OR PRIVATE CLINICS)

3.2.1 The health centre shall be headed by a designated staff. For public health centers, the respective District Medical Officer (DMO) is the accountable individual for the health facility operations.

3.2.2 Except for Share Company or single handed private clinic practice, where there is a Board of Directors/or practice owner, this shall be deemed as the designated/focal person in charge for all communications with the HPCZ.

3.2.3 The DMO or private clinic Owner shall have the authority and responsibility for all health facility operations.

3.2.4 Without prejudice to powers and duties provided by the relevant laws, the DMO or private health facility

Owner responsibilities shall include:

- (a) Formulate (in private facilities) or implement (in public facilities) all policies and procedures, guidelines, standards operating procedures and manuals to be used in the health facility;
- (b) Maintaining the health facility's compliance with all applicable laws, its policies, procedures and plans of correction;
- (c) Systems are in place for ensuring the quality of all services, care and treatment provided to patients;
- (d) Designating and defining duties and responsibilities of all staff
- (e) Notifying the HPCZ in writing within 30 (thirty) days when a vacancy in the Person In-Charge occurs, including who will be responsible for the position until another person is recruited/appointed;
- (f) At least once a year, reviewing the services provided and the utilization of the hospital resources;
- (g) Establishing a means for effective communication and coordination

3.2.5 Minutes of meetings regarding health facility operations shall be recorded, signed, and retained as a permanent record.

3.2.6 The DMO or owners of private health facilities shall at least develop the following policies and procedures that are revised at least every three years:

- (a) For human resource management;
- (b) For ensuring the health and safety of patients, staff and visitors (e.g making sure that the

- facility is a smoke- free area)
- (c) For visitation which are in the best interest of patients, including, but not limited to, protection from communicable diseases, protection from exposure to hazardous substances and equipment and assurance of health and safety of patients, visitors and its staff.
- 3.2.7 The health facility shall develop and implement a complaint procedure for patients, families, visitors, and others. The procedure shall include, at least, a system for receiving complaints, a specified response time (e.g. 20 (twenty), working days for all written complaints), assurance that complaints are referred appropriately for review, development of resolutions, and follow-up action.
- 3.2.8 There shall be an organizational chart of the health facility and each service that shows lines of authority, responsibility, and communication within the facility and HPCZ.
- 3.2.9 The health facility shall establish a mechanism for involving patients/public and staff (as appropriate in terms of implications for each group) in the formulation of health facility policies.

3.3. GENERAL REQUIREMENTS FOR CLASSES D - E HEALTH CARE FACILITIES (STAND ALONE DIAGNOSTIC CENTRES, STAND ALONE PHYSIOTHERAPY, OCCUPATIONAL OR HYDROTHERAPY FACILITY)PUBLIC AND PRIVATE.

Relevant Section 3.2 requirements apply.

4. PATIENT RIGHTS AND RESPONSIBILITIES

Health Facilities should consider using the following requirements below when developing PATIENT INFORMATION GUIDES/ INFORMATION LEAFLETS/ NOTICES:.

4.1. INFORMED CONSENT

- 4.1.1. Each health facility shall protect and promote each patient's rights. This includes the establishment and implementation of written procedures for securing patients' consent.
- 4.1.2. An informed consent shall be required from the patient or patient's next of kin or guardian for all treatment or care.
- 4.1.3. An informed consent may not be required during emergency cases or life threatening situations where the patient is not capable of giving an informed consent and his or her next of kin or guardian is not available.
- 4.1.4. Unless provided by the law or these Standards or by the health facility policies and procedures that an informed consent shall be given in written form, an informed consent of the patient can be given orally or inferred from an action. A written consent shall be needed at least for the following:
- (a) Surgery and invasive procedures;
 - (b) General and local anesthesia;
 - (c) Blood transfusion; and
 - (d) Blood or genetic testing in diseases like HIV/AIDS
- 4.1.5. The health facility shall comply with relevant laws, national and international codes of ethics in the cases of vulnerable groups like children, women, senior citizens/elderly patients etc, when someone other than the patient can give consent.
- 4.1.6. Patient consent forms shall be available in all applicable locations like areas where surgery or invasive procedures are done.
- 4.1.7. No photographic, audio, video or other similar identifiable recording shall be made without prior informed consent of a patient.

- 4.1.8. A health facility shall establish and implement a process to provide patients and/or their designee an appropriate education to assist in understanding the identified condition and the necessary care and treatment.

4.2. PATIENT RIGHTS

Every health facility patient /service user shall at least have the following rights:

- 4.2.1 To receive reasonable, respectful and safe access to health services by competent personnel that the health facility is required to provide according to these Standards;
- 4.2.2 To treatment and medical/care services without discrimination based on race, age, colour, religion, ethnicity, national or social origin, sex, sexual preferences, handicap, diagnosis, source of payment or other status;
- 4.2.3 To retain and exercise to the fullest extent possible all Zambian constitutional and legal rights to which the patient is entitled by law;
- 4.2.4 To be informed of the names and functions of all practitioners who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;
- 4.2.5 To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health personnel if the patient cannot understand the working language;
- 4.2.6 To receive from the patient's health practitioner(s) an explanation of his or her complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives in terms that the patient understands. If this information shall be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and be documented in the patient's personal medical record;
- 4.2.7 To give informed, written consent prior to the start of specified non-emergency procedures or treatments only after a health practitioner has explained specific details about the recommended procedure or treatment, the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment in terms that the patient understands. If the patient is incapable of giving informed, written consent, consent shall be sought from the patient's next of kin or guardian or through an advance directive, to the extent authorized by law. If the patient does not give written consent, a health practitioner shall enter an explanation in the patient's medical record;
- 4.2.8 To refuse medication and treatment and to be informed of the consequences of refusing treatment/care, except in cases of sexually transmitted conditions where such refusal will pose a risk to both the patient/service user or others;
- 4.2.9 To be informed if the hospital has authorized other health facilities and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in the treatment;
- 4.2.10 To be informed by the attending health practitioner about any continuing health care requirements after the patient's discharge from the health facility. The patient shall also have the right to receive assistance from the health practitioner and/or other appropriate health facility staff in arranging for required follow-up care after discharge;
- 4.2.11 To receive sufficient time before discharge to have arrangements made for health care needs after hospitalization;
- 4.2.12 To be transferred to another facility (say from levels 1 to 2/3 hospitals) with the reason recorded in the patient's medical record as follows:
 - The transferring health facility is unable to provide the type or level of medical care

