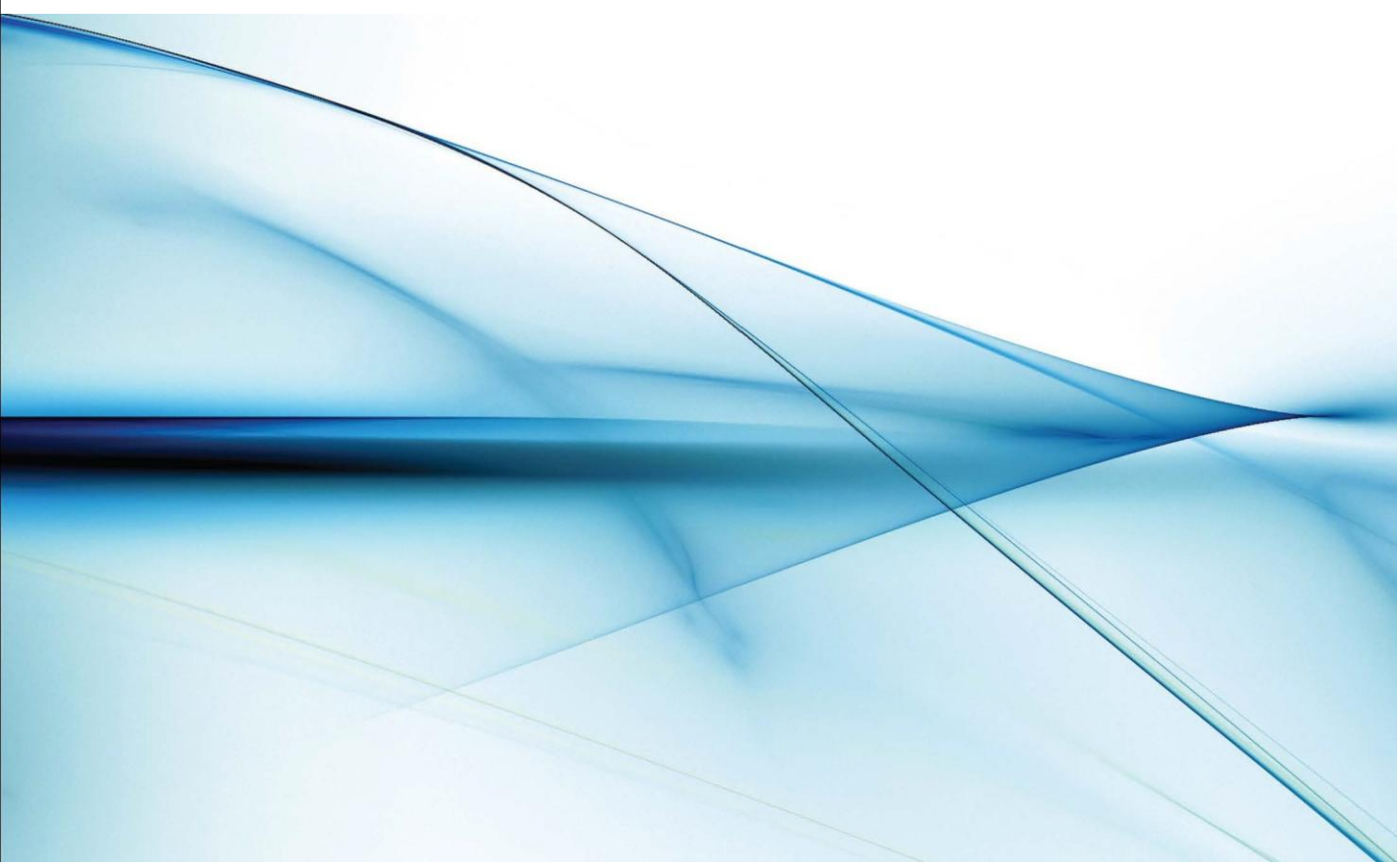
Republic of Turkey
Ministry of Health

Hospital
Service Quality Standards



ISBN: 978-975-590-368-2

Published in 15.000 copies
Published by:
Pozitif Printing Press Ltd. Co.
Çamlıca Mah. 145. Sk. No: 10/16
Yenimahalle / Ankara
Tel: 312 397 00 31
pozitif@pozitifmatbaa.com

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PREFACE

Health services provided in our country continue to improve in a similar way to western countries in terms of state-of-the-art technology use, infrastructure improvement, manpower capacity and quality and in a way to set example in many fields.

Works of the Ministry go through a continuous change and renovation process in the name of doing the better all the time. One of these works is Service Quality Standards prepared for the evaluation and improvement of the quality of health services provided. Our efforts for these standards remind us a saying: **"Quality improvement is a journey with no end"**.

Quality works, which were initiated by our Ministry in 2005 in all health institutions, not only cover all institutions providing health service in our country today; but also contains all kinds of guidance in this field. Moreover, it has made significant progress in the international arena both in terms of recognition and of effectiveness.

While preparing **"Service Quality Standards"**, experience gained in the last 5-6 years, international practices, the opinions of experts, Ministry strategy and objectives were taken into consideration. These standards have been prepared with great efforts as a result of intensive discussions and researches carried out in the last two years. One of the most important and critical discussions, which lasted for hours even for days, was, rather than the standards themselves, to build standards on a main framework and provide them with sections, which will enhance the effectiveness of them, facilitate the assessment of them and cover all departments of the institution. Thus, **"HQS sectioning systematics"** is the first of its kind, which resulted from intensive works, discussions and researches. We now have a set of standards which is based on a more stable foundation. The adventure of preparing these standards is described in detail under the title **"HQS Methodology"**.

This set of standards, which cover all hospitals including public, private and university hospitals, has a content which will enable health care staff to do the right thing on the right time in a right manner in their practices. Moreover, each manager should act as a pioneer for implementing these standards and be a role-model in many fields in order to become more successful.

These works concentrating on patient and occupational safety and these standards set forth are important works forming the basis of the national quality system to be established in our country as is the case in national quality systems introduced in many countries. Moreover, guidelines prepared moving from these standards will contribute to the development of national quality system and to the works of our agencies.

In conclusion, **"HQS"** is now a trademark for the delivery of health services and it is of critical significance both for health staff and for safety and satisfaction of patients. We would like to kindly thank to all parties, primarily Performance Management and Quality Improvement Department, who contributed to the preparation of these standards in order to serve in more reliable environments and to encounter with safer practices and we hope that we will collaborate in more successful works.

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ACKNOWLEDGEMENTS

We would like to kindly thank

the Ministry of Health

Performance Management and Quality Improvement Department staff, public, private and university hospitals where the pilot study was carried out, assessors, trainers and all health care staff.

HQS Methodology

Introduction

One of the main objectives of Health Transformation Program is to ensure continuous improvement of quality in health services. In 2003, performance based supplementary payment system was developed as a specific implementation to our country, and quality dimension was added to this system as the second stage in 2005 with Improving Corporate Performance and Quality, which is based on quality in health service delivery. Thus a comprehensive hospital assessment system was introduced, which is based on access to health care, service infrastructure, assessment of processes, measurement of patient satisfaction and the extent of achieving targets which were set.

Quality criteria constitute the most import parameter of Improving Corporate Performance and Quality, which was introduced in public hospitals in 2005. Quality criteria, which used to be composed of 100 questions, were turned into a set of 150 questions with the revision at the beginning of 2007. Quality criteria, which were composed of 150 questions, were totally revised with the revision in 2008 and they were rearranged in terms of structure, design and methodology. Quality criteria were renamed as Service Quality Standards and turned into a set constituting of 354 standards and almost 900 sub-components. "Service Quality Standards for Private Hospitals", which were composed of 388 standards in total and almost 1450 sub-components, were prepared and published for private hospitals and university hospitals in 2009.

Service Quality Standards were prepared by several experts taking into consideration different corporate structures, problematic areas and country conditions in line with national and international resources. Feedback, opinions and suggestions of assessors, hospital quality representatives and experts from different fields are evaluated and an assessment tool enlightening all the processes for our hospitals is created with an extremely diligent work and by making use of the experience gained by the Presidency team by now.

Service Quality Standards and guidelines published with them have the mission to guide health care providers in their practices and also act as a chart for on-site evaluation of these practices. With these standards and guidelines developed in the light of the roles and duties assigned to the Ministry, both the practitioners and the Ministry teams, who will evaluate the practices, are trained and so it ensures that the system has a positive and effective structure in a holistic sense.

Moreover, when several country models in the world are analyzed, we see that works on improving health service quality are conducted mostly based on national quality and accreditation

systems. Such reasons as requirements, priorities and different expectations of health systems of different countries and the financial burden brought by international accreditation systems have led many countries in the world to establish a national quality system in health. Within this context, it is possible to see both developed countries such as England, Canada, France, Denmark and developing countries such as Thailand, Egypt, India, Kyrgyzstan and Malaysia among countries with National Quality System in Health.

While establishing a national quality system in our country, public and private hospitals were evaluated with two different sets of standards. However, an intensive work was initiated to prepare a set of "Hospital Service Quality Standards" in a way to cover public and university hospitals as well as private hospitals with the aim of converging service standardization without any differentiation of health institutions such as public, private and university hospitals, laying the ground for sharing experience between agencies and establishing a national quality system in health.

Within this scope, preparation of standards was initiated taking into account the following aspects:

1. Evaluation of standards within the agency, association of them with one another and development of section structure in order to cover all departments of the agency,
2. Preparation and design of standards according to this section structure,
3. Validity and reliability work of the determined standards,
4. Development of a specific coding system for the traceability and analysis of standards,
5. Scoring of standards according to a certain rule and strategy,
6. Creation of definitions index,
7. Creation of information tables.

1. Development of Section Structure:

Standards were built on a model composed of 5 sections being horizontal and vertical in the section system and designed in a way to cover all departments of the agency. Vertical Sections include Institutional Service Management, Health Service Management, Support Service Management, Indicator Management while the horizontal section includes Patient and Occupational Safety. By this way, a specific section structure for our country was developed.

2. Preparation of Standards:

While standards were being prepared, national and international sources, primarily Service Quality Standards of current public and private hospitals, were analyzed, country conditions and requirements were taken into account and strategic objectives of the Ministry were considered. Feedback, opinions and suggestions of on-site assessors, hospital quality representatives and various experts were taken and finally a pilot study is prepared with an extremely diligent work by making use of the experience of Presidency team gained by now. In addition to the fact that the standards are based on a pillar of patient and occupational safety in qualitative terms, a conceptual perspective was taken as basis for the preparation of standards, which is cost effective, prevents extravagance and prioritizes productivity and satisfaction.

3. Validity and Reliability Study of Standards:

Pilot studies were conducted in 24 hospitals from different provinces, different types of hospitals and different sectors with the aim of evaluating applicability and understandability of the standards developed, and validity and reliability of standards were analyzed.

Hospitals where Pilot Studies were Conducted		
Ministry of Health Hospitals		
Order No.	**Name of Province**	**Name of Hospital**
1	Ankara	Dr. Abdurrahman Yurtaslan Oncology Education and Research Hospital
2	Ankara	Ankara Physiotherapy Rehabilitation Education and Research Hospital
3	Ankara	Zekai Tahir Burak Woman's Health Education and Research Hospital
4	Ankara	Atatürk Education and Research Hospital
5	Ankara	Ulucanlar Eye Education and Research Hospital
6	Izmir	Atatürk Training and Research Hospital
7	Izmir	Buca Seyfi Demirsoy State Hospital
8	Izmir	Suat Seren Chest Diseases Education and Research Hospital
9	Izmir	Dr. Behçet Uz Pediatric Diseases Education and Research Hospital
10	Antalya	Atatürk State Hospital
11	Antalya	Kemer State Hospital
12	Bolu	Bolu İzzet Baysal Mental Health Hospital
13	Eskişehir	Yunus Emre State Hospital
14	Mardin	Mardin State Hospital
University Hospitals		
15	Ankara	Gazi University Faculty of Medicine Hospital
16	Ankara	Ankara University Faculty of Medicine Hospital
Private Hospitals		
17	Ankara	Bayındır Hospital
18	Ankara	TOBB ETU Hospital
19	Ankara	Dünya Göz Hospital
20	Ankara	Akay Hospital
21	Ankara	İncek Physiotherapy and Rehabilitation Hospital
22	Izmir	Karşıyaka Eye Hospital
23	Adana	Can Maternity and Surgery Hospital
24	Eskişehir	BSK Anadolu Hospital

4. Development of Coding System:

A coding system was developed in order to create a statistical registry in determining the extent of meeting standards at hospitals and to ensure traceability of standards by giving them an identity, and standards were arranged in compliance with this system. Codes allocated to standards by this way will also enable the processing of data and making comparisons between hospitals. Coding will also provide practical information to users on the relevant sections of standards, which have vertical and horizontal sections.

5. Development of Scoring System:

A system has been developed for scoring the standards prepared. Scoring is done according to a certain rule and strategy in this system and it is aimed to make comparison between standards. Moreover, a holistic, balanced and nominal structure is created by including standards in certain categories.

6. Creation of Definitions Index:

Definitions index was created with the aim of providing a common language for practitioners and assessors in the process of implementation of standards prepared and evaluation of them.

7. Creation of Information Tables:

At the stage of implementing standards, standards, which are not applicable at agencies both for informing agencies and for the characteristics and/or implementation of the agency, were determined and not used in scoring .

In conclusion, in Turkey's health system, significant progress have been made to establish a system, the aim of which is to enhance public health by improving service quality, which provides the same high-quality service for all service providers, evaluates agencies periodically with the same evaluation system, targets continuous improvement, pays as much attention to occupational safety and occupational interest as patient safety and patient interest and acting like a guide and mentor for the senior management. The effectiveness and acceptability of "Hospital Service Quality Standards" are enhanced in these studies for which a scientific and proper methodology is followed and the same diligence is shown and there appears a common product adopted by all shareholders. In conclusion, "Hospital Service Quality Standards", which constitute the main pillar of National Quality System in Health, will continue to contribute health sector for being specific to our country and for involving a synthesis of international studies. These works are open for improvement and as it has been the case by now and as it will be in the future; scientific studies, technological developments, feedbacks, experience and country requirements will continue to be nourishing and enhancing factors for these studies within the process.

Coding System

Service Quality Standards are a set of standards which address processes systematically from different perspectives, act as a guide for practitioners and are used for the evaluation of practices. In this context, standards have systematic structure in itself. This structure involves sections, departments, standards and evaluation criteria, and this structure is described with a coding system. The coding system provides an identity to standards. The coding system will ensure determining the level of meeting standards by agencies, analyzing data and making comparisons between agencies.

Hospital HQS Coding System

1. **Hospital HQS consists of five sections, being vertical and horizontal. Vertical Sections include Institutional Service Management, Health Service Management, Support Service Management and Indicator Management whereas the horizontal section includes Patient and Occupational Safety.**

2. **Coding is composed of 5 segments. The first 4 segments in coding are two-digit numbers and the 5th is a letter.**
   Example: 01.04.03.00.H

3. Two-digit number in the first segment refers to the vertical section.
   01: Institutional Service Management
   02: Health Service Management
   03: Support Service Management
   04: Indicator Management

4. Two-digit number in the second segment refers to the department among vertical sections. (Table 1).

5. **Two-digit number in the third segment refers to the order of the standard in sequence within the department.**

6. **Two-digit number in the fourth segment refers to the standard and evaluation criteria.**
   - The standard is described as 00.
   - Evaluation criteria start with 01 and are described as consecutively increasing numbers.
   - Breakdowns of evaluation criteria are described with “o” sign.

7. **The fifth segment shows the horizontal section. It is described with the letters of “P”, “O” and “S”.**
   - Standard and evaluation criteria are described with letter "P" for a standard relevant to patient safety.
   - Standard and evaluation criteria are described with letter "O" for a standard relevant to occupational safety.

- Standard and evaluation criteria are described with letter "S" for a standard relevant to patient and occupational safety.
- No letter shall be used for standard and evaluation criteria in a standard not relevant to patient safety, occupational safety, and patient and occupational safety.

Table 1. Departments Constituting the Vertical Sections of HQS

Department Code	**Name of Department**
	Institutional Service Management
01	Management Services
02	Patient Care Services
03	Control and Prevention of Infections
04	Facility Management
05	Emergency and Disaster Management
06	Information Management
07	Stock Management
08	Waste Management
	Health Service Management
01	Polyclinic Services
02	Emergency Health Services
03	Biochemistry Laboratory Services
04	Microbiology Laboratory Services
05	Pathology Laboratory Services
06	Imaging Services
07	Endoscopy Services
08	Clinics
09	Operating Room Services
10	Intensive Care Services
11	Newborn Intensive Care Services
12	Pharmacy Services
13	Sterilization Services
14	Transfusion Medicine Services
15	Oral and Dental Health Services
16	Physiotherapy Services
17	Dialysis Services
18	Childbirth Services
19	Psychiatry Services
20	Nuclear Medicine Services
	Support Service Management
01	Patient File and Archive Services
02	Kitchen Services
03	Laundry Services

04	Morgue Services
	Indicator Management
01	Quality Indicators

8. Codes of revoked standards shall not be used for another standard. The same code shall continue to be used for a revised standard and the number of revision shall be written at the beginning of the code.

9. As some standards included in Institutional Service Management are relevant to Health Service Management and Support Service, these standards are also included in departments relevant to codes in Institutional Service Management.

10. Examples:

Example 1

01.01.21.00.H is the code;

- "01" in the first fragment refers to Institutional Service Management,
- "01" in the second fragment refers to the department of Management Services,
- "21" in the third fragment refers to the 21st Standard,
- "00" in the fourth fragment refers to the standard itself,
- "P" in the fifth fragment refers to the relevance of the standard with Patient Safety.

Example 2

01.01.21.01.H is the code;

- "01" in the first fragment refers to Institutional Service Management,
- "01" in the second fragment refers to the department of Management Services,
- "21" in the third fragment refers to the 21st Standard,
- "01" in the fourth fragment refers to the 1st evaluation criteria of the standard,
- "P" in the fifth fragment refers to the relevance of standard with Patient Safety.

Scoring System

A system has been developed for scoring the standards prepared. Scoring is done according to a certain rule and strategy in this system and it is aimed to make comparison between standards. Moreover, a holistic, balanced and nominal structure is created by including standards in certain categories.

Thus a system specific to scoring of Hospital Service Quality Standards was introduced.

HQS Scoring System

1. 5 and multiples of 5 are used in scoring.

Standard Feature	Score
Standards related to written arrangements	5
Standards related to training	10
Standards related to quality management	10
Standards related to physical properties	10
Standards including process oriented practices-1	10
Standards including process oriented practices-2	15
Standards related to patient and occupational safety-1	15
Standards related to indicator monitorization-1	15
Standards related to patient and occupational safety-2	20
Standards for self-assessment, committees and the disabled	20
Standards related to indicator monitorization-2	20

2. Standards are scored during scoring.

Evaluation criteria are not scored.

3. Standard and evaluation criteria for the standard are described as **Yes, No** and **Out of Evaluation** during evaluation.

4. While scoring as a result of the evaluation,

- **Yes:** refers to the fact that the standard is met with all evaluation criteria and **the highest score** is given.
- **No:** refers to the fact that the standard itself or at least one evaluation criteria is not met and**0 (zero)** point is given.
- **Out of Evaluation:** refers to the standards which could not be evaluated at the hospital and no score is given.

5. When more than one of the same department (clinics, intensive care etc.) is evaluated

among the departments in the section of Hospital HQS Health Service Management, scoring is done for one department. For instance, when there are more than one intensive care unit in a hospital and when intensive care units are evaluated against standards, if the relevant standard is met by the first intensive care unit (yes) but not met by the second intensive care unit (no), then this standard is considered not to have been met.

6. Standards included in hospital HQS Institutional Service Management are evaluated and scored throughout the hospital and at all departments.

