



Web-seminar July 30, 2020
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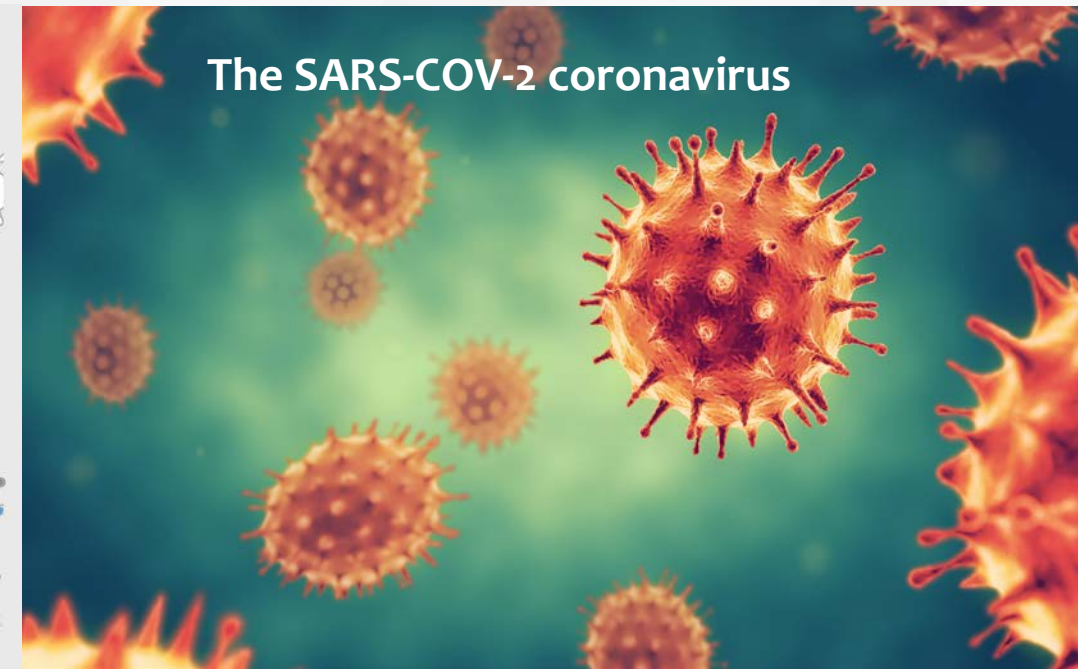
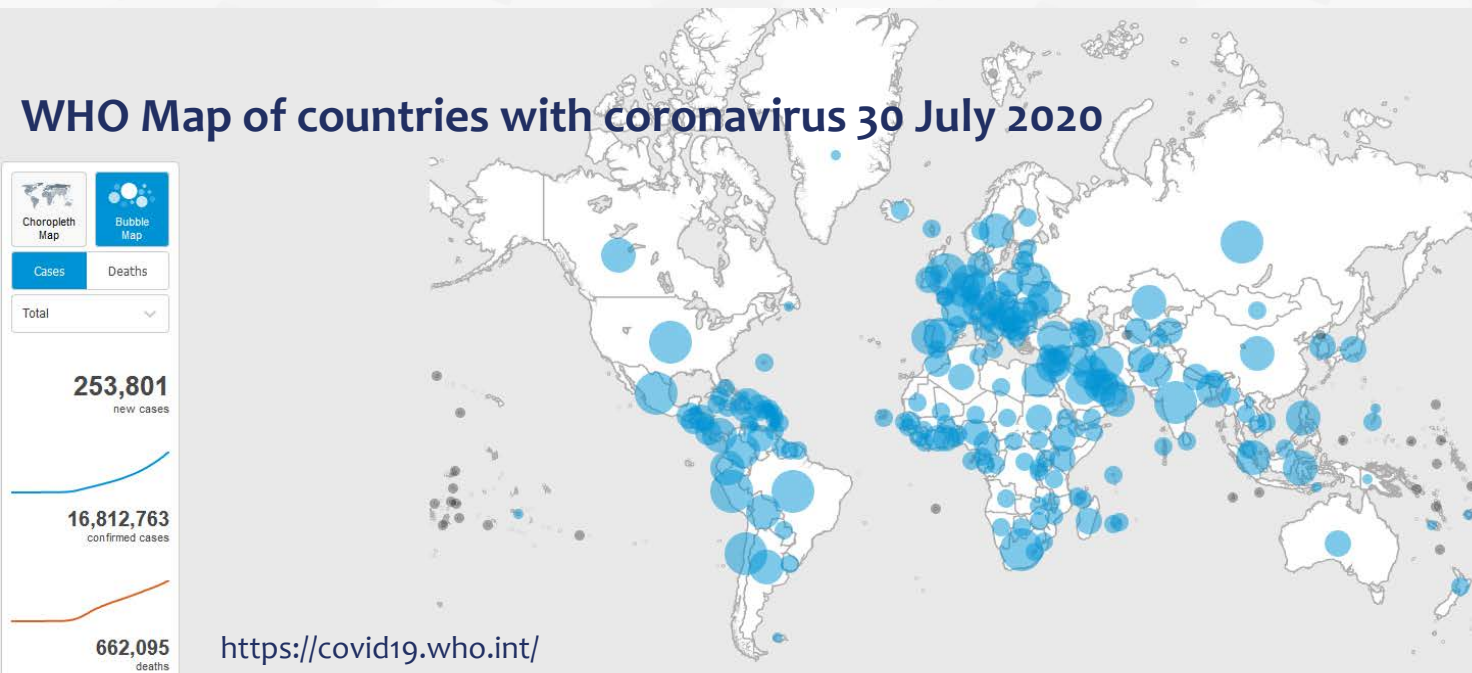
Better COVID-19 preparedness through accreditation and implementation of hospital management systems