- appropriate for the patient's needs. The health facility shall make an immediate effort to notify the patient's next of kin and document that the notification was received; or
- The transfer is requested by the patient, or by the patient's next of kin or guardian when the patient is mentally incapacitated or incompetent;
- 4.2.13 To receive from the health facility an explanation of the reasons for transferring the patient to another facility, information about alternatives to the transfer;
- 4.2.14 To be treated with courtesy, consideration, and respect for the patient's dignity and individuality i.e. the right to care that respects the patient's personal values and beliefs;
- 4.2.15 To be free from physical and mental abuse, neglect, sexual harassment, sexual violence and exploitation;
- 4.2.16 To be free from chemical and physical hazards that are not medically necessary, unless they are authorized by an attending physician or other health practitioner for a limited period of time to protect the patient or others from injury;
- 4.2.17 To have personal and physical privacy during medical treatment and personal hygiene functions, such as bathing and using the toilet, unless the patient needs assistance for his or her own safety. The patient's privacy shall also be respected during other health care procedures and when hospital personnel are discussing the patient;
- 4.2.18 To get confidential treatment. Information in the patient's records shall not be released to anyone outside the hospital except under the following reasons;
- If the patient has approved the request.
 - If another hospital/health care facility to which the patient was transferred requires the information.
 - If the release of the information is required and permitted by law.
 - If the patient's identity is anonymous, the hospital may release data about the patient for reporting or masked for studies containing aggregated statistics.
- 4.2.19 To know the price of services and procedures;
- 4.2.20 To receive a copy of the health facility payment rates, regardless of source of payment. Upon request, the patient or responsible party shall be provided with an itemized bill and an explanation of the charges if there are further questions.
- 4.2.21 To have prompt access to the information contained in the patient's medical record, unless a health practitioner prohibits such access as detrimental to the patient's health, and explains the reason in the medical record. In that instance, the patient's next of kin or guardian shall have a right to see the record. This right continues after the patient is discharged from the health facility for as long as a copy of the record is kept;
- 4.2.22 To obtain a copy of the patient's medical record, as per the standards set under the medical record section of these Standards.
- 4.2.23 To receive a medical certificate in English where the health facility is located;
- 4.2.24 To present his or her suggestion or grievances, without fear of retribution, to the hospital staff member designated by the health facility to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time without discrimination. The facility shall post the names, addresses, and telephone numbers of the government agencies to which the patient can complain and ask questions.
- 4.2.25 To be given a summary of these patient rights, as approved by the HPCZ and any additional policies and procedures established by the health facility involving patient rights and responsibilities.

- 4.2.26 The patient is informed of his or her rights during the admission process;
- 4.2.27 This summary include the name and phone number of the health facility or its staff member to whom patients can complain about possible patient rights violations;
- 4.2.28 A summary of these patient rights is posted conspicuously in the patient's room and in public places throughout the health facility;
- 4.2.29 Complete summary copies of the patients rights is available at nurse stations and other patient care registration areas in the health facility.
- 4.2.30 To be informed and participate in decisions relating to their care and participates in the development and implementation of a plan of care and any changes thereof.

4.3. PATIENT RESPONSIBILITIES

- 4.3.1 Every patient shall have the following responsibilities:
 - (a) To provide, to the best of the patient's knowledge, accurate and complete information regarding past medical history and issues related to the patient's health, including unexpected changes, to the health professional responsible for the patient's care;
 - (b) To follow the course of treatment and instructions proposed by the health practitioner or to accept the consequences if treatment instructions is refused;
 - (c) To report any changes in his/her condition or anything that appears unsafe to the responsible health professional;
 - (d) To be considerate of the rights of other patients and to respect their privacy;
 - (e) To respect their caregivers;
 - (f) To fulfil the financial obligations as promptly as possible;
 - (g) To keep all appointments and notify health facility or the appropriate person when unable to do so;
 - (h) To observe the health facility policies and procedures, including those on smoking, alcohol or drug addiction, cellular phones, noise and visitors;
 - (i) Be considerate of the health facilities and equipment and to use them in such a manner so as not to abuse them;
 - (j) Not to litter the health facility premises.
- 4.3.2 The list of a patient's responsibilities shall be posted at various places of the health c facility premises.

5. HUMAN RESOURCE MANAGEMENT IN HEALTH FACILITIES.

5.1. GENERAL REQUIREMENTS

- 5.1.1 For all Classes of health facilities, arrangements should be in place for Human Resource Management (HRM) functions, including staff health screening.
- 5.1.2 For Class A & B health facilities, each service unit/department (where available) shall be led by a senior member of staff with the appropriate qualifications, training and skills necessary to meet patient needs for the given service/department.
- 5.1.3 All health facilities providing inpatient and on-call 24 hours' services shall be staffed twenty-four (24) hours a day and 365 days a year.
- 5.1.4 All recruitment and selection shall follow consistent approach using the recruitment and selection procedures established and approved by the responsible body/designated person (e.g. SMT/ Board of Directors, DMO or facility owner).

- 5.1.5 All health professionals recruited by the health facility have up to date relevant professional registration and licensing requirement of their respective professional organizations, as appropriate.
- 5.1.6 Each health facility shall ensure and maintain evidence of current active licensure, registration, certification or other credentials for relevant employees and contract staff (see 5.1.5 above) prior to staff assuming job responsibilities and shall have procedures for verifying that the current status is maintained. Whenever a licensed health professional is terminated as a result of a job-related incident, the health facility shall inform the HPCZ.
- 5.1.7 Each staff member involved in the provision of direct patient care shall have an occupational health screening by a Medical Doctor prior to starting employment and at least once every 2 (two) years thereafter. Each health screening shall include a medical history, physical examination, and any indicated laboratory work and investigations.
- 5.1.8 A report, signed by an examining physician or other qualified clinical professional, shall be made of each examination.
- 5.1.9 The report of each examination shall be kept on file in the health facility and shall be open to inspection by the HPCZ.
- 5.1.10 Each person who is involved in direct patient care and who has been absent from duty because of an illness required to be reported to the health facility through line managers shall, prior to returning to duty, obtain certification from a physician or, as provided for in the health facility policies, that he or she may return to duty without apparent danger of transmitting the cause of the illness to any patient.
- 5.1.11 Immunization against communicable disease shall be required of all employees and all other persons who routinely come in contact with patients or patient areas. Immunizations shall be in accordance with current guidelines developed by the Ministry responsible for Health..
- 5.1.12 Each health facility shall maintain a current employment record for each staff member. The record shall contain, at a minimum, information on credentials, health examination (fitness for duty), work history, current job description, evidence of induction, in-service education/training and copies of annual appraisal.
- 5.1.13 HPCZ and GNC Codes of Ethics for all professionals must be available and implemented at all health facilities.