Definitions

Department: These are departments (such as Pathology, Emergency Department, Newborn Intensive Care unit, Dialysis Unit, Delivery Room, Information Management, Facility Safety) included in each of 4 vertical sections (Institutional Service Management, Health Service Management, Support Service Management and Indicator Management) involved in HQS.

Hospital Information Guide: This is a guide available at the units providing public relations service and it involves hospital plan, services provided at the hospital, how to make use of these services and current phone numbers of the departments in the agency.

General Orientation Training: This is the training provided for the staff who have recently started to work at the hospital with the aim of introducing them the agency. This training shall include minimum the followings:

- Physical structure of the hospital,
- Departments providing service,
- Administrative structure and managers,
- Working conditions,
- Permissions,
- Access to hospital,
- Hospital contact information.

Departmental Orientation Training: This is the training provided for those who have recently started to work at the department with the aim of introducing them the department. This training shall include minimum the followings:

- Department manager and staff,
- Activities and operations of the department,
- Physical structure of the department,
- Duties, authorities and responsibilities of the staff according to their professional categories,
- Written arrangements related to the department,
- Service Quality Standards related to the department,
- training on the module relevant to the department s/he will work at in the hospital information management system.

Self-Assessment: This is the assessment made within the agency based on Service Quality Standards under the responsibility of Hospital Quality Management Director.

Identifier: This is the identifier used for identity authentication for each hospitalized patient (including

day patients) in order to ensure that the right procedure is applied on the right patient.

Emergency Response Kit: Emergency Response Kit shall include minimum the followings:

- Laryngoscope set and spare batteries (for children and adults),
- Balloon-valve-mask system,
- Masks of different sizes,
- Oxygen hose and masks,
- Intubation tube (in pediatric and adult sizes),
- Ancillary airway devices (laryngeal mask, airway or combined tube),
- Injectors,
- Personal protective equipment.

Drugs which need to be available in the emergency response kit shall be determined according to the requirements of the department and patient portfolio. Emergency response kit shall also include defibrillator in operating rooms, intensive care units and dialysis departments.

Operating Room Areas shall include the followings: Visually separated (by a strip or a signboard)

- **Non-sterile area;** which is opened to the outside of the operating room,
- **Semi-sterile area shall include the followings:**
  - Corridors connecting to sterile and non-sterile areas,
  - Areas where support services of the operating room are provided,
  - Clean and sterile warehouses,
  - Areas where surgical wastes are collected,
  - Areas where laundry is collected,
  - Resting rooms,
  - Patient preparation and recovery rooms,
- **Sterile area shall include** operating rooms which are not connected to non-sterile areas and areas where surgical hand washing is performed.

Risky Interventional Procedure: is a medical procedure performed on an organ or lumens of GIS, urinary system, respiratory system by impairing cutaneous/mucosal integrity of the patient for diagnostic or therapeutic purposes.

Check List Contact Person: is the person who fills in Safe Surgery Check List™ at each stage of surgical procedure in line with the information s/he receives from the surgical team and the patient.

Personal Protective Equipment: are the clothes, tools and materials used by the staff against risks and threats in the working environment. Different type of personal protective equipment may need to be available at each department according to characteristics of that department. These materials shall include:

- Gowns,
- Gloves,
- Oral-nasal masks,
- Face mask
- Humidity resistant gowns,

- Industrial type powder masks,
- Polyethylene laminate and supported PVA gloves,
- N95 respiratory masks,
- Thick sterile gloves reaching up to elbows,
- Hand antiseptic solutions,
- Soap,
- Paper towel,

Areas with Radiating Devices: are areas where imaging services are delivered, Nuclear Medicine, ESWL units, radiotherapy units, catheter angiography laboratory, imagining units of oral and dental health departments and areas where procedures are performed with a scope in the operating room. Radiation safety measures shall be taken in all of these areas.

Radiation Warning Signboards: are main radiation signs used with the aim of warning at the entry of areas with radiating devices and in areas with radiation; and they are signs with symbols and colors indicating the risk of radiation exposure in an understandable way.

Bulletproof equipment: is the equipment used in radiation areas; for the protection of patients, patient relatives and staff from radiation such as

- Bulletproof gown,
- Bulletproof glasses,
- Bulletproof gloves,
- Thyroid protective,
- Protective fronts.

Critical Stock Level: is the level indicating that necessary procedures should be initiated for the supply of drug/material.

Minimum Stock Level: is the level which should absolutely be available at all times.

Maximum Stock Level: is the highest level to prevent unnecessary material stock, which has been determined based on the figures of use in the previous years.

Personal Care Areas: refers to bathrooms, toilets and lavatories in departments.

Bedside Test Devices (BTD): are test devices used for test purposes (glucometer, blood gas device etc.) at departments providing health service.

Oral Order: refers to the oral communication between two physicians or between a nurse and a physician for the treatment and procedures to be applied on the patient in case the physician is not at the hospital or in any case of emergency.

Right to Choose a Physician: refers to the right of patients applying to the hospital for diagnostic and therapeutic purposes to choose any one of the relevant branch specialists serving at polyclinic department.

Information Table I

Standard Code	Name of Standard	Explanation
01.01.38.02.H	Patients with fall risk shall be identified with four-leaf clover figure and this identifier shall be available on the door of this patient.	Four-leaf clover figure could be hung by the bedside of each patient if more than one patient shares the same room.
01.01.48.00.H	Arrangement shall be made for the management of pink code.	It is evaluated at pediatric hospitals, maternity hospitals and hospitals which have maternity clinic and pediatric clinic.
01.01.50.00	Arrangement shall be made for organ donation.	It is out of evaluation at hospitals and newborn intensive care units, which do not have Intensive Care Unit; but only have primary intensive care units.
01.01.64.00	Arrangement shall be made for ensuring patient privacy.	It is out of evaluation at Newborn Intensive Care Units and at clinics in which children at the age of 5 and under are followed.
01.03.06.02	Alcohol-based hand antiseptic solutions shall be available by each bedside.	It is sufficient to have one hand antiseptic solution between two beds.
01.05.04.02	Emergency exit doors shall have panic bar inside,	It is allowed to use locks in departments where mentally disabled, convicted or rehabilitated patients accommodate.
02.02.01.06	A separate room shall be allocated for resuscitation.	It is sufficient to allocate a certain area instead of a room in branch hospitals.
02.04.15.00	Arrangement shall be made for decontamination of culture plaques.	It is out of evaluation in agencies which dispose their medical waste at facilities having medical waste sterilization unit.
02.10.03.00	Arrangement shall be made for the process of the transportation of patients.	It is out of evaluation at primary intensive care units.
02.10.01.06	A hepafilter to ensure the sterilization conditions or a ventilation system, which is able to filter and retain similar microorganisms, shall be available.	It is out of evaluation at primary and secondary intensive care units.
02.10.07.00	Patients shall be evaluated through scoring systems indicating the severity of illness.	It is out of evaluation at primary and secondary intensive care units.
02.11.08.00	Infants shall be evaluated through scoring systems indicating the severity of illness.	It is out of evaluation at primary and secondary intensive care units.
02.15.04.02	Arrangement shall be made for cleaning the amalgam remaining in amalgamators,	It is out of evaluation at agencies which use amalgam capsules.
04.01.03.00	Mortality rates in the intensive care unit shall be monitored	It is out of evaluation at primary and secondary intensive care units.
04.01.04.00	Pressure ulcer rates in the intensive care unit shall be monitored.	It is out of evaluation at Newborn Intensive Care Units and Pediatric Intensive Care Units and at Primary Intensive Care Units.

Information Table II

Durations of Appointment Making and Result Giving for Imaging Services

Type of Imaging Service	Duration of Appointment Making	Duration of Result Giving
CT	10 working days at the latest from the date of test request	3 working days except for the day when the test is performed
MR	10 working days at the latest from the date of test request	3 working days except for the day when the test is performed
ECG	5 working days at the latest from the date of test request	30 minutes after the test is performed
USG	3 working days at the latest from the date of test request	30 minutes after the test is performed
EEG	20 working days at the latest from the date of test request	3 working days except for the day when the test is performed
EMG	20 working days at the latest from the date of test request	3 working days except for the day when the test is performed

Information Table III

Table of Identifier Figures

 Four-leaf Clover for the Patients with Fall Risk	 Yellow Leaf for Respiratory Isolation
 Blue Flower for Drop Isolation	 Red Star for Contact Isolation

HQS Standard Numbers Distribution Table

Vertical Section	Departent No	HQS	Section/Departmer	Patient Safety (P)	Occupational Safety (Ç)	Patient and Occupational Safety (G)
		Name of Section/Department				
01		**Institutional Service Management**	**122**	**15**	**5**	**6**
01	01	Management Services	69	13	5	2
01	02	Patient Care Services	5	0	0	0
01	03	Control and Prevention of Infections	7	2	0	3
01	04	Facility Management	11	0	0	0
01	05	Emergency and Disaster Management	8	0	0	0
01	06	Information Management	13	0	0	0
01	07	Stock Management	5	0	0	0
01	08	Waste Management	4	0	0	1
02		**Health Service Management**	**455**	**87**	**22**	**7**
02	01	Polyclinic Services	19	1	1	0
02	02	Emergency Health Services	30	5	1	0
02	03	Biochemistry Laboratory Services	20	4	1	0
02	04	Microbiology Laboratory Services	24	5	1	1
02	05	Pathology Laboratory Services	24	3	2	0
02	06	Imaging Services	15	3	2	1
02	07	Endoscopy Services	17	2	1	0
02	08	Clinics	36	11	1	1
02	09	Operating Room Services	25	6	1	0
02	10	Intensive Care Services	37	10	1	1
02	11	Newborn Intensive Care Services	33	8	1	1
02	12	Pharmacy Services	17	2	1	0
02	13	Sterilization Services	14	1	1	0
02	14	Transfusion Medicine Services	13	3	1	0
02	15	Oral and Dental Health Services	14	2	1	0
02	16	Physiotherapy Services	12	1	1	0
02	17	Dialysis Services	25	4	1	1
02	18	Childbirth Services	24	5	1	0
02	19	Psychiatry Services	42	7	1	1
02	20	Nuclear Medicine Services	14	4	1	0
03		**Support Service Management**	**25**	**0**	**2**	**0**
03	01	Patient File and Archive	6	0	0	0
03	02	Kitchen Services	6	0	0	0
03	03	Laundry Services	6	0	1	0
03	04	Morgue Services	7	0	1	0
04		**Indicator Management**	**19**	**5**	**2**	**0**
		Total Number of Standards	621	107	31	13

HQS Score Distribution Table

Vertical Section	Departent No	HQS	Section/Departmer	Patient Safety (P)	Occupational Safety (Ç)	Patient and Occupational Safety (G)
		Name of Section/Department	HQS Score	HQS Score	HQS Score	HQS Score
01		**Institutional Service Management**	**1590**	**285**	**110**	**110**
01	01	Management Services	950	225	95	40
01	02	Patient Care Services	65	30	15	0
01	03	Control and Prevention of Infections	105	30	0	55
01	04	Facility Management	140	0	0	0
01	05	Emergency and Disaster Management	85	0	0	0
01	06	Information Management	140	0	0	0
01	07	Stock Management	55	0	0	0
01	08	Waste Management	50	0	0	15
02		**Health Service Management**	**5980**	**1385**	**335**	**110**
02	01	Polyclinic Services	240	15	15	0
02	02	Emergency Health Services	380	80	15	0
02	03	Biochemistry Laboratory Services	255	60	15	0
02	04	Microbiology Laboratory Services	310	75	15	15
02	05	Pathology Laboratory Services	280	45	30	0
02	06	Imaging Services	220	50	35	15
02	07	Endoscopy Services	225	35	15	0
02	08	Clinics	490	175	15	15
02	09	Operating Room Services	340	100	15	0
02	10	Intensive Care Services	510	165	15	15
02	11	Newborn Intensive Care Services	460	130	15	15
02	12	Pharmacy Services	200	30	15	0
02	13	Sterilization Services	170	15	15	0
02	14	Transfusion Medicine Services	165	45	15	0
02	15	Oral and Dental Health Services	195	30	15	0
02	16	Physiotherapy Services	150	15	15	0
02	17	Dialysis Services	325	60	15	15
02	18	Childbirth Services	325	80	15	0
02	19	Psychiatry Services	540	115	15	20
02	20	Nuclear Medicine Services	200	65	15	0
03		**Support Service Management**	**315**	**0**	**30**	**0**
03	01	Patient File and Archive	65	0	0	0
03	02	Kitchen Services	80	0	0	0
03	03	Laundry Services	80	0	15	0
03	04	Morgue Services	90	0	15	0
04		**Indicator Management**	**325**	**100**	**40**	**0**
		Total HQS Score	8210	1770	515	220

INSTITUTIONAL SERVICE MANAGEMENT

Revision	Vertical Section	Department No	Standard No	Evaluation Criteria	Horizontal Section	STANDARDS	Score	Outcome	Remark
MANAGEMENT SERVICES									
00	01	01				**MANAGEMENT SERVICES**	950		
00	01	01	01	00		**There shall be a Quality Management Unit.**	15		
00	01	01	01	01		**Quality management director shall be designated.**			
00	01	01	01	02		**Quality management unit shall have an office.**			
00	01	01	01	03		**Quality management unit shall**			
00	01	01	01	03		o ensure the coordination of works carried out within the framework of HQS,			
00	01	01	01	03		o evaluate the results of analysis conducted by the department against department objectives,			
00	01	01	01	03		o manage self-assessments,			
00	01	01	01	03		o evaluate the results of patient and staff questionnaires,			
00	01	01	01	03		o Prepared under HQS;			
00	01	01	01	03		▪shall control written arrangements,			
00	01	01	01	03		▪shall follow the revision of written arrangements,			
00	01	01	01	03		o shall evaluate statistical data on service delivery,			
00	01	01	01	03		o shall participate in committees established within the framework of HQS as a member.			
00	01	01	02	00		**The responsible staff of department for quality shall be designated for HQS implementation.**	15		
00	01	01	02	01		**Responsible staff shall work in coordination with quality management director.**			
00	01	01	02	02		**Analyses on department objectives shall be conducted by responsible staff and notified to quality management unit.**			
00	01	01	02	03		**Responsible staff shall monitor corrective-preventive activities carried out at departments.**			
00	01	01	03	00		**Objectives shall be set under HQS.**	15		

00	01	01	03	01		**Objectives shall be determined with the participation of senior management, department managers and department quality officers.**			
00	01	01	03	02		**Periodical evaluations in relation to objectives shall be carried out.**			
00	01	01	04	00		**Self-assessment in relation to HQS shall be made.**	20		
00	01	01	04	01		**Minimum one self-assessment shall be made in each period.**			
00	01	01	04	02		**Self-assessment shall be made under the supervision of quality management unit,**			
00	01	01	04	02		o Self-assessment shall include all HQS departments,			
00	01	01	04	02		o Self-assessment plan shall be prepared,			
00	01	01	04	02		▪Self-assessment schedule shall be prepared,			
00	01	01	04	02		▪Team(s) for self-assessment shall be designated,			
00	01	01	04	02		▪Departments shall be informed in advance on self-assessment schedule.			
00	01	01	04	03		**Non-compliances detected as a result of self-assessment shall be reported to the senior management by quality management unit.**			
00	01	01	05	00		**Hospital management shall hold evaluation meetings on service delivery with all department heads.**	15		
00	01	01	05	01		**Objectives set on department basis and self-assessment results shall be evaluated.**			
00	01	01	05	02		**Minimum one self-assessment meeting shall be made in each period.**			
00	01	01	06	00		**Arrangement shall be available for written arrangements included in HQS.**	10		
00	01	01	06	01		**Format of written arrangements shall be specified,**			
00	01	01	06	01		o Written arrangements shall be defined according to a specified coding system.			
00	01	01	06	01		o Written arrangements shall have a name,			
00	01	01	06	01		o enforcement date,			
00	01	01	06	01		o Revision number and revision date.			
00	01	01	06	02		**Written arrangements shall be prepared by the relevant department.**			
00	01	01	06	03		**Written arrangements shall be up-to-date,**			
00	01	01	06	03		o The previous version shall be invalidated.			
00	01	01	06	04		**Written arrangements shall be checked by quality management director.**			
00	01	01	06	05		**Written arrangements shall be approved by the senior management.**			

00	01	01	06	06		**Written arrangements shall be published on intranet and/or in printed, controlled copies,**			
00	01	01	06	06		o Relevant unit shall be able to access to written arrangements,			
00	01	01	06	06		▪Printed controlled copies shall not be put up.			
00	01	01	07	00		**Arrangement shall be made for external documents.**	10		
00	01	01	07	01		**External documents shall be identified.**			
00	01	01	07	02		**External documents shall be up-to-date,**			
00	01	01	07	02		o It shall be determined how to keep them up-to-date .			
00	01	01	08	00		**Arrangement shall be made for documents put up on notice boards.**	10		
00	01	01	08	01		**Places for notice boards shall be designated.**			
00	01	01	08	02		**Documents that can be put up on notice boards shall be specified,**			
00	01	01	08	02		o Documents specified shall not be put up anywhere except for designated places,			
00	01	01	08	02		o Notice boards and documents put up shall be arranged in a way not to cause visual pollution.			
00	01	01	08	03		**Rules for putting up documents shall be specified,**			
00	01	01	08	03		o It shall be determined on how to approve documents to be published,			
00	01	01	08	03		o how long the documents shall remain put up.			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			
00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			
00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the following shall be provided:**			

00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post-analytic stages,			
00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	11	00		**Arrangements to facilitate access to hospital and departments within shall be made.**	10		
00	01	01	11	01		**Guide signs shall be available outside the hospital so as to ensure access to hospital.**			
00	01	01	11	02		**Hospital plans shall be available,**			
00	01	01	11	02		o General plans shall be available at building entries showing the main service units,			
00	01	01	11	02		o Floor plans shall be available at floor entries or elevator exits.			
00	01	01	11	03		**Guide signs shall be available,**			
00	01	01	11	03		o Guide signs shall be legible and functional.			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	13	00		**Arrangement shall be made for the promotion of hospital on internet.**	10		
00	01	01	13	01		**Hospital shall have a website. Web site shall include at least the following:**			
00	01	01	13	01		o Information on access to hospital and hospital contact information,			
00	01	01	13	01		o Departments and branches that the hospital provides service through,			
00	01	01	13	01		o Specialties of physicians and specific interests in that specialty if any,			
00	01	01	13	01		o Information on appointment making,			
00	01	01	13	01		o Area for accessing to test results,			
00	01	01	13	01		o Areas where staff, patients and patient relatives could share their opinions,			
00	01	01	13	01		o Visiting hours and rules to be followed by visitors,			
00	01	01	13	01		o Rules to be followed by attendants,			
00	01	01	13	01		o Information of agencies that the hospital has agreements with.			
00	01	01	13	02		**Information available on the web site shall be up-to-date.**			

00	01	01	14	00		**Arrangements shall be made in relation to the facilitation of committee meetings.**	10		
00	01	01	14	01		**Participants shall be informed before the meeting. The information provided before the meeting shall include**			
00	01	01	14	01		o Facilitator and participants of the meeting,			
00	01	01	14	01		o Agenda and duration of the meeting,			
00	01	01	14	01		o Venue and time of the meeting.			
00	01	01	14	02		**Records of the meeting shall be kept.**			
00	01	01	15	00	P	**Patient Safety Committee shall be available.**	20		
00	01	01	15	01	P	**Patient Safety Committee shall include**			
00	01	01	15	01	P	o one representative from the managers of medical, administrative and nursing services individually; quality management director; surgery specialist; internal medicine specialist; laboratory specialist; anesthesiology and reanimation specialist; hospital			
00	01	01	15	02	P	**Sphere of duties for the committee shall at least include**			
00	01	01	15	02	P	o accurate identification of patients,			
00	01	01	15	02	P	o ensuring effective communication environment among staff,			
00	01	01	15	02	P	o ensuring safe drug practices,			
00	01	01	15	02	P	o ensuring transfusion safety,			
00	01	01	15	02	P	o ensuring radiation safety,			
00	01	01	15	02	P	o reduction of risks caused by falls,			
00	01	01	15	02	P	o ensuring safe surgery practices,			
00	01	01	15	02	P	o ensuring medical device safety.			
00	01	01	15	03	P	**Corrective-preventive activities shall be initiated when needed.**			
00	01	01	15	04	P	**The committee shall convene regularly.**			
00	01	01	15	05	P	**Training on the subject shall be arranged for the staff.**			
00	01	01	16	00	O	**Occupational Safety Committee shall be available.**	20		
00	01	01	16	01	O	**Occupational Safety Committee shall include**			
00	01	01	16	01	O	o one representative from the managers of medical, administrative and nursing services individually; quality management director; one physician; infection nurse; security supervisor; psychiatrist or psychologist or social service specialist and one repres			
00	01	01	16	02	O	**Terms of reference for the committee shall at least include**			
00	01	01	16	02	O	o reduction of injury risk of the staff,			

