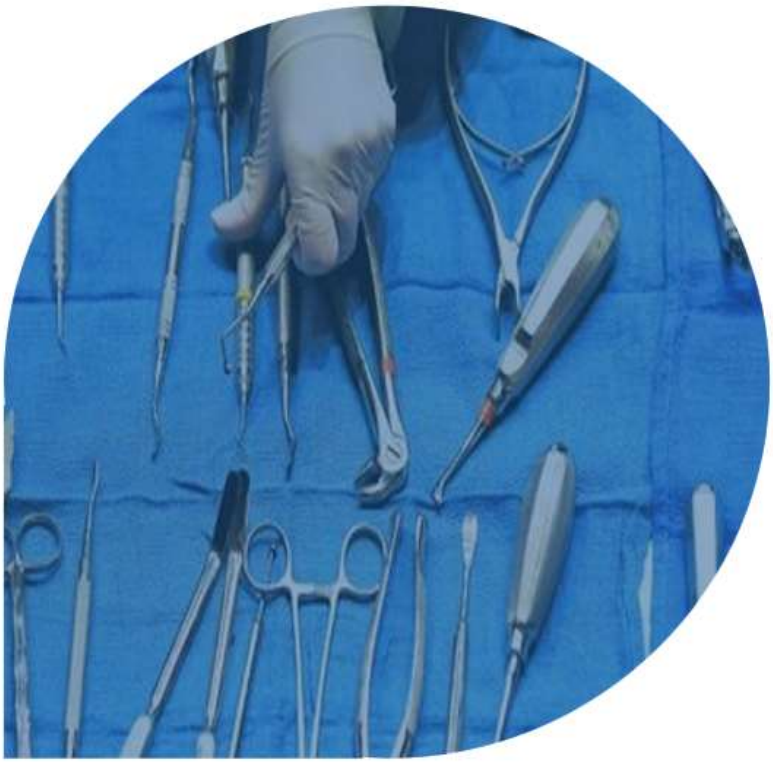
OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care



Health Technology Services/Clinical Engineering

v1.2.1

Regulatory Private Acute Hospital Inspection tool

Facility: Date:

- **Tool Name:** Regulatory Private Acute Hospital Inspection Tool v1.2.1
- **HEs Type:** Hospitals
- **Sector:** Private
- **Specialization:** Private Acute Hospital
- **Created By:** Health Standards Development and Training

8 Health Technology Services/Clinical Engineering

Domain 8.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 8.2.1 7 Clinical management

Standard 8.2.1.1 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 8.2.1.1.1 7 The health establishment must adhere to a planned schedule for maintaining equipment.

8.2.1.1.1.1 Records from the previous twelve months show that equipment is maintained according to a planned schedule, in line with the manufacturer's instructions.

Assessment type: Document - **Risk rating:** Vital measure

For the equipment listed below, examine the planned preventive maintenance schedule in the unit as well as the manufacturer's instructions and the maintenance schedule. Determine whether the service intervals in the maintenance schedule correspond with the manufacturer's instructions. In the event that manufacturer's instructions are not available, they may be replaced by documented guidance from the local health technology team. Score 1 if this requirement is met and 0 if not met. Score not applicable for the equipment not utilised by the health establishment.

Score	Comment

Unit 1 Maintenance schedule available

Aspects	Score	Comment
1. Anaesthetic machine(s)		
2. Ventilator(s)		
3. Defibrillator(s)		
4. Automated external defibrillator (AED/s)		
5. Non-invasive blood pressure (NIBP) machines		
6. Infusion pumps		
7. Blood gas analyser machine(s)		
8. Syringe pumps		
9. Cardiac monitors		
10. Cardiotocograph machines		

11. Sonar machine		
12. Vascular Doppler		
13. ANC Doppler		
14. Theatre beds		
15. Echo machine		
16. Intracranial pressure monitor		
17. Lung function test machine		
18. 12-lead electrocardiograph (ECG)		
19. Haemodialysis machine		
20. Cardiac output monitor		

Unit 2 Schedule aligned to manufacturer’s instructions.