5.2. HUMAN RESOURCE PLANNING

- 5.2.1 The health facility shall develop a human resource plan in accordance with MOH HR Strategic plan or private health facility business plan.
- 5.2.2 The staffing plan shall be reviewed on an ongoing basis and updated as necessary.
- 5.2.3 The staffing plan shall define the following elements:
 - (a) The total number and types of staff needed for the health facility as a whole and for each service unit,
 - (b) The total number and types of staff currently available for the health facility as a whole and each service unit,
 - (c) The required education, skills, knowledge, and experience required for each position,

(d) The process and time period for reviewing and updating the plan shall be indicated. (The plan is periodically reviewed and updated as required, but it shall be done at least every two years.)

(e) Expected workload.

5.3. JOB DESCRIPTION AND STAFF INDUCTIONS

5.3.1 All staff shall be provided with current written job descriptions and be oriented to their specific job responsibilities at the time of appointment.

5.3.2 The job description shall include the title and grade of the position, specific function of the job, job requirement, reporting mechanism, probation period (if any) and description of job site and work environment.

5.3.3 The induction programme for all employees shall include three levels of orientation: health facility level, service unit and job specific covering the following areas:

- Health facility structure and administration
- Health facility policies, including all environmental safety programmes, infection control, and quality improvement

5.3.4 Staff members who are not licensed to independently practice shall have their responsibilities defined in a current job description.

5.3.5 Each health facility shall provide and maintain evidence of an induction programme for all new staff and, as needed, for existing staff who are given new assignments. The induction programme shall include an explanation of:

- (a) Job duties and responsibilities
- (b) health facility's sanitation and infection control programmes;
- (c) Organizational structure within the health facility;
- (d) Patient rights and responsibilities;
- (e) Patient care policies and procedures relevant to the job;
- (f) Personnel policies and procedures;
- (g) Emergency procedures and;
- (h) Reporting requirements for abuse, neglect or exploitation

5.4. HEALTH CARE FACILITY IN-SERVICE TRAINING, EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT.

5.4.1 The health facility shall ensure that staff receive in-service training updates in:

- Utilization of the guidelines (e.g standard operating procedures, Manuals, protocols, reference materials) annually
- Universal precautions for Infection prevention and control (IPC) (at least twice a year)
- Basic Life Support for all clinical staff as a minimum (twice every year)
- Leadership and Governance

5.4.2 Each staff member shall receive ongoing Continuing Professional Development (CPD) to maintain or advance his or her skills and knowledge;

5.4.3 The CPD shall be relevant to the setting in which they work as well as to the continuing advancement of the facility;

5.4.4 The health facility shall decide the type and level of training for staff in accordance with National CPD requirements and then carry out and document a programme for this training and education.

5.4.5 The health facility shall provide and maintain evidence of CPD for staff. A record shall be

maintained including dates, topics and participants.

5.4.6 The health facility shall periodically tests staff knowledge through demonstration, mock events and other suitable methods. This testing is then documented.

5.5. EMPLOYEE'S HEALTH (OCCUPATIONAL HEALTH)

5.5.1 For Classes C-E health care facilities, arrangements should be in place for occupational health activities.

5.5.2 Class A and B health care facilities shall establish an Occupational Health and Safety (OHS) programme for its staff and shall have

- Staff /designated person to coordinate OHS activities.

Such a designated individual should be qualified (e.g. occupational health and safety officer) to coordinate and develop the health facility occupational health and safety activities on a full/part-time capacity.

5.5.3 The standards outlined below define the core elements of an OHS programme and specify minimum requirements needed to address OHS issues.

5.5.4 The health facility shall have an occupational health and safety policy and procedures in place to identify, assess and address identified health and safety risks to staff and prevent those risks that will potentially compromise their health and safety.

- The health facility assesses and document safety risks through formalized, structured assessments that are done at at least once a year or following occurrence of an outbreak.
- The assessments shall be logged in some format - for example a register or report.
- The information gathered from the assessment shall be documented and reported to the person in-charge of the health facility.
- Interventions shall be designed and implemented to address the risks that are identified.

5.5.5 The health facility shall establish a means of communicating to staff their risks and prevention measures or interventions.

5.5.6 The health facility shall regularly monitor its occupational health and safety activities to assess how effective it has been in reducing risk.

5.5.7 The health facility shall have written policy and procedures which define how harassment, physical violence and/or aggression against staff (from patients, caregivers, other staff etc) are addressed.

5.5.8 The health facility shall provide services to staff to minimize work-related stress.

5.5.9 The health facility shall ensure all employees have access to full pre-employment health screening, covering Hepatitis B (including other relevant vaccines), TB status and are declared fit for their respective roles prior to employment. This shall include having:

- Written instructions for health care workers to follow in notifying the health facility's administration of infectious status.
- Documentary evidence of vaccination records for all health care workers employed, including Hepatitis B status for all health care workers who perform exposure-prone procedures. All staff are tested for and vaccinated against Hepatitis B if there is no evidence of previous vaccination produced.

5.5.10 The health facility ensures that all employees are provided with immunization services to protect against infectious/communicable diseases.

5.5.11 The health facility shall have a programme in place to address injuries that could lead to the transmission of blood-borne viruses (needle stick and other injuries). The programme shall include:

- Measures to prevent needle stick and other injuries
- Training on infection prevention techniques
- Sharp risk reduction
- Provision of post-exposure prophylaxis
- Working hours and duty hours

5.5.12 The health facility shall provide personal protective equipment (please refer to standards for Infection Prevention and Control and Sanitation)

5.5.13 For Classes A&B health facilities, the following facilities should be provided to employees

- Cafeteria
- Staff rooms
- Dirty utility room
- Clean utility room
- Library (equipped with books and computers with internet access)
- Adequate toilet and shower facilities

5.6. DRESS CODE AND IDENTIFICATION BADGE

Health care staff shall put on appropriate and decent clothing :

5.6.1 Footwear shall be safe, supportive, clean, and non-noise producing.

5.6.2 No open toe shoes shall be worn.

5.6.3 Artificial nails are prohibited. Natural nails must be kept short and jewellery must be kept to a minimum.

5.6.4 Hair must be worn in a way that prevents contamination and does not present a safety hazard.

5.6.5 The dressing shall not interfere in any way with the service provision.

5.6.6 The HPCZ shall specify a particular style and/or colour of uniform with different style/colour code; separate for each HRH category, employee and trainees.