00	01	01	16	02	O	o taking necessary measures for those working in risky areas,			
00	01	01	16	02	O	o reduction of risk of being exposed to physical violence.			
00	01	01	16	02	O	o reduction of stab wound risk,			
00	01	01	16	02	O	o reduction of transmission risks by blood and body fluids,			
00	01	01	16	02	O	o performance of health screenings.			
00	01	01	16	03	O	**The committee shall convene regularly.**			
00	01	01	16	04	O	**Corrective-preventive activities shall be initiated when needed.**			
00	01	01	16	05	O	**Training on the subject shall be arranged for the staff.**			
00	01	01	17	00		**Training Committee shall be available.**	20		
00	01	01	17	01		**Training Committee shall include**			
00	01	01	17	01		o one representative among medical, administrative and nursing services management, quality management director, one physician, one nurse, psychologist or social service specialist.			
00	01	01	17	02		**The Committee shall plan**			
00	01	01	17	02		o Training on service quality standards,			
00	01	01	17	02		o In-service trainings,			
00	01	01	17	02		o Orientation trainings,			
00	01	01	17	02		o Training for patients.			
00	01	01	17	03		**The committee shall convene regularly.**			
00	01	01	18	00		**Facility safety committee shall be available.**	20		
00	01	01	18	01		**Facility Safety Committee shall include**			
00	01	01	18	01		o one representative from the managers of medical, administrative and nursing services individually; quality management director; technical service officer; hospital security supervisor; disaster and emergency management officer and medical device manage			
00	01	01	18	02		**Terms of reference for the committee shall at least include**			
00	01	01	18	02		o Evaluation of data obtained from building tours,			
00	01	01	18	02		o Ensuring hospital infrastructure safety,			
00	01	01	18	02		o Ensuring security of life and property at the agency,			
00	01	01	18	02		o Emergency and disaster management works,			
00	01	01	18	02		o Waste management works,			
00	01	01	18	02		o Making plans for maintenance, repair, measurement, adjustment and calibration of medical devices and performing calibration of them,			

00	01	01	18	02		○ Management of dangerous substances.			
00	01	01	18	03		**The committee shall convene regularly.**			
00	01	01	18	04		**Corrective-preventive activities shall be initiated when needed.**			
00	01	01	19	00	S	**Arrangement shall be made for safety reporting system.**	20		
00	01	01	19	01	S	**Safety reporting system shall be established.**			
00	01	01	19	01	S	o Events shall be reported to quality management unit,			
00	01	01	19	01	S	o Quality management unit shall evaluate event reports and communicate them to relevant committees,			
00	01	01	19	01	S	o Committees shall perform root cause analysis for event reports,			
00	01	01	19	01	S	o Corrective preventive activity shall be initiated,			
00	01	01	19	01	S	o Analysis results of event reports and information on activities performed shall be sent to quality management unit.			
00	01	01	19	02	S	**Events to be reported shall at least include**			
00	01	01	19	02	S	o Drug safety,			
00	01	01	19	02	S	o Transfusion safety,			
00	01	01	19	02	S	o Surgical safety,			
00	01	01	19	02	S	o Falls of patients,			
00	01	01	19	02	S	o Stab wounds,			
00	01	01	19	02	S	o Contact with blood and body fluids.			
00	01	01	19	03	S	**Corrective-preventive activities shall be initiated when needed for the events reported.**			
00	01	01	19	04	S	**Trainings on safety reporting system shall be provided.**			
00	01	01	20	00		**Written arrangement shall be available for patient identity authentication.**	5		
00	01	01	20	01		**Written arrangement shall include**			
00	01	01	20	01		o which color of identifier shall be used for the patient,			
00	01	01	20	01		o under which circumstances the identifier shall be changed,			
00	01	01	20	01		o how to inform patient and patient family on identifiers,			
00	01	01	20	01		o how to authenticate patient identity.			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	01	P	**White identifier shall be used for each hospitalized patient .**			
00	01	01	21	01	P	o Only red identifiers shall be used for allergic patients,			

00	01	01	21	01	P	o Identifier shall have a barcode,			
00	01	01	21	01	P	o Identifier shall have protocol number, name, surname and date of birth (dd/mm/yyyy) of the patient,			
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			
00	01	01	21	03	P	**Identifier for patients of psychiatry clinic shall be determined by the hospital.**			
00	01	01	21	04	P	**Pink identifiers for girls and blue identifiers for boys shall be used during childbirth.**			
00	01	01	21	04	P	o Identifiers with the same serial number shall be used for the mother and the baby,			
00	01	01	21	04	P	o White identifier of the mother shall be replaced with the identifier designated according to the sex of the baby,			
00	01	01	21	04	P	o Identifiers for babies shall include name and surname of the mother, date of birth of the baby (dd/mm/yyyy) and the protocol number of the mother or the baby.			
00	01	01	21	05	P	**Health care staff shall be trained on the use of identifiers and patient identity authentication.**			
00	01	01	22	00		**Written arrangement shall be available for drug management.**	5		
00	01	01	22	01		**Written arrangement shall include**			
00	01	01	22	01		o Management of drugs that the patient brings along,			
00	01	01	22	01		o Management of drugs that the patient will continue to use during hospitalization,			
00	01	01	22	01		o Management of drugs that the patient will use after discharge,			
00	01	01	22	01		o Management of drugs subject to green and red prescription,			
00	01	01	22	01		o Measures to ensure drug safety,			
00	01	01	22	01		o Actions to be taken in case of drug safety failures,			
00	01	01	22	01		o Actions to be taken when an adverse drug reaction develops.			
00	01	01	23	00	P	**Arrangement on the management of drugs brought along by the patient shall be available.**	15		
00	01	01	23	01	P	**Drugs brought along by the patient shall be received by nurses.**			
00	01	01	23	02	P	**Expiry dates of drugs received shall be checked,**			
00	01	01	23	03	P	**Drugs brought along by the patient shall be checked by his/her physician.**			

00	01	01	23	04	P	**Drugs brought along by the patient shall be administered by nurses.**			
00	01	01	24	00	P	**Arrangement on safe administration of drugs shall be made.**	15		
00	01	01	24	01	P	**Drugs shall be prepared in closed containers privately,**			
00	01	01	24	01	P	o Containers shall have patient identifier information on them.			
00	01	01	24	02	P	**Treatment plan shall be written, stamped and signed by physicians,**			
00	01	01	24	02	P	o Treatment plan shall include the full name of the drug, time and dose of administration, route of administration and administration duration.			
00	01	01	24	03	P	**Nurses shall record treatment plan written by the physician in the observation form.**			
00	01	01	24	04	P	**Drugs shall be administered to the patient by a nurse,**			
00	01	01	24	04	P	o Drug administration by interns shall be under the supervision of nurses.			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	26	00	P	**Measures shall be taken for drugs to be used in pediatric doses.**	15		
00	01	01	26	01	P	**Lists of drugs in pediatric doses shall be available at the relevant department.**			
00	01	01	26	02	P	**Placement of drugs in pediatric doses shall be at different shelves from other drugs.**			
00	01	01	26	03	P	**Pediatric drugs to be used in cases of emergency shall be listed according to doses per kilogram,**			
00	01	01	26	03	P	o Lists shall be available at the relevant department.			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			

00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			
00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be available.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	01		**Pharmacovigilance contact person shall be designated.**			
00	01	01	28	02		**Name, contact information and professional background of the responsible person shall be notified to Pharmacovigilance Center of Turkey (TUFAM).**			
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			
00	01	01	28	04		**Severe and unexpected adverse effects shall be notified to TUFAM within 15 days by means of electronic reporting system or by filling "adverse effect notification form" via fax or mail .**			
00	01	01	29	00		**Arrangement shall be available on ensuring rational drug use.**	10		
00	01	01	29	01		**A team responsible for rational drug use shall be formed.**			
00	01	01	29	02		**The team shall include one representative from the management, a physician and a pharmacist.**			
00	01	01	29	03		**Concerning rational drug use;**			
00	01	01	29	03		o A hospital policy shall be defined,			
00	01	01	29	03		o Activities shall be planned and carried out.			
00	01	01	30	00		**Arrangements shall be available on raising awareness of patients on rational drug use .**	10		
00	01	01	30	01		**Patients shall be informed on the use of drugs.**			
00	01	01	30	02		**Arrangements such as brochures, posters, videos shall be available for rational drug use in areas frequently used by patients.**			
00	01	01	30	03		**Information on rational drug use shall be provided during in-patient trainings.**			
00	01	01	31	00	P	**Arrangement shall be made for oral orders.**	15		
00	01	01	31	01	P	**In the process of making oral orders;**			

00	01	01	31	01	P	o The order shall be written by the person who receive the order,			
00	01	01	31	01	P	o The written order shall be read back by the person who wrote it,			
00	01	01	31	01	P	▪If required, the name of the administered drug shall be repeated with spelling method,			
00	01	01	31	01	P	o Correctness of the order shall be verbally confirmed by the person who gives the order.			
00	01	01	31	02	P	**Oral orders shall be written in the treatment plan by the physician within 24 hours at the latest.**			
00	01	01	31	03	P	**Nurses and physicians shall be trained on oral orders.**			
00	01	01	32	00		**Arrangement shall be available for transfusion process.**	5		
00	01	01	32	01		**Written arrangement shall include**			
00	01	01	32	01		o Ordering for blood and/or blood product,			
00	01	01	32	01		o Identity authentication,			
00	01	01	32	01		o Control of cross comparison test results,			
00	01	01	32	01		o Monitoring of vital findings,			
00	01	01	32	01		o Actions to be taken in case of transfusion reaction.			
00	01	01	33	00		**Order form for blood and blood products shall be filled.**	10		
00	01	01	33	01		**Blood and/or blood products order form shall include**			
00	01	01	33	01		o Patient's			
00	01	01	33	01		▪Name and surname,			
00	01	01	33	01		▪Protocol number,			
00	01	01	33	01		▪Department s/he is treated,			
00	01	01	33	01		▪Diagnosis,			
00	01	01	33	01		▪Blood type,			
00	01	01	33	01		▪Transfusion indication,			
00	01	01	33	01		o Whether the patient has been transfused or not before,			
00	01	01	33	01		o Whether the patient has delivered a baby before or not if the patient is female,			
00	01	01	33	01		o The justification for blood and/or blood product order,			
00	01	01	33	01		o Type and amount of blood and/or blood product to be prepared,			
00	01	01	33	01		o Planned time of transfusion,			
00	01	01	33	01		o Seal and signature of the physician.			
00	01	01	34	00	P	**Arrangements shall be made to ensure the safety of transfusion process.**	15		
00	01	01	34	01	P	**Cross comparison test results and patient information shall be confirmed by two health care staff before transfusion.**			

00	01	01	34	02	P	**Two health care staff shall confirm just before transfusion**			
00	01	01	34	02	P	o Identity of the patient,			
00	01	01	34	02	P	o Type and amount of blood and/or blood product,			
00	01	01	34	02	P	o Planned time of transfusion of the product.			
00	01	01	34	03	P	**Healthcare staff shall monitor the first 15 minutes of transfusion.**			
00	01	01	34	04	P	**Vital findings of the patient shall be monitored every 30 minutes during transfusion.**			
00	01	01	35	00		**Written arrangement shall be available for the safe transfer of patients.**	5		
00	01	01	35	01		**Written arrangement shall include at least**			
00	01	01	35	01		o Transfer of patient to departments,			
00	01	01	35	01		o Transfer of patients out of the hospital,			
00	01	01	35	01		o Transfer of in-patients and emergency department patients,			
00	01	01	35	01		o Transfer of specific patients,			
00	01	01	35	01		▪Transfer of newborns and of operating room, intensive care, dialysis and psychiatry patients,			
00	01	01	35	01		o Considerations during the transfer of patients,			
00	01	01	35	01		o Eligibility and use of devices to be used during the transfer,			
00	01	01	35	01		o Description of the staff to be involved in the transfer.			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	37	00		**Written arrangement shall be available on fall risk assessment for inpatients.**	5		
00	01	01	37	01		**Written arrangement shall include**			
00	01	01	37	01		o Fall risk factors,			
00	01	01	37	01		o Assessment of fall risk,			
00	01	01	37	01		o Measures to be taken according to risk level.			
00	01	01	38	00	P	**Arrangement shall be made for the prevention of falls of inpatients.**	20		
00	01	01	38	01	P	**Inpatients shall be assessed in terms of fall risk at the admittance to the department,**			
00	01	01	38	01	P	o Assessment shall be made with a scale determined by the hospital,			
00	01	01	38	01	P	o Fall risk assessment shall be repeated according to clinical status of the patient.			
00	01	01	38	02	P	**Measures shall be taken for patients having fall risk according to their fall risk level.**			

00	01	01	38	02	P	o Patients with fall risk shall be identified with four-leaf clover figure and this identifier shall be available on the door of this patient.			
00	01	01	38	03	P	**Reporting shall be made to quality management unit when an inpatient falls,**			
00	01	01	38	03	P	o Necessary corrective preventive activities shall be initiated.			
00	01	01	39	00		**Arrangement shall be made for movement limitation for inpatients.**	10		
00	01	01	39	01		**Decision for movement limitation shall be made by the physician,**			
00	01	01	39	01		o Decision for movement limitation shall be involved in treatment plan,			
00	01	01	39	01		o Treatment plan shall include			
00	01	01	39	01		▪ Time and date the practice starts,			
00	01	01	39	01		▪Control intervals for the practice,			
00	01	01	39	01		▪ Time and date the practice ends,			
00	01	01	39	02		**Decision for the continuation of the limitation shall be reviewed every 24 hours the latest.**			
00	01	01	40	00		**Written arrangement shall be available for inpatient trainings.**	10		
00	01	01	40	01		**Written arrangement shall include**			
00	01	01	40	01		o Which trainings shall be given to which patient group,			
00	01	01	40	01		o The frequency at which trainings shall be delivered,			
00	01	01	40	01		o By whom they shall be delivered,			
00	01	01	40	01		o How they shall be recorded.			
00	01	01	41	00		**Training shall be delivered to inpatients during their treatment.**	10		
00	01	01	41	01		**This training shall include**			
00	01	01	41	01		o Considerations for drugs to be taken, medical devices to be used, diets, exercises, control times and care,			
00	01	01	41	01		o Hand hygiene,			
00	01	01	41	01		o Advisory training on recommendations for smokers on smoking cessation.			
00	01	01	41	02		**Records of the trainings provided to patients shall be available in patient files.**			
00	01	01	42	00		**Staff shall use name badges.**	10		
00	01	01	42	01		**Name badges shall be**			
00	01	01	42	01		o in a standard design and shall have a photograph,			
00	01	01	42	01		o and shall include information about the name, surname and title of the staff.			
00	01	01	42	02		**Name badges shall be worn during work hours.**			

00	01	01	43	00	O	**Arrangements shall be made for occupational safety.**	20		
00	01	01	43	01	O	**Risk assessment shall be made on department basis,**			
00	01	01	43	01	O	o Risk assessment shall at least include; radiation, noise, hazardous substances, carcinogenic/mutagenic substances, medical wastes, infection, allergen substances, ergonomics, violence and communication.			
00	01	01	43	02	O	**Protective measures shall be taken for occupational safety based on risks identified on department basis.**			
00	01	01	43	03	O	**Incidents that the staff are exposed to shall be recorded,**			
00	01	01	43	03	O	o Necessary corrective preventive activities shall be initiated.			
00	01	01	44	00	O	**Health screening for the staff shall be performed.**	20		
00	01	01	44	01	O	**Health screening program shall be prepared,**			
00	01	01	44	01	O	o Program shall be prepared in line with the risks identified on department basis and with opinions of specialists.			
00	01	01	44	02	O	**Health screening results shall be evaluated by relevant specialists.**			
00	01	01	44	03	O	**The staff shall be informed about their results,**			
00	01	01	44	03	O	o Information security on health screening results shall be ensured.			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	46	00		**Orientation trainings for the staff shall be organized.**	10		
00	01	01	46	01		**For each staff who has recently started to work;**			
00	01	01	46	01		o General orientation training,			
00	01	01	46	01		o Departmental orientation training shall be provided.			
00	01	01	46	02		**The person responsible for general orientation training shall be designated.**			

00	01	01	46	03		**Orientation training officers for each department on the basis of profession shall be designated.**			
00	01	01	46	04		**A guide shall be prepared for general and departmental orientation trainings.**			
00	01	01	46	04		o The Guide shall be prepared on the basis of profession.			
00	01	01	47	00	S	**Arrangement shall be made for the management of blue code.**	20		
00	01	01	47	01	S	**With regards to blue code management;**			
00	01	01	47	01	S	o Warning system shall be set up,			
00	01	01	47	01	S	o The people in charge shall be designated. The people in charge			
00	01	01	47	01	S	▪shall include one representative for each of the following services: medical, administrative and nursing,			
00	01	01	47	01	S	▪Drills and trainings on blue code shall be organized,			
00	01	01	47	01	S	Corrective preventive activity shall be initiated when required.			
00	01	01	47	01	S	o Teams for each shift shall be determined,			
00	01	01	47	01	S	o Emergency response kit shall be available to be used in practices,			
00	01	01	47	01	S	▪Expiry date and critical stock levels of emergency response kit shall be monitored.			
00	01	01	47	02	S	**In order to implement blue code practices,**			
00	01	01	47	02	S	o in each team; at least one physician, one medical staff shall be available,			
00	01	01	47	02	S	▪Physician and medical staff shall have received CPR training.			
00	01	01	47	03	S	**Blue code team shall reach the scene in three minutes at the latest.**			
00	01	01	47	04	S	**Records of the procedure applied shall be kept and include**			
00	01	01	47	04	S	o Information about the person who applied the procedure,			
00	01	01	47	04	S	o Procedure applied,			
00	01	01	47	04	S	o Place of procedure,			
00	01	01	47	04	S	o Time of call,			
00	01	01	47	04	S	o Arrival time of the team to the scene,			
00	01	01	47	04	S	o Result of the procedure,			
00	01	01	47	04	S	o Information of those involved in response team,			
00	01	01	47	04	S	o Records shall be sent to quality management unit.			
00	01	01	47	05	S	**Drill shall be conducted in each period for blue code practice,**			