... Or why hospital managers of accredited organizations sleep better than those of non-accredited organizations ...



Severe Acute Respiratory Syndrome Coronavirus 2

SARS-COV-2 = Virus
COVID-19 = Disease

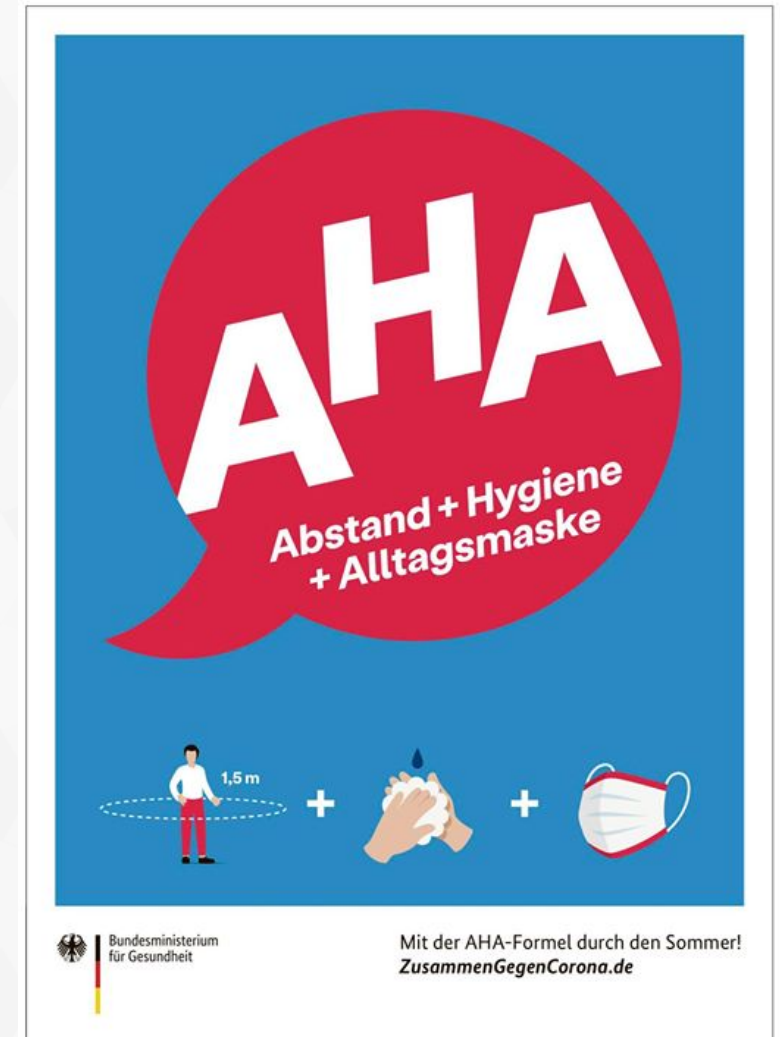


Severe Acute Respiratory Syndrome Coronavirus 2

- Similar to SARS-COV-1 (2002/2003)
- Transmission via droplets/aerosols
- Stable
- Measurable activity up to 72 h (plastic, iron)

AHA rules:

Distance – Hygiene – Facemasks (29.04.)



How does accreditation help?

Example 1: Hand hygiene

Example 2: Infection control screening and monitoring

Example 3: Emergency preparedness

ICHP 1: Hand hygiene processes

ICHP 1.1: The implementation of the “5 moments for hand hygiene” published by WHO (World Health Organization) is assured throughout the healthcare provider:

1. Before touching a patient.
2. Before clean/aseptic procedures.
3. After body fluid exposure/risk.
4. After touching a patient.
5. After touching patient surroundings.

ICHP 1.2: Regular training on hand hygiene to care-givers (medical and nursing staff) is ongoing and documented.

ICHP 1.3: Measures, evaluation, assessment and monitoring of correct hand hygiene are taken and corrective actions are implemented.

ICHP 1.4: Information about the “why” and “how” of proper hand hygiene is provided to patients, relatives, and visitors.

In accordance with their exemplary function doctors support the education of patients and accompanying persons in hand hygiene and the importance of hand hygiene in the prevention of infections.

ICHP 1.5: Availability of and access to hand disinfectant for staff, patients, and visitors is assured to support proper hand hygiene.

ICHP 2: Infection control screening process and protocols

ICHP 2.1: A database about nosocomial infections is available and used. Evaluation, assessment and monitoring of infections take place on a regular basis.

ICHP 2.2: The healthcare provider has protocols including respective assignment of clear responsibilities for infection control and prevention.

ICHP 2.3: Guidelines and protocols for the admission of potentially infectious (international) patients are available and implemented based on the organization's risk assessment. These guidelines and protocols include (where applicable) patients from countries with different risks of being infectious, patients being transferred after long-term stay in another hospital, ICU, home care, and other sources of high infection risks.