5.6.7 The employee shall keep the uniform neat, wrinkle-free and in good repair.

5.6.8 The health facility shall be responsible for providing employee identification badges.

The identification badge shall be worn at all times facing outward while at work and be easily visible, with employer, name, profession and department..

6. SECTION 2: CORE NATIONAL MINIMUM HEALTH CARE STANDARDS

Classes A Health Facilities (All Levels of Health Facilities): Public and Private

6.1. CORE NATIONAL MINIMUM HEALTH CARE FOR CLASS A FACILITIES

6.1.1. Safety

Domain	2.1 SAFETY
Area	2.1.1 INFECTION CONTROL
Standard	Health facilities ensure the management of infection prevention and control (IPC) activities and procedures are in place to safeguard patients/service users, visitors and staff
N°	Assessment criteria
1	An official Infection Control Committee or designated staff oversees all IPC activities
2	Written procedures to prevent infections exist and are implemented as follows : <ol style="list-style-type: none"> 1. Hand hygiene at all workplaces and toilets 2. Transmission based precautions(occupational exposure to blood borne viruses and post exposure prophylaxis, special precaution for TB infected patients, contact, droplet and airborne precautions) 3. Safe handling and disposal of clinical waste 4. Housekeeping and cleaning of all health facility areas 5. Isolation of patients
3	Written procedures on how to segregate, handle, store, transport, and dispose of waste are available in all areas of health facility and especially in : <ol style="list-style-type: none"> 1. Laundry 2. Kitchen 3. Wards 4. Operating theatres 5. Emergency unit 6. Radiology unit 7. Laboratories 8. Out Patients Departments 9. Mortuary 10. Dental unit 11. Sterilisation of equipment unit
4	Written procedures for protective clothing are available, implemented and protective clothes are available and worn by relevant staff
5	Written procedures for notification of Authority on outbreak of infectious diseases are available and implemented
6	All safety procedures acknowledge Zambia Environmental Management Agency(ZEMA) guidelines on health care waste management
7	Staff have received adequate training in infection prevention enabling use of procedures
8	ICC monitors on a regular basis all IPC activities

Area	2.1.2 MEDICINES MANAGEMENT
Standard	Healthcare facilities ensure measures are in place for the safe management and secure handling of medicines, Dressings and medical gases to safeguard patients/service users and staff".
N°	Assessment criteria
1	An official Drugs and Therapeutics Committee or a designated staff has been established or designated to oversee use of them
2	This committee (or designated staff) has issued documents taking into consideration the,MoH, Zambia Medicines Regulatory Authority(ZMRA) Guidelines in consultation with ZEMA as follows : <ul style="list-style-type: none"> 1. Mandatory/essential list of drugs is available in the healthcare facility 2. Provision for limited quantities and safe custody of DDA are in place 3. Procedures for dispensing 4. Adequate storage facilities available for keeping medicines and allied products 5. Administration (treatment with) of medicines 6. Disposal of medicines and especially segregation, storage and disposal of expired and damaged medicines
3	Medicines and therapeutics specific to services provided are available
4	Standard prescribing practice in place
5	Standard dispensing practice in place
6	Medicines and therapeutics stored under recommended conditions
7	Medicines and therapeutics dispensed in good condition
8	Medicines and therapeutics administered in good condition
9	Action to be taken in case of adverse reactions following administration of medicines are clearly defined in written procedures
10	Emergency medicines are available, easily accessible and in suitable packaging
11	Relevant staff have received training according to the standards and their tasks
12	The Drugs and Therapeutics Committee or the Staff- in- charge monitors on a regular basis the Drugs and Therapeutics activities
Area	2.1.3 EQUIPMENT MANAGEMENT
Standard	Health facilities ensure equipment management to safeguard patients, service users and staff
N°	Assessment criteria
1	Written equipment development plan which defines the goals for acquisition, installation, operation, maintenance and replacement. <ul style="list-style-type: none"> Installation of equipment in line with manufacturers' recommendations Equipment stored at conditions recommended by the manufacturers equipment Serviced in line with manufacturers recommendations Replacement plan of equipment is in place
2	Equipment is installed at appropriate place (e.g Laboratory equipment should be stored in the laboratory)
3	Written inventory management system that tracks all equipment included in the equipment management programme is available and implemented
4	Relevant staff have received information and training for all operations they are in charge of
5	Equipment management procedures are implemented and monitored on a regular basis by staff designated

Area	2.1.4 SAFEGUARD PROCEDURES FOR VULNERABLE POPULATION
Standard	Healthcare facilities ensure vulnerable adults and children are protected effectively from abuse"
N°	Assessment criteria
1	Written procedures are in place for Reporting, Identification and Referral of cases of abuse in children, women and other vulnerable groups.
2	The Health facility has written procedures to safeguard vulnerable adults and children in line with Zambian National Social Welfare Laws
3	The health facility has written procedures for reporting to other agencies (Police, Social Welfare) to safeguard vulnerable adults and children in line with Zambian National Social Welfare Laws
4	Written procedures are in place for referral of identified cases of abuse to appropriate authorities
5	The staff(Registry clerks, Clinicians, Nurses and Social Workers) in contact with vulnerable adults and children have been trained on the existing written policy, procedures for Identification, Reporting and Referral of vulnerable groups.
6	The health facility management monitors on a regular basis implementation of policy and procedures for safeguarding vulnerable populations.

26.1.2. Clinical effectiveness

Domain	2.2 CLINICAL EFFECTIVENESS
Area	2.2.1 MANAGEMENT OF PATIENT CONDITIONS
Standard	Health facilities take into account nationally and internationally agreed guidance when planning and delivering treatment and care.
N°	Assessment criteria
1	Specific "National guidelines", Protocols and "Standard Operating Procedures", or internationally agreed guidance are available, accessible to relevant staffs and implemented especially in following areas <ul style="list-style-type: none"> 1. Medical wards (consider disciplines as indicated by the owner or the managing authority) 2. Surgical wards (consider disciplines as indicated by the owner or the managing authority) 3. Out Patients Department 4. Emergency Department 5. Gynaecology – Obstetrics 6. Paediatrics 7. Psychiatry
2	Treatments or care patients receive are in line with relevant national guidelines, protocols and Standard Operating Procedures or with internationally agreed guidance in the following departments <ul style="list-style-type: none"> 1. Medical wards (consider disciplines as indicated by the owner or the managing authority) 2. Surgical wards (consider disciplines as indicated by the owner or the managing authority) 3. Out Patients Department 4. Emergency Department 5. Gynaecology – Obstetrics 6. Paediatrics 7. Psychiatry