00	01	01	47	05	S	o Records of time elapsed until the team has reached the scene shall be kept during drill.			
00	01	01	47	06	S	**The staff shall be given blue code training.**			
00	01	01	48	00	P	**Arrangement shall be made for the management of pink code.**	20		
00	01	01	48	01	P	**With regards to pink code management;**			
00	01	01	48	01	P	o Warning system shall be set up,			
00	01	01	48	01	P	o The people in charge shall be designated. The people in charge shall include			
00	01	01	48	01	P	▪ one representative from the managers of administrative and nursing services individually, technical service staff, security supervisor and pediatrics service nurse,			
00	01	01	48	01	P	▪Drills and trainings on pink code shall be organized,			
00	01	01	48	01	P	o Corrective preventive activity shall be initiated when required,			
00	01	01	48	02	P	**Records of pink code practices shall be kept,**			
00	01	01	48	02	P	o Information on the person who is exposed to the incident,			
00	01	01	48	02	P	o Department at which the incident occurred,			
00	01	01	48	02	P	o Start-end time,			
00	01	01	48	02	P	o Information on the consequence of the incident shall be included,			
00	01	01	48	02	P	o Records shall be sent to quality management unit.			
00	01	01	48	03	P	**Drill shall be conducted in each period for pink code practice,**			
00	01	01	48	04	P	**The staff shall be given pink code training.**			
00	01	01	49	00	O	**Arrangement shall be made for the management of white code.**	20		
00	01	01	49	01	O	**With regards to white code management;**			
00	01	01	49	01	O	o Warning system shall be set up,			
00	01	01	49	01	O	o The people in charge shall be designated. The people in charge shall include			
00	01	01	49	01	O	▪ one representative from the managers of medical, administrative and nursing services, one psychologist or social service specialist and security supervisor.			
00	01	01	49	02	O	**Records of the white code procedure applied shall be kept and include**			
00	01	01	49	02	O	o Date and time of incident,			
00	01	01	49	02	O	o Place of incident,			
00	01	01	49	02	O	o Work being done during the incident,			
00	01	01	49	02	O	o Cause of occurrence of the incident,			
00	01	01	49	02	O	o Occurrence type,			
00	01	01	49	02	O	o Objects used during the incident if any,			

00	01	01	49	02	O	o Negative impacts of the incident on the surroundings,			
00	01	01	49	02	O	o Ages, genders and personal information, if any, of those involved in the incident,			
00	01	01	49	02	O	o Personal and contact information of those who witnessed the incident,			
00	01	01	49	02	O	o Records shall be sent to quality management unit.			
00	01	01	49	03	O	**Drill shall be conducted in each period for white code practice,**			
00	01	01	49	04	O	**Corrective preventive activity shall be initiated when required.**			
00	01	01	49	05	O	**Necessary support shall be given to the staff who were exposed to the incident.**			
00	01	01	49	06	O	**The staff shall be given white code training.**			
00	01	01	50	00		**Arrangement shall be made for organ donation.**	15		
00	01	01	50	01		**Organ donation unit shall be established,**			
00	01	01	50	01		o The unit shall be organized in a way that the person in charge and patient relatives could sit face to face.			
00	01	01	50	02		**Those in charge of organ donation unit shall be designated.**			
00	01	01	50	03		**Written arrangement shall be available for cerebral death management process.** **Written arrangement shall include**			
00	01	01	50	03		o that those in charge shall visit intensive care units at least twice a day,			
00	01	01	50	03		o that potential donors shall be determined during visits,			
00	01	01	50	03		o that potential donors determined shall be monitored,			
00	01	01	50	03		o ensuring that cerebral death commission shall convene,			
00	01	01	50	03		o and that cerebral deaths confirmed shall be notified to the regional coordination center.			
00	01	01	50	04		**Family interview with the relatives of determined donors shall be made.**			
00	01	01	51	00		**Emergency response kit shall be available.**	15		
00	01	01	51	01		**Emergency response kit shall be available in sites of health service delivery.**			
00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			

00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	01	P	**A team responsible for medical device management under facility security committee shall be set up.**			
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	54	00		**Training on cleaning services shall be arranged.**	10		
00	01	01	54	01		**Training program for those working in cleaning services shall be prepared.**			
00	01	01	54	02		**The training shall include**			
00	01	01	54	02		o Cleaning rules for general areas,			
00	01	01	54	02		o Cleaning rules for areas based on the risk level identified,			
00	01	01	54	02		o Characteristics of use of cleaners,			
00	01	01	54	02		o Communication among the staff,			
00	01	01	54	02		o Communication with patients and patient relatives.			

00	01	01	54	03		**Training shall be provided to cleaning staff at least once in each period.**			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	56	00		**There shall be a patient rights unit.**	10		
00	01	01	56	01		**Patient Rights Unit shall be in a place accessible for polyclinic patients.**			
00	01	01	56	02		**Unit supervisor shall be designated.**			
00	01	01	57	00		**Patient satisfaction questionnaires shall be conducted.**	15		
00	01	01	57	01		**Patient satisfaction questionnaire shall at least include questions published by the Ministry.**			
00	01	01	57	02		**Questionnaires shall be conducted in designated periods.**			
00	01	01	57	03		**Those who will conduct the questionnaires shall be designated.**			
00	01	01	57	04		**Questionnaire results shall be evaluated,**			
00	01	01	57	04		o Senior management shall be involved in the evaluation process of results,			
00	01	01	57	04		o Necessary actions shall be taken according to questionnaire results.			
00	01	01	58	00		**Employee satisfaction questionnaires shall be conducted.**	15		
00	01	01	58	01		**Employee satisfaction questionnaire shall at least include questions published by the Ministry.**			
00	01	01	58	02		**Questionnaires shall be conducted in designated periods.**			
00	01	01	58	03		**Those who will conduct the questionnaires shall be designated.**			
00	01	01	58	04		**Questionnaire results shall be evaluated,**			
00	01	01	58	04		o Senior management shall be involved in the evaluation process of results,			
00	01	01	58	04		o Necessary actions shall be taken according to questionnaire results.			

00	01	01	59	00		**Opinions of patients and patient relatives shall be taken and evaluated.**	15		
00	01	01	59	01		**Arrangement shall be made for the patients and patient relatives to share their opinion in all departments providing health service.**			
00	01	01	59	01		o Opinions could also be shared online.			
00	01	01	59	02		**Opinions of patients and patient relatives shall be evaluated.**			
00	01	01	59	02		o Quality management director, representative of patient rights and one person from the administration shall be available in evaluations,			
00	01	01	59	02		o Opinions shall be evaluated every month,			
00	01	01	59	02		o Improvement activity shall be initiated when required.			
00	01	01	59	02		o Feedback shall be given to the patient and patient relatives who has shared their opinions when needed.			
00	01	01	60	00		**Opinions of the staff shall be taken and evaluated.**	15		
00	01	01	60	01		**Arrangement shall be made for the staff to share their opinion.**			
00	01	01	60	01		o Opinions could also be shared on intranet.			
00	01	01	60	02		**Opinions of the staff shall be evaluated.**			
00	01	01	60	02		o Quality management director, one representative of occupational safety committee and one person from the senior management shall be available in evaluations,			
00	01	01	60	02		o Opinions shall be evaluated every month,			
00	01	01	60	02		o Improvement activity shall be initiated when required.			
00	01	01	61	00		**Functional arrangements shall be available for the disabled.**	20		
00	01	01	61	01		**Parking lot, wash basins, toilets and bathrooms shall be arranged for the use of the disabled.**			
00	01	01	61	02		**Wheelchair ramps and grab bars for the disabled shall be available.**			
00	01	01	61	03		**For the disabled to receive health service, it shall be ensured that**			
00	01	01	61	03		o They shall have priority registration,			
00	01	01	61	03		o They shall have priority to sit in polyclinic areas,			
00	01	01	61	03		o They shall have priority to be examined.			
00	01	01	62	00	P	**Arrangement shall be available for informing patients and taking their consent.**	20		

00	01	01	62	01	P	**Written arrangement shall be available for informing patients and taking their consent. Written arrangement shall include**			
00	01	01	62	01	P	o risky invasive procedures on which information shall be provided,			
00	01	01	62	01	P	o Providing information and taking consent before risky invasive procedures;			
00	01	01	62	01	P	o How it shall be done,			
00	01	01	62	01	P	o and by whom it shall be done.			
00	01	01	62	02	P	**The process of informing patients and taking their consent shall include the followings:**			
00	01	01	62	02	P	o Who shall perform the procedure,			
00	01	01	62	02	P	o Benefits expected from the procedure,			
00	01	01	62	02	P	o Consequences to be faced in case the procedure is not performed,			
00	01	01	62	02	P	o Alternatives of the procedure, if any,			
00	01	01	62	02	P	o Risks and complications of the procedure,			
00	01	01	62	02	P	o Estimated duration of the procedure,			
00	01	01	62	02	P	o Name, surname and signature of the patient,			
00	01	01	62	02	P	o Name, surname, title and signature of the physician who shall perform the procedure,			
00	01	01	62	02	P	o Date and time of the consent.			
00	01	01	63	00	P	**The patient shall be informed before the risky invasive procedures and the consent of the patient shall be obtained.**	20		
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	01	65	00		**Planning for patient visits shall be made.**	10		
00	01	01	65	01		**Visiting days and hours shall be specified during planning.**			
00	01	01	65	02		**Rules to be followed by visitors shall be established.**			
00	01	01	65	03		**Special arrangements shall be made for patient visits to specific departments.**			
00	01	01	66	00		**Patient beds shall be ready for use.**	10		
00	01	01	66	01		**Sheets, bedclothes and pillow cases shall be clean and ironed.**			
00	01	01	66	02		**Sheets, bedclothes and pillow cases shall be replaced every day and when needed.**			
00	01	01	67	00		**Arrangement shall be available for the religious beliefs of the patient, patient relatives and the staff.**	10		
00	01	01	68	00		**Arrangement shall be made for information transfer to 112 Command control center.**	15		
00	01	01	68	01		**On the basis of intensive care and clinic, the information on**			

00	01	01	68	01		o Number of empty beds,			
00	01	01	68	01		o Number of empty incubators,			
00	01	01	68	01		o Number of empty ventilators,			
00	01	01	68	01		o shall be provided online to 112 Command control centre.			
00	01	01	69	00		**Arrangement shall be made for samples to be sent to laboratory.**	10		
00	01	01	69	01		**Sample collection sites shall be identified for samples on department basis.**			
00	01	01	69	01		o Samples shall be kept orderly.			
PATIENT CARE SERVICES									
00	01					**INSTITUTIONAL SERVICE MANAGEMENT**			
00	01	02				**PATIENT CARE SERVICES**	65		
00	01	02	01	00		**Orientation of the patient and patient relative to the department shall be ensured.**	15		
00	01	02	01	01		**Patient/patient relatives shall be informed at the admittance to the department on**			
00	01	02	01	01		o Breakfast and meal hours,			
00	01	02	01	01		o Rules to be followed by the patient and relatives,			
00	01	02	01	01		o Visiting hours and rules,			
00	01	02	01	01		o Telephone use,			
00	01	02	01	01		o Toilet-bathroom use,			
00	01	02	01	01		o Use of nurse call system,			
00	01	02	01	01		o Daily visits of the physician.			
00	01	02	01	02		**Department staff to provide service to the patient shall introduce themselves to the patient/patient relatives.**			
00	01	02	02	00		**General status of the patient shall be evaluated at the admittance to the department.**	15		
00	01	02	02	01		**General health status of the patient shall be evaluated in physical, psychological and social terms.**			
00	01	02	03	00		**Nurse care plan shall be arranged in line with patient requirements.**	15		
00	01	02	03	01		**Nurse care plan shall be in coordination with physician treatment plan.**			
00	01	02	03	02		**The following shall be recorded in nurse care plan:**			
00	01	02	03	02		o Patient's care requirements,			
00	01	02	03	02		o Objectives for care requirements,			
00	01	02	03	02		o Practices for care requirements,			
00	01	02	03	02		o Evaluation of practice results.			
00	01	02	04	00		**Arrangement shall be made for shift changes of nurses.**	10		

00	01	02	04	01		**Shift changes shall be made**			
00	01	02	04	01		o Between nurses whose shifts ended and whose shifts started,			
00	01	02	04	01		o First at the desk and then by the bedside,			
00	01	02	04	01		o and shall include information about patient care process.			
00	01	02	05	00		**Patient/patient relatives shall be informed by the physician about the general status and treatment process of the patient.**	10		
CONTROL AND PREVENTION OF INFECTIONS									
00	01	03				**CONTROL AND PREVENTION OF INFECTIONS**	105		
00	01	03	01	00		**Written arrangement shall be available for the control and prevention of infections including all departments of the hospital.**	5		
00	01	03	01	01		**Written arrangement shall include**			
00	01	03	01	01		o Those in charge of Infection Control Committee (ICC),			
00	01	03	01	01		o Definition and field of study of ICC,			
00	01	03	01	01		o Scope of surveillance,			
00	01	03	01	01		o Isolation measures,			
00	01	03	01	01		o and training programs.			
00	01	03	02	00	P	**Arrangement shall be made for the surveillance of hospital infections.**	15		
00	01	03	02	01	P	**Routine surveillance of hospital infections shall be made.**			
00	01	03	02	02	P	**Surveillance results shall be recorded in National Hospital Infections Surveillance Network (NHISN).**			
00	01	03	02	03	P	**Corrective and preventive activities shall be initiated on department basis according to surveillance results.**			
00	01	03	02	04	P	**Surveillance report including rates, agents and resistance patterns of hospital infections shall be prepared on department basis every three months.**			
00	01	03	02	05	P	**Surveillance reports shall be shared with senior management and relevant departments.**			
00	01	03	03	00	S	**Arrangement shall be made in relation to isolation measures.**	15		
00	01	03	03	01	S	**Isolation measures shall be taken for infected or colonized patients.**			
00	01	03	03	02	S	**An identifier indicating the method of isolation used shall be available on the entry door of isolation room.**			
00	01	03	03	02	S	o Yellow leaf for respiratory isolation,			
00	01	03	03	02	S	o blue flower for drop isolation,			

00	01	03	03	02	S	o Red star for contact isolation shall be used as identifiers.			
00	01	03	04	00	P	**Arrangements shall be made for antibiotic use.**	15		
00	01	03	04	01	P	**Antibiotic control team shall be set up,**			
00	01	03	04	01	P	o There shall be an Infectious Diseases and Clinical Microbiology Specialist, a Medical Microbiology Specialist, a specialist from surgical branches, a Pediatrics Specialist and a Pharmacist in the antibiotic control team.			
00	01	03	04	02	P	**"Antibiotic Use Control and Antibiotic Prophylaxis Guideline" shall be prepared by Antibiotic Control Team.**			
00	01	03	05	00	S	**Training program for ensuring hand hygiene shall be prepared.**	20		
00	01	03	05	01	S	**Trainings shall be provided to staff at least several times a year,**			
00	01	03	05	01	S	o Trainings shall be organized according to professional groups.			
00	01	03	05	02	S	**Hand hygiene training shall cover the following issues:**			
00	01	03	05	02	S	o Importance of hand hygiene,			
00	01	03	05	02	S	o Hand hygiene indications,			
00	01	03	05	02	S	o Methods to ensure hand hygiene,			
00	01	03	05	02	S	o Rules on glove use,			
00	01	03	05	02	S	o General information on hand antiseptics,			
00	01	03	05	02	S	o Safety measures needed to be taken for alcohol-based hand antiseptics.			
00	01	03	05	03	S	**Warning messages reminding of hand hygiene shall be sent to the staff via hospital information system.**			
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	03	06	02		**Alcohol-based hand antiseptic solutions shall be available by each bedside.**			
00	01	03	07	00	S	**Arrangement shall be made for the evaluation of compliance with hand hygiene principle.**	20		
00	01	03	07	01	S	**Internal orders for hand antiseptics shall be regularly monitored for each department every three months,**			
00	01	03	07	01	S	o Improvement activities shall be carried out when it is found out that hand antiseptics are not adequately used at departments.			

00	01	03	07	02	S	**Informed observation shall be made on the staff with "5 Indications Observation Form",**			
00	01	03	07	02	S	o Observations shall be made every three months,			
00	01	03	07	02	S	o Observations shall be made at least in intensive care units and clinics,			
00	01	03	07	02	S	o Observations shall cover all of the staff at intensive care units and at least %10 of them at clinics.			
FACILITY MANAGEMENT									
00	01	04				**FACILITY MANAGEMENT**	140		
00	01	04	01	00		**Building tours shall be organized.**	15		
00	01	04	01	01		**Malfunctions in relation to physical conditions and functioning of the hospital shall be detected during building tours.**			
00	01	04	01	02		**Building tours shall be made by a team including one representative from the managers of medical, administrative and nursing services individually, quality management director and technical services supervisor.**			
00	01	04	01	03		**They shall be made at least every three months.**			
00	01	04	01	04		**Corrective preventive activity shall be initiated for malfunctions detected.**			
00	01	04	02	00		**Arrangement shall be made for ensuring security of life and property of patients and the staff.**	10		
00	01	04	02	01		**24 Hour security service shall be provided at the hospital.**			
00	01	04	02	02		**General areas of use of the hospital shall be monitored with a security camera,**			
00	01	04	02	02		o Security camera records shall be kept at least for 6 months.			
00	01	04	03	00		**Landscape planning shall be made.**	10		
00	01	04	03	01		**There shall be sitting areas available in the hospital garden.**			
00	01	04	03	02		**Arrangement shall be available to ensure controlled entry-exit of vehicles .**			
00	01	04	03	03		**There shall be a parking lot available for the staff and patients.**			
00	01	04	03	03		o Car parking lots shall be specified with lines.			
00	01	04	04	00		**Measures shall be taken to prevent falls due to facility setting.**	10		
00	01	04	04	01		**In order to prevent falls due to facility setting,**			

00	01	04	04	01		o Stairs shall have barriers,			
00	01	04	04	01		o There shall be warnings for low ceiling,			
00	01	04	04	01		o Warning signs for wet floor shall be used,			
00	01	04	04	01		o Measures shall be taken against obstacles on the floor.			
00	01	04	04	02		**Falls due to facility setting shall be notified to quality management unit.**			
00	01	04	05	00		**Water, electricity and medical gas services shall be uninterruptedly provided at the hospital.**	15		
00	01	04	05	01		**Drinking water, electricity and medical gas services shall be uninterruptedly provided at the hospital.**			
00	01	04	05	01		o Capacity of other alternatives to meet the requirements shall be identified in case these services are interrupted,			
00	01	04	05	01		o It shall be planned by which way those services shall be provided when needed.			
00	01	04	06	00		**Arrangement shall be made for the safe use of elevators.**	15		
00	01	04	06	01		**There shall be compliance certificate for elevator use.**			
00	01	04	06	02		**Elevators shall have an emergency call system.**			
00	01	04	06	03		**Arrangement shall be made for the disabled in the elevators.**			
00	01	04	06	04		**Elevators shall be maintained monthly and when needed.**			
00	01	04	07	00		**Arrangement shall be made for the control and maintenance of ventilation system.**	15		
00	01	04	07	01		**Central ventilation system and air conditioners shall be maintained and controlled.**			
00	01	04	08	00		**Arrangement shall be made for the safe use of electrical system.**	15		
00	01	04	08	01		**Hospital transformers shall be periodically maintained and controlled.**			
00	01	04	08	02		**Generators shall have a license.**			
00	01	04	08	03		**The following shall be performed for the generators:**			
00	01	04	08	03		o Daily control,			
00	01	04	08	03		o quarterly, semiannual and yearly maintenance.			
00	01	04	08	04		**Plugs connected to uninterrupted power source (UPS) shall be defined.**			
00	01	04	08	05		**Plugs shall be fixed.**			
00	01	04	08	06		**There shall be plug covers at pediatric departments.**			

00	01	04	09	00		**Arrangement shall be made for the safe use of water tanks.**	15		
00	01	04	09	01		**Water tanks shall be made of steel or concrete,**			
00	01	04	09	01		o Surface of the concrete water tanks shall be easily cleanable and made of watertight material.			
00	01	04	09	02		**Water tanks shall be periodically maintained.**			
00	01	04	09	02		o Water tanks shall be emptied and cleaned at least once a year,			
00	01	04	09	02		o Water samples shall be taken from water tanks at least twice a year and bacteriological and chemical analyses shall be performed.			
00	01	04	09	03		**Weekly chlorine measurements shall be performed.**			
00	01	04	10	00		**Arrangement shall be made for medical gas systems.**	10		
00	01	04	10	01		**Medical gas systems shall be maintained and controlled.**			
00	01	04	11	00		**Arrangement shall be made for compressed gas containers.**	10		
00	01	04	11	01		**Compressed gas containers shall be fixed.**			
00	01	04	11	02		**Compressed gas containers delivered to the hospital by the manufacturer shall have a certificate.**			
00	01	04	11	03		**They shall be controlled.**			
EMERGENCY AND DISASTER MANAGEMENT									
00	01	05				**EMERGENCY AND DISASTER MANAGEMENT**	85		
00	01	05	01	00		**Emergency and disaster plan shall be developed.**	10		
00	01	05	01	01		**Emergency and disaster plan shall cover the following:**			
00	01	05	01	01		o Protective measures,			
00	01	05	01	01		o Control,			
00	01	05	01	01		o Early diagnosis and detection,			
00	01	05	01	01		o Evacuation of the facility,			
00	01	05	01	01		o Alternative areas to be used,			
00	01	05	01	01		o Provision of materials to be used,			
00	01	05	01	01		o Organization with agencies to be cooperated with.			
00	01	05	01	02		**Assignments according to the plan shall be made,**			
00	01	05	01	02		○ The staff to work in case of emergency shall be designated as well as their substitutes,			
00	01	05	01	02		▪ Responsibilities shall be designated.			