Aspects	**Score**	**Comment**
1. Anaesthetic machine(s)		
2. Ventilator(s)		
3. Defibrillator(s)		
4. Automated external defibrillator (AED/s)		
5. Non-invasive blood pressure (NIBP) machines		
6. Infusion pumps		
7. Blood gas analyser machine(s)		
8. Syringe pumps		
9. Cardiac monitors		
10. Cardiotocograph machines		
11. Sonar machine		
12. Vascular Doppler		
13. ANC Doppler		
14. Theatre beds		
15. Echo machine		
16. Intracranial pressure monitor		

17. Lung function test machine		
18. 12-lead electrocardiograph (ECG)		
19. Haemodialysis machine		
20. Cardiac output monitor		

Unit 3 Maintained according to schedule.

1. Anaesthetic machine(s)		
2. Ventilator(s)		
3. Defibrillator(s)		
4. Automated external defibrillator (AED/s)		
5. Non-invasive blood pressure (NIBP) machines		
6. Infusion pumps		
7. Blood gas analyser machine(s)		
8. Syringe pumps		
9. Cardiac monitors		
10. Cardiotocograph machines		
11. Sonar machine		
12. Vascular Doppler		
13. ANC Doppler		
14. Theatre beds		
15. Echo machine		
16. Intracranial pressure monitor		
17. Lung function test machine		
18. 12-lead electrocardiograph (ECG)		
19. Haemodialysis machine		
20. Cardiac output monitor		

Criterion 8.2.1.1.2 7 Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.

8.2.1.1.2.1 A policy or standard operating procedure or procedure or guideline for the management of medical equipment is available.

Assessment type: Document - **Risk rating:** Essential measure

The aspects listed below are included and explained in the policy or standard operating procedure or procedure or guideline. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, signed and dated by the relevant authority responsible for approving the document, designation of the approver, date of implementation or approval, date of next review. Documents must be reviewed regularly up to the maximum of every 5 years. Document could be from the corporate head office. The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. Recording of equipment in a register		
2. Training on the use of equipment		
3. Equipment is calibrated and serviced as per manufacturers recommendations		
4. Equipment is cleaned and decontaminated as per manufacturer's instructions		
5. Loan of equipment is documented and followed up.		

Domain 8.3 CLINICAL SUPPORT SERVICES
Sub Domain 8.3.1 13 Medical equipment
Standard 8.3.1.1 13(1) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.
Criterion 8.3.1.1.1 13(2)(a) The health establishment must ensure that equipment is licensed where required from the relevant licensing body.

8.3.1.1.1.1 Medical equipment or devices have a copy of the required license.

Assessment type: Document - **Risk rating:** Vital measure
Medical equipment or devices that require licensing must have the license issued by the relevant licensing body or authority or regulator. This includes but is not limited to medical equipment generating ionising radiation. Request a list of medical equipment or devices and verify whether a license is available for each of the items on the list. Score 1 if the license is available and 0 if not available.
Not applicable: Never.
Reference: https://www.sahpra.org.za/radiation-control/ https://www.sahpra.org.za/medical-devices/

Score	Comment

Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.
To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Private Acute Hospitals.

Acknowledgments

Many people have contributed to the update of the Private Acute Hospital Inspection Tools version 1.2.1. The Office of Health Standards Compliance wishes to extend the most heartfelt acknowledgment and gratitude to the following:

- Health Standards Development and Training unit team (Ms. Izelle Loots, Mr. Jabu Nkambule, Ms. Busisiwe Mashinini, Ms. Derelene Hans, and Ms. Andiswa Mafilika) for the update of the Private Acute Hospital inspection tools.
- The internal OHSC teams (Compliance Inspectorate, for their contribution during the update of the Private Acute Hospital inspection tools).

It is hereby certified that the Regulatory Private Acute Hospital Inspection tools version 1.2.1 was updated by the Office of Health Standards Compliance.

SIGNATURE:
MS. WINNIE MOLEKO
EXECUTIVE MANAGER: HEALTH STANDARDS, DEVELOPMENT ANALYSIS AND SUPPORT
DATE: 1804/2024

SIGNATURE:
DR MATHABO MATHEBULA
CHIEF OPERATIONS OFFICER: OHSC
DATE: 23/04/2024

SIGNATURE:
DR SIPHIWE MNDAWENI
CHIEF EXECUTIVE OFFICER: OHSC
DATE 23/04/2024

Telephone: 012 942 7700

Email: admin@ohsc.org.za

Website: www.ohsc.org.za

Physical address:
The Office of Health Standards Compliance,
79 Steve Biko Road,
Prinshof,
Pretoria
0084

Postal Address:
Private Bag X21
Arcadia
0007

ISBN:
978-0-620-90157-4