3	<p>Key Performance Indicators corresponding to National guidelines, SOP, protocols or internationally agreed guidelines are implemented in the following areas in order to guide health facility management</p> <ol style="list-style-type: none"> 1. Medical wards (consider disciplines as indicated by the owner or the managing authority) 2. Surgical wards (consider disciplines as indicated by the owner or the managing authority) 3. Out Patients Department 4. Emergency Department 5. Gynaecology – Obstetrics 6. Paediatrics 7. Psychiatry
4	<p>Key Performance Indicators corresponding to National guidelines, SOP, protocols or internationally agreed guidance are regularly monitored</p> <ol style="list-style-type: none"> 1. Medical wards (consider disciplines as indicated by the owner or the managing authority) 2. Surgical wards (consider disciplines as indicated by the owner or the managing authority) 3. Out Patients Department 4. Emergency Department 5. Gynaecology – Obstetrics 6. Paediatrics 7. Psychiatry
5	<p>Relevant staff have been trained for using National Guidelines, SOP, protocols or internationally agreed guidelines in line with their responsibilities and tasks</p>
6	<p>The health facility management monitors on a regular basis use of the National guidelines, SOP, protocols or internationally agreed guidelines in the health facility</p>

26.1.2. Clinical effectiveness

Domain	2.2 CLINICAL EFFECTIVENESS
Area	2.2.1 MANAGEMENT OF PATIENT CONDITIONS
Standard	Health facilities take into account nationally and internationally agreed guidance when planning and delivering treatment and care.
N°	Assessment criteria
1	<p>Specific "National guidelines", Protocols and "Standard Operating Procedures", or internationally agreed guidance are available, accessible to relevant staffs and implemented especially in following areas</p> <ol style="list-style-type: none"> 1. Medical wards (consider disciplines as indicated by the owner or the managing authority) 2. Surgical wards (consider disciplines as indicated by the owner or the managing authority) 3. Out Patients Department 4. Emergency Department 5. Gynaecology – Obstetrics 6. Paediatrics 7. Psychiatry
2	<p>Treatments or care patients receive are in line with relevant national guidelines, protocols and Standard Operating Procedures or with internationally agreed guidance in the following departments</p> <ol style="list-style-type: none"> 1. Medical wards (consider disciplines as indicated by the owner or the managing authority) 2. Surgical wards (consider disciplines as indicated by the owner or the managing authority) 3. Out Patients Department 4. Emergency Department 5. Gynaecology – Obstetrics 6. Paediatrics 7. Psychiatry

3	Key Performance Indicators corresponding to National guidelines, SOP, protocols or internationally agreed guidelines are implemented in the following areas in order to guide health facility management <ul style="list-style-type: none"> 1. Medical wards (consider disciplines as indicated by the owner or the managing authority) 2. Surgical wards (consider disciplines as indicated by the owner or the managing authority) 3. Out Patients Department 4. Emergency Department 5. Gynaecology – Obstetrics 6. Paediatrics 7. Psychiatry
4	Key Performance Indicators corresponding to National guidelines, SOP, protocols or internationally agreed guidance are regularly monitored <ul style="list-style-type: none"> 1. Medical wards (consider disciplines as indicated by the owner or the managing authority) 2. Surgical wards (consider disciplines as indicated by the owner or the managing authority) 3. Out Patients Department 4. Emergency Department 5. Gynaecology – Obstetrics 6. Paediatrics 7. Psychiatry
5	Relevant staff have been trained for using National Guidelines, SOP, protocols or internationally agreed guidelines in line with their responsibilities and tasks
6	The health facility management monitors on a regular basis use of the National guidelines, SOP, protocols or internationally agreed guidelines in the health facility

6.1.3. Governance

Domain	2.3 GOVERNANCE
Area	2.3.1 STRUCTURE AND ACCOUNTABILITY
Standard	Health facilities ensure governance arrangements essential to ensure effective and efficient services' provision are in place
N°	Assessment criteria
1	Health facility Licenses are displayed. The License issued by the HPCZ should reflect a Class of the facility. the Class of the .
2	HPCZ and GNC Code of Ethics for all professionals are available and are displayed in the working areas.
3	An approved and up to date organisation structure is available and implemented
4	A document describing : health facility mission, vision, statement and objectives is available
5	Management meetings are held on a regular basis and minutes documented.
6	Data trending are generated, analysed and reported to the next level
7	A patient flow triage procedure is available at the triage department (e.g Outpatient department) to ensure priotisation of patients with emergency conditions.
8	Financial and procurement procedures meet National guidelines set by the Zambia Public Procurement Authority (ZPPA).
9	Key Performance Indicators are established and monitored on a regular basis according to their status (private, public) and requests from stakeholders or authorities

Area	2.3.2 STAFFING AND STAFF MANAGEMENT
Standard	Health facilities ensure patients receive treatment and care from appropriate number of suitably qualified, skilled and experienced staff
N°	Assessment criteria
1	The health facility ensures that all professional staff that are employed are suitably qualified and licensed prior to employment.

2	The health facility updates regularly registration of professional staff with their professional regulatory body
3	Job descriptions are available for all posts
4	Contracts are available for contractual staff.
5	Staff qualifications are compliant with job descriptions
6	Staffing levels are adequate for scope of service.
7	Staff receive information on health facility management and management board decisions as soon as the information or decisions are applicable
8	Staff receive training and continuing professional development (CPD).
9	A training record of all educational and professional development activities is kept for each staff member
10	There are systematic and regular procedures to review staff performance

Area	2.3.3 RECORDS MANAGEMENT
Standard	Health facilities create, maintain and store records according to standards which meet legal and regulatory compliance and professional practice recommendations
N°	Assessment criteria
1	The health facility has a policy for the creation, management, handling, confidentiality, storage and destruction of all records in accordance with Data protection legislation
2	Duration of records keeping: Any records that are required to be kept under legislation are retained for the relevant periods prescribed in the legislation
3	Destruction : Destruction of records is undertaken securely
4	Minimum Patients data sets are kept in line with fulfilment of KPI as required by relevant authorities and stakeholders
5	Comprehensive medical records: all relevant medical information is kept in medical records of each patient. This includes at least, medical conclusions, laboratory results, radiology results, surgery reports, OPD consultations and follow ups)
6	Patient Identification Number : Patients are identified with unique number / code based
7	The health facility has medical records/filing/storage system and records indicate all patients encounters and interventions authenticated (dated /timed/signed with staff's names)
8	Health records are kept in a secured place to protect from use by unauthorized persons, loss or damage
9	Medical records must keep tracks of all changes or alterations so that original entry can be visible
10	Relevant staff have received training and information on medical records management to be familiar with records management
11	The health facility management monitors regularly efficiency and implementation of records management policy