00	01	05	02	00		**Training on emergency management shall be provided.**	10		
00	01	05	02	01		**The staff to work in case of emergency shall be given training on emergency plan.**			
00	01	05	02	02		**All hospital staff shall be given hands-on training on**			
00	01	05	02	02		o The use of fire extinguishers and hoses.			
00	01	05	02	03		**Drill shall be conducted with the participation of the staff at least once a year.**			
00	01	05	02	03		o Facility evacuation drill shall be conducted at least once a year.			
00	01	05	02	03		▪Facility evacuation drill shall include the evacuation of intensive care unit and psychiatry clinic/department.			
00	01	05	02	03		o Fire drill shall be conducted at least once a year.			
00	01	05	02	03		o There shall be video records of drills.			
00	01	05	02	03		o Drill report shall be prepared.			
00	01	05	02	03		o Corrective and preventive activity shall be initiated according to drill report when needed.			
00	01	05	03	00		**Arrangement shall be made for earthquakes.**	10		
00	01	05	03	01		**Hospitals located in the first and second degree seismic zones shall adopt "Non-Structural Damage Reduction" (NSDR) practice.**			
00	01	05	04	00		**Arrangement shall be available for emergency exits.**	15		
00	01	05	04	01		**There shall be emergency exit signboards,**			
00	01	05	04	01		o Emergency exit signboards shall be visible in dark,			
00	01	05	04	01		o Signboards shall be placed in a way to lead to exits at each point of the hospital,			
00	01	05	04	01		o Other signs and signboards shall not impede the visibility of exit signboards.			
00	01	05	04	02		**Arrangement shall be made for emergency exits.**			
00	01	05	04	02		o Emergency exits shall be indicated in hospital plans,			
00	01	05	04	02		o There shall be no obstacle at emergency exits,			
00	01	05	04	02		o Emergency exit doors shall have panic bar inside,			
00	01	05	04	02		o There shall be emergency lights in the emergency exit stairs which are activated in case of power failure,			

00	01	05	04	02		o There shall be stretchers which shall ensure the transfer of patients through emergency exit stairs.			
00	01	05	05	00		**Early warning system for emergencies shall be available.**	10		
00	01	05	05	01		**Warning sounds an lights shall be used in emergency early warning system.**			
00	01	05	05	02		**The system shall work connected to uninterrupted power source.**			
00	01	05	05	03		**System shall be made maintained and controlled.**			
00	01	05	06	00		**There shall be a fire detection system.**	10		
00	01	05	06	01		**Fire detection system shall**			
00	01	05	06	01		o Be available in all areas of the hospital,			
00	01	05	06	01		o Be addressable,			
00	01	05	06	01		o Work connected to the uninterrupted power source.			
00	01	05	06	02		**Fire detection systems shall be maintained and controlled.**			
00	01	05	07	00		**Arrangement shall be made for fire extinguishers.**	10		
00	01	05	07	01		**There shall be markings on hospital plans indicating fire extinguishers.**			
00	01	05	07	02		**Fire extinguishers shall be fixed to wall.**			
00	01	05	07	03		**Wheeled fire extinguishers shall be available in parking lots, warehouses, plumbing rooms and similar places.**			
00	01	05	07	04		**Fire extinguishers shall be**			
00	01	05	07	04		o Controlled,			
00	01	05	07	04		o Maintained generally,			
00	01	05	07	04		o and shall have powder replacement.			
00	01	05	07	05		**Equipment in the fire cabinet shall be operating.**			
00	01	05	07	05		o Fire hose shall be damage-free,			
00	01	05	07	05		o Fire hose shall easily come when pulled,			
00	01	05	07	05		o Valves shall be easily turned.			
00	01	05	08	00		**Measures against fire shall be taken on the roofs of buildings.**	10		
00	01	05	08	01		**Roofs shall be cleaned at specified intervals.**			
00	01	05	08	02		**There shall be no equipment or material to cause fire.**			
00	01	05	08	03		**Electrical equipment shall be insulated.**			
INFORMATION MANAGEMENT									
00	01	06				**INFORMATION MANAGEMENT**	140		
00	01	06	01	00		**There shall be a support unit for software and hardware .**	10		

00	01	06	01	01		**Software-hardware support unit shall provide service uninterruptedly for 24 hours,**			
00	01	06	01	02		**Updated contact information of software-hardware support unit staff shall be available at the telephone switchboard.**			
00	01	06	02	00		**Modules included in Hospital Information System (HIS) shall be managed on a single database.**	10		
00	01	06	02	01		**All basic modules included in HIS shall be actively used,**			
00	01	06	02	01		o The following modules shall be available: Patient Registration, Patient Hospitalization, Polyclinic, Clinic, Pharmacy, Warehouse, Procurement, Goods, Laboratory, Cash Desk, Invoicing, Radiology, Staff.			
00	01	06	02	02		**Requests of departments for materials and fixtures shall be**			
00	01	06	02	02		o Made,			
00	01	06	02	02		o Approved,			
00	01	06	02	02		o Procured,			
00	01	06	02	02		o Delivered to the warehouse,			
00	01	06	02	02		o Received by the departments via HIS.			
00	01	06	03	00		**There shall be staff information module included in HIS.**	10		
00	01	06	03	01		**The following shall be included in staff information module in an updated form:**			
00	01	06	03	01		o Photos of the staff,			
00	01	06	03	01		o Department they work in,			
00	01	06	03	01		o Blood type,			
00	01	06	03	01		o Contact information,			
00	01	06	03	01		o Leave and sick leave information,			
00	01	06	03	01		o Educational background,			
00	01	06	03	01		o Certificates,			
00	01	06	03	01		o In-service trainings,			
00	01	06	03	01		o Command of foreign language of the staff.			
00	01	06	04	00		**Arrangement shall be made for all computers connected to HIS.**	10		
00	01	06	04	01		**Updated inventory of computer hardware and software shall be created. The inventory shall include the following:**			
00	01	06	04	01		o Department it is located, brand, model, serial no, fixture number, name of hardware and software, operating system, additional accessories, date of procurement, warranty period if available.			
00	01	06	05	00		**Arrangement shall be made for ensuring information security.**	15		

00	01	06	05	01		**Written arrangement shall be available for ensuring information security. The written arrangement shall cover**			
00	01	06	05	01		o Security of servers,			
00	01	06	05	01		o Back-up,			
00	01	06	05	01		o Security of personal health records,			
00	01	06	05	01		o Internet access and use,			
00	01	06	05	01		o E-mail use,			
00	01	06	05	01		o Password use,			
00	01	06	05	01		o Remote access,			
00	01	06	05	01		o Wireless access.			
00	01	06	05	02		**A team responsible for information security shall be established,**			
00	01	06	05	02		o One representative from the senior management of the hospital shall lead the team,			
00	01	06	05	02		o The team shall			
00	01	06	05	02		▪Evaluate the current situation in relation to information security,			
00	01	06	05	02		▪Identify possible risks for information security,			
00	01	06	05	02		▪Monitor authority changes made for defined users,			
00	01	06	05	02		▪Corrective preventive activity shall be initiated when needed.			
00	01	06	05	03		**There shall be antivirus software available in all computers which can be controlled by the central server.**			
00	01	06	05	04		**Training on information security shall be provided to the staff.**			
00	01	06	06	00		**Safety of server rooms shall be ensured.**	10		
00	01	06	06	01		**There shall be an independent room allocated for servers only.**			
00	01	06	06	02		**Entry of unauthorized staff shall be restrained.**			
00	01	06	06	03		**The room shall have good insulation against water.**			
00	01	06	06	04		**There shall be an uninterrupted power source independent from other uninterrupted power sources at the hospital.**			
00	01	06	06	05		**Temperature shall be between 18-22 °C; and humidity shall be between 30% - 50%.**			
00	01	06	06	06		**There shall be a running air conditioner with a spare one available.**			
00	01	06	07	00		**Measures to ensure security of the server shall be taken.**	10		

00	01	06	07	01		**Records of all servers available in the agency shall be kept. These records shall include information on the following**			
00	01	06	07	01		o The place of the server,			
00	01	06	07	01		o Responsible person,			
00	01	06	07	01		o Hardware,			
00	01	06	07	01		o Information on applications running on the operating system.			
00	01	06	07	02		**Operating systems, service provider software and protective software such as antivirus running on the server shall be updated.**			
00	01	06	07	03		**Software and hardware maintenance of the servers shall be performed by the authorized staff within the periods approved by the manufacturer.**			
00	01	06	08	00		**Measures to ensure security of the database shall be taken.**	10		
00	01	06	08	01		**System logs of the database shall be kept and shall be monitored by the management when needed.**			
00	01	06	08	02		**The contact information of responsible people for the database shall be available.**			
00	01	06	08	03		**Passwords of users for connecting to the interface shall be kept in an encrypted form.**			
00	01	06	08	04		**Processes to be logged on the database shall be defined.**			
00	01	06	08	05		**Users shall be informed before any intervention to the database (patch and update etc.).**			
00	01	06	09	00		**Security measures shall be taken during access from external platform to internal platform.**	10		
00	01	06	09	01		**There shall be a confidentiality agreement approved by the hospital regulating the conditions under which the company providing support services shall be able to access hospital from an external platform to the internal platform.**			
00	01	06	09	02		**External accesses to internal platform shall be recorded.**			
00	01	06	10	00		**Arrangement shall be available for the backup of data on HIS.**	15		
00	01	06	10	01		**Backing-up shall be regularly done every day in a medium external to the server in which HIS runs.**			

00	01	06	10	01		o Back-up shall be in a medium such as external hard drives, portable recording medium or back-up server running on the network.			
00	01	06	10	02		**Back-up medium shall be physically kept in a separate area from those where HIS runs, if possible in a different building.**			
00	01	06	10	03		**Data shall be indefinitely kept in offline media.**			
00	01	06	10	04		**Data recovery test shall be applied at least once a year through back-ups,**			
00	01	06	10	04		o It shall be checked whether data retrieval is obtained or not and if there is any data loss,			
00	01	06	10	04		o Test shall be recorded,			
00	01	06	10	04		o Corrective preventive activity shall be initiated when required,			
00	01	06	11	00		**Authorization shall be made on hospital information system.**	10		
00	01	06	11	01		**It shall be defined for each user which information they shall have access to.**			
00	01	06	11	02		**The staff shall be informed in relation to their clearance,**			
00	01	06	11	02		o Information provided and clearance shall be recorded,			
00	01	06	11	02		o Staff performing the same task shall be in the same clearance groups.			
00	01	06	12	00		**Processes on the HIS shall be traceable.**	10		
00	01	06	12	01		**There shall be a separate database or table in read-only format.**			
00	01	06	12	02		**The database or tables shall include records of the users who logged in the system, the processes they performed, changes in the system settings, system messages and errors.**			
00	01	06	12	03		**Only those authorized as administrators in the information system shall be able to access to this database or tables.**			
00	01	06	13	00		**Arrangement shall be made for the solution of problems occurring in HIS.**	10		
00	01	06	13	01		**It shall be identified for the staff with whom and how they shall contact for the problems in relation to HIS.**			
00	01	06	13	02		**Those that should be done shall be determined on department basis for the works not to be hindered until the problem is solved.**			

00	01	06	13	03		**It shall be determined by whom and how the data obtained during this process shall be entered in HIS when HIS is activated again.**			
00	01	06	13	04		**Problems and solutions in relation to HIS shall be recorded,**			
00	01	06	13	04		o Date and time of the problem,			
00	01	06	13	04		o Date and time of reporting,			
00	01	06	13	04		o Date and time when the problem is solved shall be recorded.			
00	01	06	13	05		**Monthly statistical studies shall be conducted on problems,**			
00	01	06	13	05		o Necessary corrective preventive activity in relation to problems shall be initiated.			
STOCK MANAGEMENT									
00	01	07				**STOCK MANAGEMENT**	55		
00	01	07	01	00		**Drugs, anesthetics, kits, calibrators, control serums and materials shall be monitored.**	15		
00	01	07	01	01		**Stock monitoring of drugs, anesthetics, kits, calibrators, control serums and materials shall be monitored via HIS.**			
00	01	07	01	01		oMinimum stock level, critical stock level and maximum stock level for drugs, anesthetics, control serums and materials shall be defined,			
00	01	07	01	01		o Minimum, critical and maximum stock levels shall be monitored on HIS,			
00	01	07	01	01		o Arrangement shall be available for the warning in the HIS in case of any deviation in the defined levels.			
00	01	07	01	02		**Expiry dates of drugs, anesthetics, kits, calibrators, control serums and materials shall be monitored via HIS.**			
00	01	07	01	02		o Arrangement shall be available for the warning in the HIS for drugs, anesthetics, kits and materials with approaching expiry dates.			
00	01	07	02	00		**Arrangement shall be made for the placement of materials in the warehouse.**	10		
00	01	07	02	01		**Layout plans showing the places of materials shall be available.**			
00	01	07	02	02		**Level placement shall not be made in warehouses.**			
00	01	07	02	03		**Stacking shall be at least 40 cm below the ceiling.**			
00	01	07	02	04		**Placement shall be in compliance with the type of materials.**			

00	01	07	03	00		**Arrangement shall be made for the risks that may rise according to the conditions in the warehouse.**	10		
00	01	07	03	01		**Risks shall be identified according to warehouse conditions.**			
00	01	07	03	02		**Protective measures shall be taken against risks.**			
00	01	07	04	00		**Temperature and humidity of the warehouse shall be monitored.**	10		
00	01	07	04	01		**Temperature and humidity shall be monitored according to the type of material in the warehouse.**			
00	01	07	04	02		**Temperature measurements shall be performed for the fridges in the warehouse.**			
00	01	07	05	00		**Arrangement shall be made for the management of hazardous substances.**	10		
00	01	07	05	01		**Written arrangement shall be available for the management of hazardous substances. The written arrangement shall include**			
00	01	07	05	01		o Safe transportation, storage and use of hazardous substances,			
00	01	07	05	01		o Actions to be taken in case of hazardous substance spillage and exposure to these substances.			
00	01	07	05	02		**The inventory of hazardous substances used shall be created. The inventory shall include the following:**			
00	01	07	05	02		o Name, brand, active substance, type (powder, crystal etc), usage and expiry date			
00	01	07	05	02		▪of the hazardous substance,			
00	01	07	05	02		▪Storage conditions,			
00	01	07	05	02		▪Other substance it interacts with,			
00	01	07	05	02		▪Actions to be taken in case of contact,			
00	01	07	05	02		▪Places of use and storage,			
00	01	07	05	02		▪Type of transport,			
00	01	07	05	02		▪Disposal methods,			
00	01	07	05	02		▪Symbols indicating hazardous substance class.			
00	01	07	05	02		o Inventory shall be available in the warehouse and at the place of use.			
00	01	07	05	03		**Chemical substance shall be labeled with the symbol indicating the name and hazardous substance class of the chemical.**			
00	01	07	05	04		**Users shall be trained on symbols indicating hazardous substance class.**			
WASTE MANAGEMENT									
00	01	08				**WASTE MANAGEMENT**	50		

00	01	08	01	00	S	**Arrangement shall be made for waste management.**	15		
00	01	08	01	01	S	**This arrangement shall include the following:**			
00	01	08	01	01	S	○ Types of waste produced,			
00	01	08	01	01	S	○ Separation of wastes at source,			
00	01	08	01	01	S	○ Reduction of waste amount produced,			
00	01	08	01	01	S	○ Collection and transportation of wastes in due form,			
00	01	08	01	01	S	○ Equipment to be used in the transportation of wastes,			
00	01	08	01	01	S	○ Cleaning and disinfection of collection equipment,			
00	01	08	01	01	S	○ Rules for the use of temporary storage areas and waste storage,			
00	01	08	01	01	S	○ Rules for cleaning and disinfection of temporary storage areas,			
00	01	08	01	01	S	○ Delivery of the waste to licensed waste carriers,			
00	01	08	01	01	S	○ Measures to be taken against accidents that may occur during waste collection and transportation and procedures to be followed in case of accident,			
00	01	08	01	01	S	○ Responsible people involved in waste management process.			
00	01	08	02	00		**Temporary storage areas shall be established.**	10		
00	01	08	02	01		**Medical and domestic waste storages shall be available.**			
00	01	08	02	02		**Landfills for other wastes shall be available. Other wastes shall include the following:**			
00	01	08	02	02		○ Hazardous wastes,			
00	01	08	02	02		○ Glass, paper and packaging wastes,			
00	01	08	02	02		○ Vegetable oil wastes,			
00	01	08	02	02		○ Batteries/accumulators,			
00	01	08	02	02		○ Fluorescent lamps.			
00	01	08	02	03		**Temporary storage areas shall be cleaned**			
00	01	08	03	00		**Staff shall be trained on waste management.**	10		
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			

HEALTH SERVICE MANAGEMENT

Revision	Vertical Section	Department No	Standard No	Evaluation Criteria	Horizontal Section	STANDARDS	Score	Outcome	Remark
POLYCLINIC SERVICES									
00	02	01				**POLYCLINIC SERVICES**	240		
00	02	01	01	00		**Arrangement shall be made for the unit where patient registry procedures are completed.**	10		
00	02	01	01	01		**There shall be a unit where patient registry procedures are completed.**			
00	02	01	01	02		**A list of physicians serving for that department shall be available in this unit.**			
00	02	01	01	03		**Training shall be provided for unit staff. The training program shall include the followings:**			
00	02	01	01	03		○ Patient satisfaction,			
00	02	01	01	03		○ Patient rights,			
00	02	01	01	03		○ Communication skills.			
00	02	01	01	04		**Training shall be provided to the unit staff minimum once in each period.**			
00	02	01	02	00		**Greeting, information and guidance service shall be provided.**	15		
00	02	01	02	01		**There shall be a unit providing greeting, information and guidance service.**			
00	02	01	02	02		**This unit shall have hospital information guide, advertisement brochure, telephone and computer.**			
00	02	01	02	03		**Those working at this unit shall wear clothes that can be distinguished from other hospital staff.**			
00	02	01	02	04		**The staff working at this unit shall be trained. The training program shall include the followings:**			
00	02	01	02	04		○ Patient satisfaction,			

00	02	01	02	04		○ Patient rights,			
00	02	01	02	04		○ Communication skills.			
00	02	01	02	05		**Training shall be provided to the unit staff minimum once in each period.**			
00	02	01	03	00		**Arrangement shall be made for waiting areas.**	10		
00	02	01	03	01		**Waiting areas shall have sitting areas.**			
00	02	01	03	02		**Waiting areas shall be clean.**			
00	02	01	03	03		**Air-conditioning shall be available in waiting areas.**			
00	02	01	04	00		**Examination duration shall be determined.**	10		
00	02	01	04	01		**Examination duration shall be arranged as one hour.**			
00	02	01	04	02		**Patients shall be informed about examination duration.**			
00	02	01	05	00		**Arrangement shall be made in examination rooms.**	10		
00	02	01	05	01		**Examination rooms shall have**			
00	02	01	05	01		○ Name and surname of the physician and his/her specialty and title, if any, at the entry of the room,			
00	02	01	05	01		○There shall be sink, liquid soap, paper towel and alcohol based hand antiseptics,			
00	02	01	05	01		○ The room shall be arranged in a way where the physician and the patient could sit face to face,			
00	02	01	05	01		oExamination couch cloth shall be clean.			
00	02	01	05	01		▪Examination couch clothes shall not have any commercial advertisement.			
00	02	01	06	00		**There shall be ultrasonography device in gynecology examination room.**	10		
00	02	01	07	00		**There shall be a room for baby care and breastfeeding.**	10		
00	02	01	07	01		**Baby care and breastfeeding rooms shall have the followings:**			
00	02	01	07	01		○ banners and brochures promoting breastfeeding and explaining proper breastfeeding,			
00	02	01	07	01		○ Materials without sharp edges,			
00	02	01	07	01		○ Toys.			