ICHP 2.4: An active infection control committee exists.

Determination of interventions for infection control should be based on risk assessment and adequate planning by infection control committee experts. Measures taken should be regularly evaluated for their effectiveness leading to review or further adjustment by the committee.

See also COM 2

ICHP 2.5: Screening for and identification of multi-resistant pathogens is based on current international evidence.

FSIS 2: Risk management, safety and security

FSIS 2.1: The healthcare provider plans and provides a safe and secure physical environment in the facility through an implemented risk management and respective auditing, inspection and monitoring. Security measures are in place to provide a secure environment for staff, patients, relatives and visitors.

Details are defined in chapters IPSG 2 to 2.7, COM 3 and COM 5.

FSIS 4: Emergency preparedness

FSIS 4.1: Based on the healthcare provider's risk assessment and as part of the healthcare provider's risk management as well as in cooperation with the local authorities, possible emergencies and any kind of disaster are identified, classified and respective procedures and instructions are in place.

Details are defined in chapter IPSG.

How does accreditation help?

1. Hygiene and infection prevention standards are already implemented
 - ✓ Complete policies and procedures
 - ✓ Trained staff (compliance!)
 - ✓ Quality culture
 - ✓ Monitoring tools in place

2. Disaster management and preparedness plans are already in place
 - ✓ Adjustment instead of unsystematic “reaction”
 - ✓ Responsibilities are clearly defined
 - ✓ Responsive committees
 - ✓ ...

How does accreditation help?



By [Salma Jaouni Araj, CEO, HCAC](#) Friday, May 29, 2020

Accreditation: How it supported healthcare organizations' readiness for COVID-19! *Featured*

Interviews with accredited and non-accredited healthcare institutions in Jordan by HCAC

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Thank you very much for your attention!

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