Area	2.3.4 RESEARCH
Standard	Healthcare facilities leading or participating in research ensure that principles and requirements of the National and Institutional Governance Framework is consistently applied
N°	Assessment criteria
1	All research conducted in the Health facility are carried out with appropriated consent and authorisation from all participants involved in line with published guidance on the conduct of research projects
2	The health facility has a written policy to decide whether research proposal is accepted or not
3	The health facility has a written policy and procedures that set out the requirements to be met concerning research projects
4	All research projects involving human subjects have obtained clearance from the national or research ethics committee (institutional review boards) operating in Zambia

5	The health Facility has procedures to ensure that the lead professional for each research is documented
6	The health Facility has procedures to ensure that the head of facility can ensure that all research projects undertaken are appropriate for the organisations involved in and are properly managed

6.1.4. Environment and Amenities

Domain	2.4 ENVIRONMENT AND AMENITIES
Area	2.4.1 PREMISES
Standard	Health facilities provide healthcare services in an environment that is accessible, well maintained, fit for purpose, safe, secure and in line with legislation, directions and guidance
N°	Assessment criteria
1	Building and physical space suitable for scope of activities
2	Facility maintenance programme is in place
3	Heating / cooling / lighting/ ventilation are well maintained
4	Signage for directions is in place in all premises
5	Health facility management monitors the efficiency of maintenance programme on a regular basis
Area	2.4.2 FACILITIES (HEALTH AND SAFETY for PATIENTS)
Standard	Health facilities provide healthcare services in an environment that is safe, secure and in line with legislation, directions and guidance concerning hygiene, privacy and dignity
N°	Assessment criteria
1	Written housekeeping programme in line with good practice guidance is in place including monitoring
2	Tools (brooms, mops, buckets) and cleaning products are available and in sufficient quantity for cleaning operations
3	Facility is in clean and sanitary condition
4	Privacy and dignity are enabled in all premises where patients can get undressed
5	Security system and Guards are on site
6	Drinking water is available in all inpatients wards and outpatients areas
7	All clinical areas have access to single sex toilets and washing facilities
8	The health facility management board together with the Infection Control Committee monitors and reviews efficiency of housekeeping program
Standard	Healthcare facilities ensure safe environment and working conditions for their staff
N°	Assessment criteria
1	The health facility has a staff designated to coordinate Occupational Health Safety program
2	Staff designated has received adequate training
3	The health facility has a OHS programme to address OHS issues regarding violence and harassment
4	The health facility has a OHS programme to address OHS issues regarding injuries and provides post exposure prophylaxis if needed (blood borne related injuries)
5	The health facility ensures all employees have access to full pre employment health screening and relevant vaccines
6	The health facility ensures that all employees fit for their respective roles and provide them vaccination as a preventive measure

7	The health facility ensures training sessions on all OHS related issues
8	The health facility provides staff with protective equipment needed compliant with ICC recommendations
9	The health facility has internal regulations on dress code, badge identification
10	The health facility management together with OHS staff monitors and reviews on a regular basis efficiency of OHS program
11	The health facility has internal regulations on dress code, badge identification
12	The health facility management together with OHS staff monitors and reviews on a regular basis efficiency of OHS program

6.1.5. Patient focus

Domain	2.5 PATIENT FOCUS
	2.5.1 PATIENT INFORMATION
Standard	Health Facilities ensure care and treatment is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care)
N°	Assessment criteria
1	The health facility staff are devoted to treat patients, their relatives and carers with dignity and respect
2	The health facility has statements and procedures available and displayed that ensure that patients are provided with timely and understandable information on their condition, care, medication, treatment and support arrangements displayed in all premises
3	The health facility treats all patients' related information in a confidential manner except where authorised by the legislation to the contrary
4	The health facility management monitors on a regular basis efficiency of "patient's right to be informed" policy and procedures
	2.5.2 CONSENT
Standard	Healthcare facilities have procedures for obtaining patients' consent in line with NHCS recommendations
N°	Assessment criteria
1	The health facility has written statements and procedures available and displayed that ensure that patients are provided opportunities to discuss and choose options relating to their care as defined by the NHCS in all public premises.
2	The health facility has written statements and procedures available and displayed that ensure that patients have given consent, in the conditions as defined by National Health Care Standards, in all public premises. These statements and procedures are compliant with guidelines provided by the National Healthcare Standards
3	The health facility management monitors on a regular basis efficiency of its "policy and procedures to ensure patients' prior consents" is given
	2.5.3 COMPLAINTS
Standard	Healthcare facilities have procedures to deal with patients, staff, concerns, complaints, incidents and claims in line with NHCS recommendations
N°	Assessment criteria
1	The health facility has written procedures and policy to enforce patients' rights, as defined in the National Healthcare Standards, available and displayed in all public premises
2	The health facility has written procedures available and displayed to deal with patients, staff concerns, complaints, incidents and claims and that those who expressed these are not discriminated against when complaints are made or concerns are raised
3	The health facility management monitors on a regular basis the efficiency of its policy and procedures to enforce patients' rights

6.1.6. Accessible and responsive care

Domain	2.6 ACCESSIBLE AND RESPONSIVE SERVICE (FEEDBACK)
Area	2.6.1 PATIENTS VIEWS (FEEDBACK)
Standard	Healthcare Facilities ensure patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway".
N°	Assessment criteria
1	The health facility has a written policy and procedures to collect users feedback in line with rules of confidentiality
2	The health facility displays its written policy and procedures to collect users feedback in all premises
3	The health facility management provides documented and understandable answers to users' feedback every time needed in a timely manner
4	The health facility management monitors on a regular basis users' feedback and improve functionality accordingly