00	02	01	07	01		○ Baby diaper changing boards shall have barriers and be clean,			
00	02	01	07	01		○ There shall be sink, soap, paper towel, wall-mounted hand antiseptics,			
00	02	01	07	01		○ Air conditioning shall be provided.			
00	02	01	08	00		**Arrangement shall be made for blood drawing units.**	10		
00	02	01	08	01		**Physical arrangement shall be made for blood drawing units,**			
00	02	01	08	01		○ Blood drawing chairs shall be adjustable,			
00	02	01	08	01		○ Arrangement shall be made within the framework of waste management,			
00	02	01	08	01		○ Hand antiseptics shall be available to ensure hand hygiene.			
00	02	01	08	02		**Waiting duration of patients at blood drawing unit shall be measured.**			
00	02	01	09	00		**Arrangement shall be made for the patients to have access to printed copies of their laboratory analysis results.**	10		
00	02	01	10	00		**Patients shall have the right to choose a physician.**	15		
00	02	01	10	01		**Patients shall be able to choose any physician they want.**			
00	02	01	11	00		**Functional arrangements shall be available for the elderly.**	15		
00	02	01	11	01		**For the elderly to receive health service,**			
00	02	01	11	01		o They shall have priority registration,			
00	02	01	11	01		o They shall have priority to sit in polyclinic areas,			
00	02	01	11	01		o They shall have priority to be examined.			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			

00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		

00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
EMERGENCY HEALTH SERVICES									
00	02	02				**EMERGENCY HEALTH SERVICES**	380		
00	02	02	01	00		**Arrangement shall be made for areas where emergency health services are provided.**	10		
00	02	02	01	01		**There shall be guiding signs outside the hospital facilitating access to emergency unit.**			
00	02	02	01	02		**Entry sign to emergency unit shall be visible outside the hospital.**			
00	02	02	01	03		**Entry to emergency unit shall be independent from other entries and an arrangement to ensure easy access of ambulances and other vehicles shall be made.**			

00	02	02	01	04		**Emergency entry shall have a roof and be illuminated.**			
00	02	02	01	05		**Security staff shall be available at the emergency unit for 24 hours.**			
00	02	02	01	06		**A separate room shall be allocated for resuscitation.**			
00	02	02	01	07		**There shall be a monitorized area where patients are followed.**			
00	02	02	02	00		**Arrangement shall be made for the unit where patient registry procedures are completed.**	10		
00	02	02	02	01		**There shall be a unit where patient registry procedures are completed.**			
00	02	02	02	02		**A list of physicians serving for that department shall be available in this unit.**			
00	02	02	02	03		**Training shall be provided for unit staff. The training program shall include the followings:**			
00	02	02	02	03		○ Patient satisfaction,			
00	02	02	02	03		○ Patient rights,			
00	02	02	02	03		○ Communication skills.			
00	02	02	02	04		**Training shall be provided to the unit staff minimum once in each period.**			
00	02	02	03	00		**Greeting, information and guidance service shall be provided.**	15		
00	02	02	03	01		**There shall be a unit providing greeting, information and guidance service.**			
00	02	02	03	02		**This unit shall have hospital information guide, advertisement brochure, telephone and computer.**			
00	02	02	03	03		**Those working at this unit shall wear clothes that can be distinguished from other hospital staff.**			
00	02	02	03	04		**The staff working at this unit shall be trained. The training program shall include the followings:**			
00	02	02	03	04		○ Patient satisfaction,			
00	02	02	03	04		○ Patient rights,			
00	02	02	03	04		○ Communication skills.			

00	02	02	03	05		**Training shall be provided to the unit staff minimum once in each period.**			
00	02	02	04	00		**Written arrangement shall be available for the functioning of emergency department.**	5		
00	02	02	04	01		**The written arrangement shall include the followings:**			
00	02	02	04	01		o Triage,			
00	02	02	04	01		o Patient admission,			
00	02	02	04	01		o Patient observation process,			
00	02	02	04	01		o Calling consultant physician,			
00	02	02	04	01		o Process for imaging and laboratory services,			
00	02	02	04	01		o Patient hospitalization,			
00	02	02	04	01		o Shift process,			
00	02	02	04	01		oPatient referral out of the hospital.			
00	02	02	05	00		**Arrangement shall be available for equipment.**	10		
00	02	02	05	01		**Stretchers and wheel-chairs shall be available at the emergency department.**			
00	02	02	05	02		**Neck brace and trauma board shall be available at the emergency department,**			
00	02	02	05	02		o Minimum three neck braces in each size (small, medium, large) and minimum three trauma boards shall be available.			
00	02	02	06	00		**Arrangement shall be made for observation rooms.**	10		
00	02	02	06	01		**In the bedside of each bed, there shall be a bedside panel connected to the medical gas system.**			
00	02	02	06	01		o A mobile oxygen tube and vacuum device for every two beds shall be available when the bedside panel is not available.			
00	02	02	06	02		**Nurse call bell system shall be available connected to the bed head.**			
00	02	02	06	03		**Observation rooms shall be arranged in a way to allow continuous observation and follow-up of patients.**			
00	02	02	07	00		**Arrangement shall be made for the staff.**	10		

00	02	02	07	01		**There shall be a break room for the staff.**			
00	02	02	07	02		**Changing closets shall be available for the staff.**			
00	02	02	07	03		**Healthcare staff shall be trained on Cardiopulmonary Resuscitation (CRP) minimum once a year.**			
00	02	02	07	04		**Newcomers to the emergency department shall be trained on CPR.**			
00	02	02	08	00		**Contact information of the staff shall be available.**	10		
00	02	02	08	01		**Contact information of the emergency department staff shall be available.**			
00	02	02	08	02		**Contact information of specialists shall be available.**			
00	02	02	08	03		**Hospital disaster plan and contact information of those assigned for this plan shall be available.**			
00	02	02	09	00		**Arrangement shall be made for patients not covered by social security.**	10		
00	02	02	09	01		**The followings shall be provided for patients not covered by social security:**			
00	02	02	09	01		o Examination,			
00	02	02	09	01		o Diagnosis,			
00	02	02	09	01		o Treatment,			
00	02	02	09	01		o Care.			
00	02	02	10	00		**Arrangement shall be made for referred patients.**	10		
00	02	02	10	01		**A copy of the records including medical procedures performed at the emergency department shall be transferred with the patient.**			
00	02	02	11	00		**Arrangement shall be made for poisoning cases.**	10		
00	02	02	11	01		**All poisoning cases shall be followed in accordance with the guidelines of National Poison Center .**			
00	02	02	11	02		**All cases shall be reported to National Poison Center.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		

00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			
00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			
00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the followings shall be provided:**			
00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post-analytic stages,			
00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	01	P	**White identifier shall be used for each hospitalized patient.**			
00	01	01	21	01	P	o Only red identifiers shall be used for allergic patients,			
00	01	01	21	01	P	o Patient identifier shall have a barcode,			

00	01	01	21	01	P	o Identifier shall have protocol number, name, surname and date of birth (dd/mm/yyyy) of the patient,			
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			
00	01	01	21	05	P	**Health care staff shall be trained on the use of patient identifiers and patient identity authentication.**			
00	01	01	24	00	P	**Arrangement on safe administration of drugs shall be made.**	15		
00	01	01	24	02	P	**Treatment plan shall be written, stamped and signed by physicians,**			
00	01	01	24	02	P	o Treatment plan shall include the full name of the drug, time and dose of administration, route of administration and administration duration.			
00	01	01	24	03	P	**Nurses shall record treatment plan written by the physician in the observation form.**			
00	01	01	24	04	P	**Drugs in the treatment process shall be administered to patients by nurses,**			
00	01	01	24	04	P	o Drug administration by interns shall be under the supervision of nurses.			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	26	00	P	**Measures shall be taken for drugs to be used in pediatric doses.**	15		

00	01	01	26	01	P	**Lists of drugs in pediatric doses shall be available at the relevant departments.**			
00	01	01	26	02	P	**Placement of drugs in pediatric doses shall be at different shelves from other drugs.**			
00	01	01	26	03	P	**Pediatric drugs to be used in cases of emergency shall be listed according to doses per kilogram,**			
00	01	01	26	03	P	o Lists shall be available at the relevant department.			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			
00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			
00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be recorded.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			

00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**Emergency response kit shall be available.**	15		
00	01	01	51	01		**Emergency response kit shall be available in sites of health service delivery.**			
00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			

00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	01	66	00		**Patient beds shall be ready for use.**	10		
00	01	01	66	01		**Sheets, bedclothes and pillow cases shall be clean and ironed.**			
00	01	01	66	02		**Sheets, bedclothes and pillow cases shall be replaced every day and when needed.**			
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	03	06	02		**Alcohol-based hand antiseptic solutions shall be available by each bedside.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			

BIOCHEMISTRY LABORATORY SERVICES

00	02	03				**BIOCHEMISTRY LABORATORY SERVICES**	255		
00	02	03	01	00		**Test guide shall be available including all tests performed at the laboratory.**	10		
00	02	03	01	01		**Test guide shall include the followings:**			
00	02	03	01	01		o Time of test performance,			
00	02	03	01	01		o Sample type,			
00	02	03	01	01		o Information about tests requiring prior preparation,			
00	02	03	01	01		o Rules for sample collection,			
00	02	03	01	01		o Sample acceptance and refusal criteria,			
00	02	03	01	01		o Proper sample collection and suitable transfer of samples (indicating proper temperature, duration, container etc.),			
00	02	03	01	01		o Proper labeling of sample containers,			
00	02	03	01	01		o Durations for result giving.			
00	02	03	01	02		**Test guide shall be available at departments providing health service.**			
00	02	03	02	00		**Arrangement shall be made for sample collection and their transfer.**	15		
00	02	03	02	01		**Date and time of sample collection shall be available at HIMS.**			
00	02	03	02	02		**Relevant staff shall be trained on sample collection and transfer.**			
00	02	03	03	00		**Arrangement shall be made for the acceptance of samples by the laboratory.**	15		
00	02	03	03	01		**Sample acceptance unit shall be available.**			
00	02	03	03	02		**Samples shall be delivered to sample acceptance unit and the followings shall be available at the HIMS:**			
00	02	03	03	02		o The department sending samples,			
00	02	03	03	02		o Delivery date and time of samples.			
00	02	03	03	03		**Samples shall be evaluated against acceptance and refusal criteria.**			
00	02	03	03	04		**For samples refused,**			

00	02	03	03	04		o Information on reasons for refusal and the person refusing shall be available in HIMS,			
00	02	03	03	04		o Reasons for refusal shall be monthly analyzed,			
00	02	03	03	04		o Corrective preventive activity shall be initiated when required,			
00	02	03	03	05		**Date and time of sample acceptance by the laboratory shall be available at HIMS.**			
00	02	03	04	00		**Arrangement shall be available for test procedures.**	5		
00	02	03	04	01		**The written arrangement shall include the followings:**			
00	02	03	04	01		o Test procedures,			
00	02	03	04	01		o Quality control activities,			
00	02	03	04	01		o Approval of results.			
00	02	03	05	00		**Arrangement shall be made for devices available at the laboratory.**	10		
00	02	03	05	01		**Inventory shall be created for medical devices available at the laboratory. The inventory shall include the followings:**			
00	02	03	05	01		○ Name of the device,			
00	02	03	05	01		○ Brand,			
00	02	03	05	01		○ Model,			
00	02	03	05	01		o Date of production,			
00	02	03	05	01		o Serial number,			
00	02	03	05	01		o Representative firm,			
00	02	03	05	01		o Date of entry into service.			
00	02	03	05	02		**Files shall be prepared for each device at the laboratory. This file shall include the followings:**			
00	02	03	05	02		○ User's manual or CD,			
00	02	03	05	02		○ Calibration records or certificates of the test or the device, if any,			
00	02	03	05	02		○ Quality control results, if any,			
00	02	03	05	02		○ Device maintenance forms (Daily, weekly, monthly etc.),			
00	02	03	05	02		○ Breakdown report forms,			
00	02	03	05	02		○ Contact information of the firm,			
00	02	03	05	02		○ Training certificates of users.			
00	02	03	06	00	P	**Internal quality control tests shall be performed for tests.**	15		
00	02	03	06	01	P	**Internal quality control test shall be performed for tests,**			

00	02	03	06	01	P	○ Normal, high and low pathological control serums shall be studied, if any.			
00	02	03	06	02	P	**Internal quality control test results shall be evaluated,**			
00	02	03	06	02	P	○ Corrective preventive activity shall be initiated when required.			
00	02	03	07	00	P	**External quality control tests shall be performed for tests.**	15		
00	02	03	07	01	P	**External quality control tests shall be performed in periods defined in external quality control program being involved.**			
00	02	03	07	02	P	**Test reports for external quality control shall be evaluated,**			
00	02	03	07	02	P	○ Corrective preventive activity shall be initiated when required.			
00	02	03	08	00	P	**Arrangement shall be available for panic value reporting process.**	15		
00	02	03	08	01	P	**Panic values shall be set.**			
00	02	03	08	02	P	**Panic values shall be defined on HIMS.**			
00	02	03	08	03	P	**Warning system shall be available on HIMS for warning the staff in case panic value is detected.**			
00	02	03	08	04	P	**Panic value results shall be reported,**			
00	02	03	08	04	P	○ The followings shall be recorded in reports: name of the person reporting, name of the person being reported to, panic value result, date and time of reporting.			
00	02	03	08	05	P	**Laboratory staff shall be trained on panic values and panic value reporting.**			
00	02	03	09	00		**Performance evaluation for laboratory processes shall be made.**	15		
00	02	03	09	01		**Monthly evaluation related to preanalytic, analytic and post-analytic processes shall be made.**			
00	02	03	09	02		**Necessary corrective preventive activities shall be initiated according to the evaluation results.**			
00	02	03	10	00		**Arrangement shall be made for patient result reports.**	10		
00	02	03	10	01		**Patient result reports shall include the followings:**			

00	02	03	10	01		○ Date, time and place of sample collection,			
00	02	03	10	01		○ of sample acceptance by the laboratory,			
00	02	03	10	01		○ of the approval of the result.			
00	02	03	10	02		**Result giving durations shall be determined for routine and urgent tests.**			
00	02	03	10	03		**Patient and relevant staff shall be informed on result giving durations.**			
00	02	03	11	00		**Written arrangement shall be available for ensuring laboratory security.**	10		
00	02	03	11	01		**Laboratory security guide shall be prepared. This guide shall include minimum the followings:**			
00	02	03	11	01		○ Rules to be followed by laboratory staff,			
00	02	03	11	01		○ Measures to be taken against chemicals used,			
00	02	03	11	01		○ Measures to be taken against fire,			
00	02	03	11	01		○ Measures to ensure electricity safety,			
00	02	03	11	01		○ Rules related to entries and exits,			
00	02	03	11	01		○ Rules for cleaning, disinfection and sterilization.			
00	02	03	12	00		**Temperature and humidity of the laboratory shall be monitored.**	10		
00	02	03	12	01		**Temperature shall be monitored for devices requiring temperature monitoring at the laboratory,**			
00	02	03	12	01		○ Temperatures of laboratory ovens, deep freezers, water baths and fridges shall be monitored.			
00	02	03	12	02		**Temperature and humidity of the laboratory shall be monitored.**			
00	02	03	13	00		**Arrangement shall be made for tests performed out of the hospital.**	10		
00	02	03	13	01		**Written arrangement shall be made for tests performed out of the hospital. The written arrangement shall include the followings:**			
00	02	03	13	01		○ Order making and delivery of the sample to the laboratory,			

00	02	03	13	01		○ Transmittal of result reports to the hospital,			
00	02	03	13	01		○Duration of reports' transmittal to the hospital.			
00	02	03	13	02		**Laboratory where the tests are analyzed shall be evaluated in terms of meeting service quality standards.**			
00	02	03	13	02		o From Biochemistry Laboratory Service Quality Standards; Service providing agency shall be evaluated at least twice a year by the hospital for the compliance with Standard Numbers 01, 02, 03, 06, 07, 08, 10.			
00	02	03	13	03		**Patient result report shall include names of the institution where tests are performed and the name of the hospital.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			

00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings:**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			

00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
MICROBIOLOGY LABORATORY SERVICES									
00	02	04				**MICROBIOLOGY LABORATORY SERVICES**	310		
00	02	04	01	00		**Test guide shall be available including all tests performed at the laboratory.**	10		
00	02	04	01	01		**Test guide shall include the followings:**			
00	02	04	01	01		o Time of test performance,			
00	02	04	01	01		o Sample type,			
00	02	04	01	01		o Information about tests requiring prior preparation,			
00	02	04	01	01		o Rules for sample collection,			
00	02	04	01	01		o Sample acceptance and refusal criteria,			
00	02	04	01	01		o Proper sample collection and suitable transfer of samples (indicating proper temperature, duration, container etc.),			
00	02	04	01	01		o Proper labeling of sample containers,			
00	02	04	01	01		o Durations for result giving.			
00	02	04	01	02		**Test guide shall be available at departments providing health service.**			
00	02	04	02	00		**Arrangement shall be made for sample collection and their transfer.**	15		
00	02	04	02	01		**Date and time of sample collection shall be available at HIMS.**			
00	02	04	02	02		**Relevant staff shall be trained on sample collection and transfer.**			
00	02	04	03	00		**Arrangement shall be made for the acceptance of samples by the laboratory.**	15		
00	02	04	03	01		**Sample acceptance unit shall be available.**			

00	02	04	03	02		**Samples shall be delivered to sample acceptance unit and the followings shall be available at the HIMS:**			
00	02	04	03	02		o The department sending samples,			
00	02	04	03	02		o Delivery date and time of samples.			
00	02	04	03	03		**Samples shall be evaluated against acceptance and refusal criteria.**			
00	02	04	03	04		**For samples refused,**			
00	02	04	03	04		o Information on reasons for refusal and the person refusing shall be available in HIMS,			
00	02	04	03	04		o Reasons for refusal shall be monthly analyzed,			
00	02	04	03	04		o Corrective preventive activity shall be initiated when required.			
00	02	04	03	05		**Date and time of sample acceptance by the laboratory shall be available at HIMS.**			
00	02	04	04	00		**Arrangement shall be available for test procedures.**	5		
00	02	04	04	01		**The written arrangement shall include the followings:**			
00	02	04	04	01		o Test performance,			
00	02	04	04	01		o Quality control activities,			
00	02	04	04	01		o Approval of results.			
00	02	04	05	00		**Arrangement shall be made for devices at the laboratory.**	10		
00	02	04	05	01		**Inventory shall be created for medical devices available at the laboratory. The inventory shall include the followings:**			
00	02	04	05	01		○ Name of the device,			
00	02	04	05	01		○ Brand,			
00	02	04	05	01		○ Model,			
00	02	04	05	01		○ Date of production,			
00	02	04	05	01		○ Serial number,			
00	02	04	05	01		o Representative firm,			
00	02	04	05	01		○ Date of entry into service.			
00	02	04	05	02		**Files shall be prepared for each device at the laboratory. This file shall include the followings:**			
00	02	04	05	02		○ User's manual or CD,			
00	02	04	05	02		○ Calibration records or certificates of the test or the device, if any,			
00	02	04	05	02		○ Quality control results, if any,			