7. SECTION 3: SERVICE SPECIFIC NATIONAL MINIMUM HEALTHCARE STANDARDS

7.1. PHARMACY

Service	3.1 PHARMACY SERVICES
Standard	Health facilities have measures in place to ensure the safe management and secure handling of medicines
N°	Assessment criteria
1	The health facility has licensed staff in line with professional requirements of HPCZ
2	The health facility has written procedures of medicines management available and accessible to relevant staff, compliant with national regulations, which describe the following : <ol style="list-style-type: none"> 1. Ordering 2. Dispensing 3. Receipt 4. Storage 5. Administration 6. Disposal
3	The health facility has records of the following in order to maintain an audit trail <ol style="list-style-type: none"> 1. Ordering 2. Receipt 3. Storage 4. Administration 5. Disposal
4	The medicines required for emergency treatment and care, including resuscitation or other emergencies are accessible and in suitable packaging

5	Lockable storage is provided for : <ol style="list-style-type: none"> 1. Controlled drugs in accordance with Dangerous Drugs Act regulations 2. Medicines for external use 3. Medicines for internal use 4. Medicines stored in accordance with manufacturer's instructions 5. Diagnostic reagents other than test strips 6. Flammable substances
6	Keys of medicines lockers are held securely
7	Medicines requiring cold storage are kept in a temperature regulated refrigerator
8	Controlled drugs are handled in compliance with the requirements of Zambian laws

7.2. LABORATORY

Service	3.2 LABORATORY SERVICES
Standard	Laboratory services work collaboratively with clinical services to ensure timely and accurate laboratory results and/or services
N°	Assessment criteria
1	The health facility has licensed staff adequate to achieve tasks as defined in the written procedures implemented in the laboratory services
2	The health facility has specific written procedures of laboratory services in order to organise <ol style="list-style-type: none"> 1. Laboratory sample collection in the clinical services 2. Laboratory sample packaging, storage and transportation 3. Analysis and internal quality control of Laboratory samples 4. Safe handling of Laboratory samples 5. Waste management of sharps, samples and expired reagents
3	The health facility has written procedures to ensure quality of laboratory results in the following areas: <ol style="list-style-type: none"> 1. Reporting, authentication and transmission of laboratory results by licensed staff via electronic or manual reporting 2. Deadlines for submission of results to clinical departments and results are issued in accordance with the laid down protocols
4	The health facility has written procedures to ensure adequate management of equipment including: <ol style="list-style-type: none"> 1. Regular maintenance according to manufacturer's recommendations 2. Regular calibrations
5	Policies and procedures are implemented by all relevant staff
6	Personal Protective Equipment and the specific list of: N95 masks, goggles, cryogenic/heat resistant gloves and face shield
7	The scope of laboratory services is available and displayed
8	First aid kit is available
9	Emergency trolley is documented, available and checked on every shift
10	The quality of Laboratory services is monitored on a regular basis

7.3. BLOOD TRANSFUSION SERVICES

Service	3.3 BLOOD TRANSFUSION SERVICES
Standard	Health facilities have systems and procedures that ensure safe access and sufficient blood supply
N°	Assessment criteria

1	The health facility has written procedures to ensure compliance with legislation and national guidelines on the use of blood, blood components and blood products in the following: <ol style="list-style-type: none"> 1. Storage in appropriate conditions (temperature, location, cleanliness of storage) 2. Handling and labelling of blood products 3. Personal Protective Equipment for relevant staff 4. Management of sharps and blood products 5. General waste management 6. Workflow with designated staff according to their licenses 7. Reducing the waste of blood and blood components
2	Specific written procedures are implemented as follows <ol style="list-style-type: none"> 1. Screening tests for HIV, Hepatitis B and C, Syphilis for all donated blood is organized 2. Quality control results of laboratory service is monitored
3	Clinical process of transfusion is clearly outlined, written and disseminated in clinical services
4	Emergency tray is documented, available and checked on every shift
5	Clinical process of blood transfusion is clearly monitored and documented in medical records for each patient receiving blood

7.4. RADIOLOGY SERVICES

Service	3.4 RADIOLOGY SERVICES
Standard	Radiology services work collaboratively with clinical services to ensure timely and accurate radiology and imaging results and/or treatment services.
N°	Assessment criteria
1	The health facility has adequate licensed staff in the Radio -imaging services
2	The health facility has specific written procedures of radio imaging services in order to organise <ol style="list-style-type: none"> 1. Radiology images acquisition 2. Storage of radiology images and reports 3. Analysis of Radiology images 4. Safe handling of radio - imaging reagents 5. Waste management
3	The health facility has written procedures to ensure quality of radiology images /results : <ol style="list-style-type: none"> 1. Authentication of radiology results by licensed staff via electronic or manual reporting 2. Deadlines for submission of results to clinical departments
4	Radio protection is organised in accordance with Ionizing Radiation Protection Act (IRPA): <ol style="list-style-type: none"> 1. Rooms are certified for radiation services 2. Signage of radiation operations is in place 3. Protective clothes are available for all staff operating in imaging rooms 4. The health of Operating staff' is regularly monitored via badges and staff are entitled to radiation leave
5	Guidelines for sourcing Cobalt for medical use are available and implemented
6	Emergency tray documented, available and checked on every shift

7.5. SURGICAL SERVICES

Service	3.5 SURGICAL SERVICES
Standard	Health facilities have operating rooms and anaesthetic services that are suitable for the scope of services and operated by qualified staff
N°	Assessment criteria
1	Scope of services of the Operating theatres is clearly stipulated

2	Operating theatres are operated by licensed staff
3	The physical space is compliant with professional requirements for the following : <ol style="list-style-type: none"> 1. Waiting rooms 2. Anaesthetic rooms (if available) 3. Operating rooms 4. Recovery rooms
4	The health facility has protocols and procedures for infection control dedicated to operating rooms
5	infection control procedures in Operating rooms are available and compliant to the NHCS NHCS
6	Adequate equipment is available in operating rooms, induction rooms and recovery rooms for : <ol style="list-style-type: none"> 1. Anaesthesia including monitoring of patients 2. Surgical tools 3. Nursing tools 4. Availability of required medicines 5. Resuscitation equipment for basic and advanced life support
7	The health facility has protocols and procedures for patients' monitoring in OT
8	The health facility has protocols and procedures for recording all operative procedures
9	All staff have received basic life support training
10	Professional staff operating in OT have received advanced cardiac life support training
11	Emergency trolley is documented, available and checked on every shift