00	02	04	05	02		○ Device maintenance forms (Daily, weekly, monthly etc.),			
00	02	04	05	02		○ Breakdown report forms,			
00	02	04	05	02		○ Contact information of the firm,			
00	02	04	05	02		○ Training certificates of users.			
00	02	04	06	00	P	**Internal quality control tests shall be performed for tests.**	15		
00	02	04	06	01	P	**Internal quality control test shall be performed for tests,**			
00	02	04	06	01	P	○ Normal, high and low pathological control serums shall be studied, if any.			
00	02	04	06	02	P	Internal quality control test results shall be evaluated,			
00	02	04	06	02	P	○ Corrective preventive activity shall be initiated when required.			
00	02	04	07	00	P	**External quality control tests shall be performed for tests.**	15		
00	02	04	07	01	P	**External quality control tests shall be performed in periods defined in external quality control program being involved.**			
00	02	04	07	02	P	**Test reports for external quality control shall be evaluated,**			
00	02	04	07	02	P	○ Corrective preventive activity shall be initiated when required.			
00	02	04	08	00	P	**Arrangement shall be available for panic value reporting process.**	15		
00	02	04	08	01	P	**Panic values shall be set.**			
00	02	04	08	02	P	**Panic values shall be defined on HIMS.**			
00	02	04	08	03	P	**Warning system shall be available on HIMS for warning the staff in case panic value is detected.**			
00	02	04	08	04	P	**Panic value results shall be reported,**			
00	02	04	08	04	P	○ The followings shall be recorded in reports: name of the person reporting, name of the person being reported to, panic value result, date and time of reporting.			
00	02	04	08	05	P	**Laboratory staff shall be trained on panic values and panic value reporting.**			
00	02	04	09	00		**Performance evaluation for laboratory processes shall be made.**	15		

00	02	04	09	01		**Monthly evaluation related to preanalytic, analytic and post-analytic processes shall be made.**			
00	02	04	09	02		**Necessary corrective preventive activities shall be initiated according to the evaluation results.**			
00	02	04	10	00		**Arrangement shall be made for patient result reports.**	10		
00	02	04	10	01		**Patient result reports shall include the followings:**			
00	02	04	10	01		○ Date, time and place of sample collection,			
00	02	04	10	01		○ of sample acceptance by the laboratory,			
00	02	04	10	01		○ of the approval of the result.			
00	02	04	10	02		**Result giving durations shall be determined for routine and urgent tests.**			
00	02	04	10	03		**Patient and relevant staff shall be informed on result giving durations.**			
00	02	04	11	00	P	**Arrangement shall be made for the restricted reporting of antibiotic sensitivity test results.**	15		
00	02	04	11	01	P	**Antibiotics for which restricted reporting shall be applied shall be determined.**			
00	02	04	11	02	P	**All antibiotic sensitivity tests performed shall be recorded on HIMS.**			
00	02	04	11	03	P	**Patient result report shall be prepared in line with restricted reporting.**			
00	02	04	11	04	P	**It shall be designated who shall have access to restricted antibiotic sensitivity test results.**			
00	02	04	11	05	P	**It shall be determined under which conditions restricted reporting shall be abolished.**			
00	02	04	12	00		**Antibiotic discs shall be kept under proper temperature.**	10		
00	02	04	12	01		**Discs in the stock shall be kept at -20°C.**			
00	02	04	12	02		**Discs in use shall be kept at 4-8 °C.**			
00	02	04	13	00		**Written arrangement shall be available for ensuring laboratory security.**	10		

00	02	04	13	01		**Laboratory security guide shall be prepared. This guide shall include minimum the followings:**			
00	02	04	13	01		○ Rules to be followed by laboratory staff,			
00	02	04	13	01		○ Measures to be taken against chemicals used,			
00	02	04	13	01		○ Measures to be taken against fire,			
00	02	04	13	01		○ Measures to ensure electricity safety,			
00	02	04	13	01		○ Rules related to entries and exits,			
00	02	04	13	01		○ Rules for cleaning, disinfection and sterilization.			
00	02	04	14	00	S	**Arrangement shall be made for safely performing culture tests at microbiology laboratories.**	15		
00	02	04	14	01	S	**Culture tests shall be performed in a biosafety cabinet.**			
00	02	04	14	02	S	**The followings shall be done for biosafety cabins:**			
00	02	04	14	02	S	○ Daily cleaning,			
00	02	04	14	02	S	○ Maintenance,			
00	02	04	14	02	S	○ Quality control and performance tests.			
00	02	04	15	00		**Arrangement shall be made for decontamination of culture plaques.**	15		
00	02	04	15	01		**Culture plaques shall be disposed after being decontaminated by autoclaving.**			
00	02	04	15	02		**The followings shall be done for autoclaves:**			
00	02	04	15	02		○ Cleaning,			
00	02	04	15	02		○ Indicator control,			
00	02	04	15	02		○ Maintenance.			
00	02	04	16	00		**Temperature and humidity of the laboratory shall be monitored.**	10		
00	02	04	16	01		**Temperature shall be monitored for devices requiring temperature monitoring at the laboratory,**			
00	02	04	16	01		○ Temperatures of laboratory ovens, deep freezers, water baths and fridges shall be monitored.			
00	02	04	16	02		**Temperature and humidity of the laboratory shall be monitored.**			

00	02	04	17	00		**Arrangement shall be made for tests performed out of the hospital.**	10		
00	02	04	17	01		**Written arrangement shall be available for tests performed out of the hospital. The written arrangement shall include the followings:**			
00	02	04	17	01		○ Order making and delivery of the sample to the laboratory,			
00	02	04	17	01		○ Transmittal of result reports to the hospital,			
00	02	04	17	01		○ Duration of reports' transmittal to the hospital.			
00	02	04	17	02		**Laboratory where the tests are analyzed shall be evaluated in terms of meeting service quality standards.**			
00	02	04	17	02		o From Biochemistry Laboratory Service Quality Standards; Service providing agency shall be evaluated at least twice a year by the hospital for the compliance with Standard Numbers 01, 02, 03, 06, 07, 08, 10, 11, 12.			
00	02	04	17	03		**Patient result report shall include name of the institution where tests are performed and the name of the hospital.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		

00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings:**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			

00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
PATHOLOGY LABORATORY SERVICES									
00	02	05				**PATHOLOGY LABORATORY SERVICES**	280		
00	02	05	01	00		**A guide including all tests and practices performed at the laboratory.**	10		
00	02	05	01	01		**Test and practices guide shall include the followings:**			
00	02	05	01	01		o Sample type,			
00	02	05	01	01		o Sample acceptance and refusal criteria,			
00	02	05	01	01		o Rules for sample collection,			
00	02	05	01	01		o Proper sample collection and suitable transfer of samples (indicating proper temperature, duration, container etc.),			
00	02	05	01	01		o Proper labeling of sample containers,			
00	02	05	01	01		o Information about tests requiring prior preparation,			
00	02	05	01	01		o Time of test performance,			
00	02	05	01	01		o Durations for result giving.			
00	02	05	01	02		**Relevant staff shall be trained on test guide.**			

00	02	05	02	00		**Pathologic test request form shall be arranged in a way to include necessary information about the patient.**	10		
00	02	05	02	01		**Test request form shall include the followings:**			
00	02	05	02	01		○ Name and surname of the patient,			
00	02	05	02	01		○ Date of birth of the patient,			
00	02	05	02	01		○ File number (and/or barcode number),			
00	02	05	02	01		○ Name of the responsible physician,			
00	02	05	02	01		○ It shall also include information on criteria assisting in diagnosis such as			
00	02	05	02	01		▪ Clinical history and physical examination findings,			
00	02	05	02	01		▪ Laboratory results,			
00	02	05	02	01		▪ Early diagnosis,			
00	02	05	02	01		▪ Previous pathologic diagnoses.			
00	02	05	03	00		**Arrangement shall be made for labeling of samples.**	10		
00	02	05	03	01		**The sample shall be identified with the same sample code for all laboratory-related processes.**			
00	02	05	04	00		**Written arrangement shall be available for the functioning of pathology laboratory.**	5		
00	02	05	04	01		**The written arrangement shall include the followings:**			
00	02	05	04	01		o Macroscopic evaluation,			
00	02	05	04	01		o Microscopic evaluation,			
00	02	05	04	01		o Histochemical staining methods,			
00	02	05	04	01		o Cytological evaluation,			
00	02	05	04	01		o Quality control activities,			
00	02	05	04	01		o Preparation of pathology reports,			
00	02	05	04	01		o Criteria for diagnosing panic and reporting panic,			
00	02	05	04	01		o Transmittal of results to the patient and the physician,			
00	02	05	04	01		o Archiving of blocks, preparations and reports.			
00	02	05	05	00		**Arrangement shall be made for devices available at the laboratory.**	10		

00	02	05	05	01		**Inventory shall be created for all medical devices available at the laboratory. The inventory shall include the followings:**			
00	02	05	05	01		○ Name of the device,			
00	02	05	05	01		○ Brand,			
00	02	05	05	01		○ Model,			
00	02	05	05	01		○ Date of production,			
00	02	05	05	01		○ Serial number,			
00	02	05	05	01		○ Name of the representative firm,			
00	02	05	05	01		○ Date of entry into service.			
00	02	05	05	02		**A file shall be prepared for each device at the laboratory. This file shall include the followings:**			
00	02	05	05	02		○ User's manual or CD,			
00	02	05	05	02		○ Calibration records or certificates of the test or the device, if any,			
00	02	05	05	02		○ Quality control results, if any,			
00	02	05	05	02		○ Device maintenance forms (Daily, weekly, monthly etc.),			
00	02	05	05	02		○ Breakdown report forms,			
00	02	05	05	02		○ Contact information of the firm,			
00	02	05	05	02		○ Training certificates of users.			
00	02	05	06	00	P	**Quality control activities of tests performed with special techniques shall carried out.**	15		
00	02	05	06	01	P	**Positive and negative quality control activity shall be carried out for each assay of histochemical, immunohistochemical, immunofluorescence, FISH and molecular pathology tests.**			
00	02	05	07	00		**Arrangement shall be made for intraoperative consultation (frozen section) process.**	10		
00	02	05	07	01		**Written arrangement shall be prepared for intraoperative consultation process. The written arrangement shall include the followings:**			
00	02	05	07	01		○ Sample acceptance and refusal criteria,			
00	02	05	07	01		○ Freezing procedure,			
00	02	05	07	01		○ Procedures relevant to incising and staining,			
00	02	05	07	01		○ Reporting of the result.			
00	02	05	07	02		**Result delivery durations shall be determined,**			

00	02	05	07	02		○ Result delivery durations shall be evaluated,			
00	02	05	07	02		○ Corrective preventive activity shall be initiated when required.			
00	02	05	07	03		**Intraoperative consultation (frozen section) sections shall be kept,**			
00	02	05	07	03		○ Frozen sections shall be kept together with permanent sections of the case in the archive of preparations.			
00	02	05	08	00		**Written arrangement shall be available for implementing consultations inside and outside the department.**	5		
00	02	05	08	01		**The written arrangement shall include the followings:**			
00	02	05	08	01		○ Consultation order,			
00	02	05	08	01		○ Transfer of sample during external consultation,			
00	02	05	08	01		○ Writing down consultation result in the report,			
00	02	05	08	01		○ The procedure for reporting the consultation result to the patient and/or the physician with an additional report.			
00	02	05	09	00	P	**Arrangement shall be made for criteria for diagnosing panic.**	15		
00	02	05	09	01	P	**A list of criteria for diagnosing panic shall be made.**			
00	02	05	09	02	P	**Results of panic diagnosis shall be reported,**			
00	02	05	09	02	P	○ The followings shall be recorded in reports: name of the person reporting, name of the person being reported to, panic value result, date and time of reporting.			
00	02	05	10	00		**Arrangement shall be made for report preparing.**	10		
00	02	05	10	01		**The report shall include the followings:**			
00	02	05	10	01		○All methods used for reaching the diagnosis,			
00	02	05	10	01		○ Early diagnosis and pathologic diagnosis,			
00	02	05	10	01		○ Consultation diagnosis,			
00	02	05	10	01		○ Intraoperative consultation (frozen section) diagnosis.			

00	02	05	11	00		**Arrangement shall be made for archiving.**	10		
00	02	05	11	01		**Reports, blocks, slides and all electronic records shall be archived.**			
00	02	05	11	01		○ Blocks shall be kept for at least 10 years,			
00	02	05	11	01		○ Slides shall be kept for at least 20 years,			
00	02	05	11	01		○ Reports shall be kept indefinitely,			
00	02	05	11	01		○ Electronic records shall be kept indefinitely along with backups.			
00	02	05	11	02		**Blocks and slides shall be kept at 18-23^{0}C.**			
00	02	05	11	03		**Remaining tissues and fluids of the patient shall be kept for at least one month from the date of reporting.**			
00	02	05	12	00		**Tissue monitoring solutions and bathing waters shall be replaced in defined intervals.**	10		
00	02	05	12	01		**Tissue monitoring solutions shall be replaced in regular intervals according to the workload of the laboratory.**			
00	02	05	12	02		**Bathrooms shall be cleaned daily and water shall be replaced.**			
00	02	05	13	00		**Performance evaluation for laboratory processes shall be made.**	15		
00	02	05	13	01		**Monthly evaluation related to preanalytic, analytic and post-analytic processes shall be made.**			
00	02	05	13	02		**Necessary corrective preventive activities shall be initiated according to the evaluation results.**			
00	02	05	14	00		**Temperature and humidity of the laboratory shall be monitored.**	10		
00	02	05	14	01		**Temperature shall be monitored for devices requiring temperature monitoring at the laboratory,**			
00	02	05	14	01		○ Temperatures of laboratory ovens, deep freezers, water baths and fridges shall be monitored.			
00	02	05	14	02		**Temperature and humidity of the laboratory shall be monitored.**			
00	02	05	14	03		**Corrective preventive activity shall be initiated when required.**			

00	02	05	15	00		**Written arrangement shall be available for ensuring laboratory security.**	10		
00	02	05	15	01		**Laboratory Security Guide shall be prepared. This guide shall include minimum the followings:**			
00	02	05	15	01		○ Rules to be followed by laboratory staff,			
00	02	05	15	01		○ Measures to be taken against chemicals used,			
00	02	05	15	01		○ Measures to be taken against fire,			
00	02	05	15	01		○ Measures to ensure electricity safety,			
00	02	05	15	02		**Rules regarding entries and exits shall be established and implemented.**			
00	02	05	15	03		**Cleaning and disinfection rules shall be established, implemented and relevant staff shall be trained on them.**			
00	02	05	15	04		**Laboratory staff shall be trained on laboratory safety.**			
00	02	05	16	00	O	**Preventive measures shall be taken against volatile chemicals in the laboratory.**	15		
00	02	05	16	01	O	**Macroscopic cabinets shall be used.**			
00	02	05	16	02	O	**Laboratory shall have a ventilation system for decontaminating volatile chemicals.**			
00	02	05	16	03	O	**Formaldehyde and xylene levels of laboratory air shall be measured,**			
00	02	05	16	03	O	○ Measurement shall be made at the level of inhalation,			
00	02	05	16	03	O	○ The amount inhaled for 8 hours shall be evaluated,			
00	02	05	16	03	O	○ Maximum amount inhaled for 15 or 30 minutes shall measured according to substance measured.			
00	02	05	17	00		**Arrangement shall be made for tests performed out of the hospital.**	10		

00	02	05	17	01		**Written arrangement shall be available for tests performed out of the hospital. The written arrangement shall include the followings:**			
00	02	05	17	01		○ Order making and delivery of the sample to the laboratory,			
00	02	05	17	01		○ Transmittal of result reports to the hospital,			
00	02	05	17	01		○ Duration of reports' transmittal to the hospital.			
00	02	05	17	02		**Laboratory where the tests are analyzed shall be evaluated in terms of meeting service quality standards.**			
00	02	05	17	02		○ From Pathology Laboratory Service Quality Standards; Service providing agency shall be evaluated at least twice a year by the hospital for the compliance with Standard Numbers 01, 02, 03, 06, 07, 09, 10, 11.			
00	02	05	17	03		**Patient result report shall include name of the institution where tests are performed and the name of the hospital.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			

00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings:**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			

00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
IMAGING SERVICES									
00	02	06				**IMAGING SERVICES**	220		
00	02	06	01	00		**Arrangement shall be made for the areas where radiation emitting devices are available.**	10		
00	02	06	01	01		**The areas, where radiation emitting devices are available, shall have a license issued by the Turkish Atomic Energy Authority (TAEK).**			
00	02	06	01	02		**The areas, where radiation emitting devices are available, shall have an aspiration system to ensure removal of ionized air.**			
00	02	06	01	03		**The areas, where imaging services are provided, shall have radiation warning signs.**			
00	02	06	02	00		**Arrangement shall be made for the functioning of imaging services.**	15		
00	02	06	02	01		**Arrangement shall be made in relation to appointment giving,**			
00	02	06	02	01		o Appointment giving durations shall be determined,			
00	02	06	02	01		o Patient and patient's relatives shall be informed on the appointment durations.			
00	02	06	02	02		**Arrangement shall be made in relation to result delivery,**			
00	02	06	02	02		o Result delivery durations shall be determined,			

00	02	06	02	02		o Patient and patient's relatives shall be informed on the result delivery durations.			
00	02	06	02	03		**Delays in the appointment giving and result delivery processes shall be followed up,**			
00	02	06	02	03		o Monthly statistical analyses shall be made in relation to delays,			
00	02	06	02	03		o Necessary corrective preventive activities shall be initiated.			
00	02	06	03	00		**Arrangement shall be made for patient privacy.**	10		
00	02	06	03	01		**Patient dressing rooms/cabins shall be made available.**			
00	02	06	03	02		**Covering/gowns to be used by patients shall be clean.**			
00	02	06	03	03		**Patients shall be taken to the imaging area one by one.**			
00	02	06	04	00	P	**Measures shall be taken to protect patients and their relatives from radiation.**	15		
00	02	06	04	01	P	**Radiation protection equipment shall be used for patient and their relatives,**			
00	02	06	04	01	P	o Radiation protection equipment shall be available in different sizes.			
00	02	06	04	02	P	**The women reporting their pregnancy and suspicion thereof shall be informed on radiation safety.**			
00	02	06	04	03	P	**Preventive measures shall be taken for the baby in women reporting their pregnancy and suspicion thereof.**			
00	02	06	05	00	O	**Measures shall be taken for the protection of staff from radiation.**	20		
00	02	06	05	01	O	**Radiation protection equipment shall be used,**			
00	02	06	05	01	O	o Radiation protection equipment shall be available in different sizes.			
00	02	06	05	02	O	**Dosimeter follow ups of the staff shall be made. For each staff member;**			
00	02	06	05	02	O	o Radiation dose at the end of each dosimeter follow up period shall be measured,			
00	02	06	05	02	O	o Annual total radiation dose shall be measured,			

00	02	06	05	02	O	o Radiation doses shall be compared with legal limits periodically and annually.			
00	02	06	05	03	O	**Examinations and tests of staff shall be carried out,**			
00	02	06	05	03	O	o Hemogram once every six months,			
00	02	06	05	03	O	o Peripheral smear once every six months,			
00	02	06	05	03	O	o Dermatological examination shall be carried out once a year.			
00	02	06	06	00	S	**Arrangement shall be made for the control of radiation protection equipment.**	15		
00	02	06	06	01	S	**Effectiveness of radiation protection equipment shall be checked minimum once every six months and in case of doubt that they are damaged, through x-ray or scope.**			
00	02	06	06	02	S	**Results of the control shall be confirmed by the radiologist.**			
00	02	06	07	00		**Arrangement shall be made for imaging services performed out of hospital.**	10		
00	02	06	07	01		**A written arrangement shall be prepared for this process. The written arrangement shall include;**			
00	02	06	07	01		o Fulfillment of the order,			
00	02	06	07	01		o Informing patients and their relatives,			
00	02	06	07	01		o Directing patients to the imaging center,			
00	02	06	07	01		o Transmittal of result reports to the hospital,			
00	02	06	07	01		o Duration of reports' transmittal to the hospital.			
00	02	06	07	02		**For the compliance of the standards no.01, 02, 03 and 04 included in the Service Quality Standards Imaging Services Section, service providing agency shall be evaluated by the hospital at least twice a year.**			