7.6 AMBULANCE SERVICES

Service	AMBULANCE
Standard	Ambulances have life-saving services responsive to emergencies and coordinated with adequate services for provision of emergency evacuation
N°	Assessment criteria
1	The ambulance has emergency evacuation services operated by licensed staffs
2	The ambulance service provider has procedures and protocols for responding to basic, intermediate and advanced life support
3	Providers adhere to standards for ambulance services equipment and medicines in: <ol style="list-style-type: none"> 1. Basic life support 2. Intermediate life support 3. Advance life support 4. Special purpose 5. ECO – first responder
4	The ambulance provider has adequately trained staff in accordance with the guidelines
5	Facilities and amenities for static/mobile command post are available
6	Staff demonstrate knowledge of patients rights and responsibilities
7	Procedures and protocols on Infection Prevention and Control are available
8	Procedures and protocols are in place for effective hand over of emergency cases

7.7. EMERGENCY (CASUALTY) SERVICES

Service	3.6 EMERGENCY SERVICES
Standard	Health facilities have life-saving services responsive to emergencies and coordinated with adequate services for provision of adequate care and treatment
N°	Assessment criteria
1	The health facility has emergency service operated by licensed staffs

2	The health facility has procedures and protocols organizing connections of emergency services, in order to ensure speed processes with other relevant services as follows; <ol style="list-style-type: none"> 1. Radiology 2. Laboratory 3. Operating theatres 4. ICU 5. Maternity 6. Hospitalization wards 7. Ambulances 8. Referral hospitals
3	The health facility has procedures and protocols in place to operate without disruption during the operating time in the field of : <ol style="list-style-type: none"> 1. Human resources : duty on call implemented and functional 2. Emergency equipment available, documented and checked on every shift 3. Resuscitation equipment: for basic and advanced life support 4. Availability of required medicines
4	All emergency staff have been trained in basic and advanced cardiac life support
5	Workflow process and triage are organized and stipulated to avoid excess waiting for emergency patients
6	The health facility management monitors on a regular basis efficiency of emergency services and address major issues of the protocols and procedures stipulated in all standard including n°1 (connections with other services)
7	Procedures and protocols are in place for effective receipt of emergency cases

7.8. DENTAL SERVICES

3.7 DENTAL SERVICES	
Standard	Health facilities have dental services that are suitable for the scope of services and are operated by qualified staff
N°	Assessment criteria
1	The health facility has dental services operated by qualified and licensed practitioners
2	written procedures and protocols for infection control during all operations are available and implemented including; <ol style="list-style-type: none"> 1. Decontamination process 2. Waste management including availability of bins for disposables, contaminated materials, liquids, amalgam 3. Storage of dental products
3	Dental staff have received adequate training for infection control
4	Radiation equipment registered and operators licensed
5	Dental equipment available in the clinic and laboratory
6	Medicines and other allied products available
7	OHS programme including records of injuries is available
8	Material safety sheet available
9	Emergency dental care available on call
10	Medical records properly stored
11	Emergency tray is documented, available and checked on every shift

7.9. OPHTHAMOLOGY SERVICES

OPHTHAMOLOGY SERVICES	
Standard	Health facilities have ophthalmology services that are suitable for the scope of service and are operated by qualified staff

N°	Assessment criteria
1	The health facility has ophthalmology services operated by licensed practitioners
2	written procedures and protocols for infection control during all operations are available and implemented including; <ol style="list-style-type: none"> 1. Decontamination process 2. Waste management including availability of bins for disposables and contaminated materials 3. Storage of medical and allied products
3	Staff have received adequate training for infection control
4	Optical equipment registered and operators licensed
5	Optical equipment available in the clinic/hospital and laboratory
6	Medicines and other allied products available
7	OHS programme including records of injuries is available
8	Emergency eye care available on call
9	Medical records properly stored
10	Referral system available for case management
11	Emergency tray is documented, available and checked on every shift

7.10. OPTICAL SERVICES

OPTICAL SERVICES	
Standard	Health facilities have services that are suitable for the scope of services and are operated by qualified staff
N°	Assessment criteria
1	The health facility has optical services operated by licensed practitioners
2	Storage of medical and allied products
3	Staff have received adequate training for infection control
4	Optical equipment registered and operators licensed
5	Optical equipment available in the clinic/hospital and laboratory
6	Medicines and other allied products available
7	OHS programme including records of injuries is available
8	Medical records properly stored
9	Emergency tray is documented, available and checked on every shift
10	Referral system available for case management
11	Emergency tray is documented, available and checked on every shift

7.11. REHABILITATION SERVICES

3.8 REHABILITATION	
Standard	Health facilities have rehabilitation services that are suitable for the scope of activities and operated by qualified staff
N°	Assessment criteria
1	The health facility has rehabilitation services operated by qualified and licensed staff suitable with scope of activities
2	The health facility have standards and policies for rehabilitation practice available
3	The health facility has therapeutic equipment available for achieving procedures of rehabilitation
4	Staffing level and skills of staff in line with rehabilitation workload
5	The health facility has designated rehabilitation supervisor in charge of coordination of relevant activities
6	Referral system is available for patients requiring further therapy

7	Established communication process with patients and relatives available
8	Proper documentation on patients medical condition available
9	Incident records available
10	Patients' plan of care and discharge plan available
11	Patients' education sessions on their medical condition performed

7.12. MEDICAL SOCIAL SERVICES

3.9 MEDICAL SOCIAL WORK	
Standard	Health facilities have medical social work services that are suitable for the scope of service and operated by qualified staff
N°	Assessment criteria
1	The health facility has medical social work services operated by trained staffs
2	The health facility has practice guidelines for medical social work available
3	Admission policy is available
4	Staffing level and skills of staff in line with service workload
5	The health facility has designated medical social supervisor in charge of coordination of relevant activities
6	Referral system and social assistance is available for patients requiring further therapy
7	Established communication process with patients and relatives available
8	Patients' consent forms available
9	Contact addresses of the health facility given to patients on discharge
10	Patients' plan of care and discharge plan available
11	Patients' education sessions on their medical condition performed
12	Patients' rights, dignity and responsibilities information available

8. SECTION 4: ANNEXES

Health facilities and assessors shall be required to refer to the following documents during preparation of health facilities and assessments:

- 8.1. EQUIPMENT LIST FOR LEVEL 3, LEVEL 2, LEVEL 1 HOSPITALS, HEALTH CENTRES AND HEALTH POSTS
- 8.2. AMBULANCE SERVICE PROVIDERS GUIDELINES
- 8.3. GUIDELINES ON GENERATION AND MANAGEMENT OF PATIENT'S RECORDS
- 8.4. GUIDELINES ON PATIENTS CONSENT
- 8.5. GUIDELINES ON PATIENT CONFIDENTIALITY
- 8.6. GUIDELINES ON WITHHOLDING TREATMENT
- 8.7. GUIDELINES PERVERSE INCENTIVES



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