00	02	06	07	03		**The service providing center shall indicate in the patient result report that the process was done on behalf of the relevant hospital.**			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		

00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	63	00	P	**The patient shall be informed before the risky invasive operations and the consent of the patients shall be obtained.**	20		
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
ENDOSCOPY SERVICES									
00	02	07				**ENDOSCOPY SERVICES**	225		

00	02	07	01	00		**Physical arrangements shall be made in endoscopy units.**	10		
00	02	07	01	01		**All surfaces of the endoscopy room shall be easy to clean and disinfect.**			
00	02	07	01	02		**Endoscopy room shall have a lavatory.**			
00	02	07	01	03		**Endoscopy room shall have a patient toilet.**			
00	02	07	01	04		**Oxygen and aspiration system shall be available.**			
00	02	07	01	05		**Pulse oximeter device shall be available.**			
00	02	07	01	06		**Essential equipment for blood pressure and ECG monitorization shall be available.**			
00	02	07	01	07		**Lockers shall be provided for storage of patients' clothing and other incidental personal belongings.**			
00	02	07	01	08		**A space shall be available for patients to rest after the endoscopy operation.**			
00	02	07	02	00		**Written arrangement shall be available for the functioning of endoscopy unit.**	5		
00	02	07	02	01		**Written arrangement shall include ;**			
00	02	07	02	01		○ Durations of appointment dates and test results' delivery,			
00	02	07	02	01		o Giving appointment,			
00	02	07	02	01		○ Preparation of the patient,			
00	02	07	02	01		○ Sedation process,			
00	02	07	02	01		○ Operations associated with tissue samples			
00	02	07	02	01		▪Collection of tissue sample,			
00	02	07	02	01		▪Transportation of the sample,			
00	02	07	02	01		▪Its delivery to the pathology laboratory,			
00	02	07	02	01		○ Report writing process,			
00	02	07	02	01		○ Rules for the cleaning, disinfection and sterilization of devices.			
00	02	07	03	00		**Arrangement shall be made for appointment and result delivery processes.**	10		
00	02	07	03	01		**Appointment and result delivery durations shall be determined.**			

00	02	07	03	02		**Appointment and result delivery durations shall be recorded on the hospital information system.**			
00	02	07	03	03		**Patient and patient's relatives shall be informed on the appointment giving and result delivery durations.**			
00	02	07	03	04		**Delays in the appointment giving and result delivery durations shall be followed up,**			
00	02	07	03	04		○ Monthly statistical analyses shall be made in relation to delays,			
00	02	07	03	04		○ Necessary corrective preventive activities shall be initiated according to the analysis results.			
00	02	07	04	00		**Disinfection process shall be brought under control in endoscopy unit.**	15		
00	02	07	04	01		**A separated room shall be available for disinfection process.**			
00	02	07	04	02		**The air in the room where cleaning and disinfection processes are done shall be cleaned 6-15 times an hour.**			
00	02	07	04	03		**Deep and wide lavatories shall be available in the room where disinfection process is made.**			
00	02	07	04	04		**The covers of the containers where disinfectants are located shall be closed.**			
00	02	07	04	05		**Training shall be provided to the staff of the endoscopy unit on cleaning, disinfection and sterilization process.**			
00	02	07	04	06		**Minimal active concentration of the high level disinfectant shall be controlled through indicators in a daily manner,**			
00	02	07	04	07		**In each use of the endoscopes; patient's name, file number, method, name of the physician who performed endoscopy, serial number of the device shall be recorded.**			
00	02	07	05	00		**Arrangement shall be made for the disinfection process of the endoscopes.**	15		

00	02	07	05	01		**Endoscopes shall be rinsed with sterile distilled or tap water after high level disinfection and shall be washed with 70-90% ethyl or isopropyl alcohol.**			
00	02	07	05	02		**Endoscope and its channels shall be dried with airgun after they are washed with alcohol.**			
00	02	07	05	03		**Endoscopes shall be hung in vertical position to dry up.**			
00	02	07	05	04		**Endoscopes shall be kept clean after they are dried.**			
00	02	07	06	00		**Endoscopic operation shall be recorded through image recording system.**	10		
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**emergency response kit shall be available.**	15		
00	01	01	51	01		**emergency response kit shall be available in sites of health service delivery.**			

00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			

00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	63	00	P	**The patient shall be informed before the risky invasive operations and the consent of the patients shall be obtained.**	20		
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
CLINICS									
00	02	08				**CLINICS**	490		
00	02	08	01	00		**Physical arrangement shall be made in patients' rooms.**	10		
00	02	08	01	01		**In the bedside of each bed, there shall be a bedside panel connected to the medical gas system.**			
00	02	08	01	02		**Lavatory, bathroom and toilet shall be available in patient rooms.**			
00	02	08	01	03		**Nurse call bell system shall be available connected to the bed head.**			

00	02	08	01	04		**Nurse call bell system shall be available in all bathrooms and toilets used by patients.**			
00	02	08	01	05		**Patient rooms shall be cleaned minimum twice a day.**			
00	02	08	02	00		**Arrangement shall be available for hospital attendants' resting in patient rooms.**	10		
00	02	08	02	01		**Adjustable chair/sofa/bed shall be available in patient rooms for hospital attendants' resting.**			
00	02	08	02	02		**These arrangements in pediatric departments shall be suitable for adults.**			
00	02	08	03	00	P	**Arrangement shall be available for the control of preparations that are required to be done before a surgical operation.**	10		
00	02	08	03	01	P	**The section of "Before Leaving the Clinic" in the Safe Surgical Control List shall be checked.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			
00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			
00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the following shall be provided:**			
00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post analytic stages,			

00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	01	P	**White identifier shall be used for each hospitalized patient.**			
00	01	01	21	01	P	o Only red identifiers shall be used for allergic patients,			
00	01	01	21	01	P	o Patient identifier shall have a barcode,			
00	01	01	21	01	P	o Identifier shall have protocol number, name, surname and date of birth (dd/mm/yyyy) of the patient,			
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			
00	01	01	21	05	P	**Health care staff shall be trained on the use of patient identifiers and patient identity authentication.**			
00	01	01	23	00	P	**Arrangement on the management of drugs brought along by the patient shall be available.**	15		
00	01	01	23	01	P	**Drugs brought along by the patient shall be received by nurses.**			
00	01	01	23	02	P	**Expiry dates of drugs received shall be checked,**			
00	01	01	23	02	P	o Expired drugs shall be destroyed.			
00	01	01	23	03	P	**Drugs brought along by the patient shall be checked by his/her physician.**			
00	01	01	23	04	P	**Drugs brought along by the patient shall be administered by nurses.**			
00	01	01	24	00	P	**Arrangement on safe administration of drugs shall be made.**	15		
00	01	01	24	01	P	**Drugs shall be prepared in closed containers privately,**			
00	01	01	24	01	P	o Containers shall have patient identifier information on them .			

00	01	01	24	02	P	**Treatment plan shall be written, stamped and signed by physicians,**			
00	01	01	24	02	P	o Treatment plan shall include the full name of the drug, time and dose of administration, route of administration and administration duration.			
00	01	01	24	03	P	**Nurses shall record treatment plan written by the physician in the observation form.**			
00	01	01	24	04	P	**Drugs in the treatment process shall be administered to patients by nurses,**			
00	01	01	24	04	P	o Drug administration by interns shall be under the supervision of nurses.			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	26	00	P	**Measures shall be taken for drugs to be used in pediatric doses.**	15		
00	01	01	26	01	P	**Lists of drugs in pediatric doses shall be available at the relevant departments.**			
00	01	01	26	02	P	**Placement of drugs in pediatric doses shall be at different shelves from other drugs.**			
00	01	01	26	03	P	**Pediatric drugs to be used in cases of emergency shall be listed according to doses per kilogram,**			
00	01	01	26	03	P	o Lists shall be available at the relevant departments.			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			

00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			
00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be recorded.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			
00	01	01	31	00	P	**Arrangement shall be made for oral orders.**	15		
00	01	01	31	01	P	**In the process of making oral orders;**			
00	01	01	31	01	P	o The order shall be written by the person who receive the order,			
00	01	01	31	01	P	o The written order shall be read back by the person to whom it is written for,			
00	01	01	31	01	P	▪ If required, the name of the administered drug shall be repeated with spelling method,			
00	01	01	31	01	P	o Correctness of the order shall be verbally confirmed by the person who gives the order.			
00	01	01	31	02	P	**Oral orders shall be written in the treatment plan by the physician within 24 hours at the latest.**			
00	01	01	31	03	P	**Nurses and physicians shall be trained on oral orders.**			
00	01	01	33	00		**Order form for blood and blood products shall be filled.**	10		
00	01	01	33	01		**Blood and/or blood products order form shall include**			
00	01	01	33	01		o Patient's;			
00	01	01	33	01		▪Name and surname,			
00	01	01	33	01		▪Protocol number,			
00	01	01	33	01		▪Department s/he is treated,			
00	01	01	33	01		▪Diagnosis,			

00	01	01	33	01		▪Blood type,			
00	01	01	33	01		▪Transfusion indication,			
00	01	01	33	01		o Whether the patient has been transfused or not before,			
00	01	01	33	01		o Whether the patient has delivered a baby before or not if the patient is female,			
00	01	01	33	01		o The justification for blood and/or blood product order,			
00	01	01	33	01		o Type and amount of blood and/or blood product to be prepared,			
00	01	01	33	01		o Planned time of transfusion,			
00	01	01	33	01		o Seal and signature of the physician.			
00	01	01	34	00	P	**Arrangements shall be made to ensure the safety of transfusion process.**	15		
00	01	01	34	01	P	**Cross comparison test results and patient information shall be confirmed by two health care staff before transfusion.**			
00	01	01	34	02	P	**Two health care staff shall confirm just before transfusion**			
00	01	01	34	02	P	o Identity of the patient,			
00	01	01	34	02	P	o Type and amount of blood and/or blood product,			
00	01	01	34	02	P	o Planned time of transfusion of the product,			
00	01	01	34	03	P	**Healthcare staff shall monitor the first 15 minutes of transfusion.**			
00	01	01	34	04	P	**Vital findings of the patient shall be monitored every 30 minutes during transfusion.**			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	38	00	P	**Arrangement shall be made for the prevention of falls of inpatients.**	20		
00	01	01	38	01	P	**Inpatients shall be assessed in terms of fall risk at the admittance to the department,**			
00	01	01	38	01	P	o Assessment shall be made with a scale determined by the hospital,			
00	01	01	38	01	P	o Fall risk assessment shall be repeated according to clinical status of the patient.			
00	01	01	38	02	P	**Measures shall be taken for patients having fall risk according to their fall risk level.**			

00	01	01	38	02	P	o Patients with fall risk shall be identified with four-leaf clover figure and this identifier shall be available on the door of this patient.			
00	01	01	38	03	P	**Reporting shall be made to quality management unit when an inpatient falls,**			
00	01	01	38	03	P	o Necessary corrective preventive activities shall be initiated.			
00	01	01	39	00		**Arrangement shall be made for movement limitation for inpatients.**	10		
00	01	01	39	01		**Decision for movement limitation shall be made by the physician,**			
00	01	01	39	01		o Decision for movement limitation shall be involved in treatment plan,			
00	01	01	39	01		o Treatment plan shall include			
00	01	01	39	01		▪ Time and date the practice starts,			
00	01	01	39	01		▪Control intervals for the practice,			
00	01	01	39	01		▪ Time and date the practice ends,			
00	01	01	39	02		**Decision for the continuation of the limitation shall be reviewed every 24 hours the latest.**			
00	01	01	41	00		**Training shall be delivered to inpatients during their treatment.**	10		
00	01	01	41	01		**This training shall include**			
00	01	01	41	01		o Considerations for drugs to be taken, medical devices to be used, diets, exercises, control times and care,			
00	01	01	41	01		o Hand hygiene,			
00	01	01	41	01		o Advisory training on recommendations for smokers on smoking cessation.			
00	01	01	41	02		**Records of the trainings provided to patients shall be available in patient files.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			

00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**emergency response kit shall be available.**	15		
00	01	01	51	01		**emergency response kit shall be available in sites of health service delivery.**			
00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			

00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	63	00	P	**The patient shall be informed before the risky invasive procedures and the consent of the patient shall be obtained.**	20		
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	01	66	00		**Patient beds shall be ready for use.**	10		
00	01	01	66	01		**Sheets, bedclothes and pillow cases shall be clean and ironed.**			
00	01	01	66	02		**Sheets, bedclothes and pillow cases shall be replaced every day and when needed.**			
00	01	02	01	00		**Orientation of the patient and patient relative to the department shall be ensured.**	15		
00	01	02	01	01		**Patient/patient relatives shall be informed at the admittance to the department on**			
00	01	02	01	01		o Breakfast and meal hours,			
00	01	02	01	01		o Rules to be followed by the patient and relatives,			
00	01	02	01	01		o Visiting hours and rules,			
00	01	02	01	01		o Telephone use,			
00	01	02	01	01		o Toilet-bathroom use,			
00	01	02	01	01		o Use of nurse calling system,			

00	01	02	01	01		o Daily visits of the physician.			
00	01	02	01	02		**Department staff to provide service to the patient shall introduce themselves to the patient/patient relatives.**			
00	01	02	02	00		**General status of the patient shall be evaluated at the admittance to the department.**	15		
00	01	02	02	01		**General health status of the patient shall be evaluated in physical, psychological and social terms.**			
00	01	02	03	00		**Nurse care plan shall be arranged in line with patient requirements.**	15		
00	01	02	03	01		**Nurse care plan shall be in coordination with physician treatment plan.**			
00	01	02	03	02		**The following shall be recorded in nurse care plan:**			
00	01	02	03	02		o Patient's care requirements,			
00	01	02	03	02		o Objectives for care requirements,			
00	01	02	03	02		o Practices for care requirements,			
00	01	02	03	02		o Evaluation of practice results.			
00	01	02	04	00		**Arrangement shall be made for shift changes of nurses.**	10		
00	01	02	04	01		**Shift changes shall be made**			
00	01	02	04	01		o between nurses whose shifts ended and whose shifts started,			
00	01	02	04	01		o first at the desk and then by the bedside,			
00	01	02	04	01		o and shall include information about patient care process.			
00	01	02	05	00		**Patient/patient relatives shall be informed by the physician about the general status and treatment process of the patient.**	10		
00	01	03	03	00	S	**Arrangement shall be made in relation to isolation measures.**	15		
00	01	03	03	01	S	**Isolation measures shall be taken for infected or colonized patients.**			
00	01	03	03	02	S	**An identifier indicating the method of isolation used shall be available on the entry door of isolation room.**			
00	01	03	03	02	S	o Yellow leaf for respiratory isolation,			
00	01	03	03	02	S	o Blue flower for drop isolation,			
00	01	03	03	02	S	o Red star for contact isolation shall be used as identifiers.			

00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	03	06	02		**Alcohol-based hand antiseptic solutions shall be available by each bedside.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
00	01	01	69	00		**Arrangement shall be made for samples to be sent to laboratory.**	10		
00	01	01	69	01		**Sample collection sites shall be identified for samples on department basis.**			
00	01	01	69	01		o Samples shall be kept orderly.			
OPERATING ROOM SERVICES									
00	02	09				**OPERATING ROOM SERVICES**	340		
00	02	09	01	00		**Arrangement shall be made for operating room.**	15		
00	02	09	01	01		**Patient and staff entrances shall be separate.**			
00	02	09	01	02		**Sterile, half-sterile and non-sterile areas shall be identified,**			
00	02	09	01	02		o Appropriate rules shall be defined according to the characteristics of the identified areas.			
00	02	09	01	03		**Sterile areas' surfaces shall be covered with smooth, round-edged, nonporous, easy to clean, disinfectable and jointless material.**			
00	02	09	01	04		**Hepafilter ensuring the sterilization conditions or ventilation system for filtering and holding microorganisms shall be available.**			
00	02	09	02	00		**Written arrangement shall be available for the functioning of operating room processes.**	5		
00	02	09	02	01		**The written arrangement shall include;**			

00	02	09	02	01		o Implementations in relation to the patient and staff entrance-exit in operating room,			
00	02	09	02	01		o Measures for patient and staff safety in operating room,			
00	02	09	02	01		o Implementations in relation to cleaning and disinfection rules,			
00	02	09	02	01		o Arrangements in relation to material and drug management.			
00	02	09	03	00		**Temperature and humidity of each operating room shall be monitored.**	10		
00	02	09	03	01		**Room temperature shall be 20-23 °C,**			
00	02	09	03	01		o It shall be adjusted between 18 and 26 °C according to the type of the operation and pro re nata			
00	02	09	03	02		**Relative humidity shall be minimum 30% and maximum 60%.**			
00	02	09	04	00		**Central medical gas pressures shall be monitored.**	10		
00	02	09	04	01		**Through the medical gas control panel and indicators on the anesthesia device; central medical gas (oxygen, nitrogen and if any, medical air) pressures measurements shall be controlled.**			
00	02	09	05	00		**Arrangement shall be made for ventilation systems.**	15		
00	02	09	05	01		**Maintenance of the ventilation system shall be made periodically.**			
00	02	09	05	02		**Pumped air flow shall be minimum 2.400 m3/h.**			
00	02	09	05	03		**Fresh air flow shall be minimum 1.200 m3/h.**			
00	02	09	05	04		**Periodical measurements shall be made in order for detecting the number of particles in the operating room.**			
00	02	09	06	00		**Arrangement shall be made for power cuts.**	10		
00	02	09	06	01		**All plugs to which devices are connected shall be fed through uninterruptible power supplies.**			

00	02	09	06	02		**Maintenance and control of uninterruptible power supplies shall be made periodically.**			
00	02	09	07	00		**Arrangement shall be made for patient transfer.**	15		
00	02	09	07	01		**Patient transfer shall be made in company with minimum one health care staff.**			
00	02	09	07	02		**Patient shall be delivered by health care staff to health care staff.**			
00	02	09	07	03		**During patient delivery before and after the operation; information on surgical operation process shall be conveyed to the health care staff by health care staff both verbally and in writing.**			
00	02	09	08	00	P	**Arrangements shall be made for safe surgery.**	20		
00	02	09	08	01	P	**In all surgical operations; correct region and side marking process in the clinic shall be made by the physician and the process shall be confirmed by the patient.**			
00	02	09	08	02	P	**Surgery Safety Check List; Check list shall be implemented by the person in charge before anesthesia, before surgery incision and before leaving the operating room.**			
00	02	09	08	03	P	**Surgery Safety Check List shall be kept in patient file.**			
00	02	09	09	00		**Waiting areas shall be arranged for patients' relatives.**	10		
00	02	09	09	01		**There shall be sitting areas available in the waiting areas.**			
00	02	09	09	02		**Waiting areas shall be clean.**			
00	02	09	09	03		**Air-conditioning shall be available in waiting areas.**			
00	02	09	09	04		**Arrangement shall be made to ensure patient's relatives to get information.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			

00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			
00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			
00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the following shall be provided:**			
00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post analytic stages,			
00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	01	P	White identifier shall be used for each hospitalized patient.			
00	01	01	21	01	P	o Only red identifiers shall be used for allergic patients,			
00	01	01	21	01	P	o Patient identifier shall have a barcode,			
00	01	01	21	01	P	o Identifier shall have protocol number, name, surname and date of birth (dd/mm/yyyy) of the patient,			
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			
00	01	01	21	04	P	**Pink identifiers for girls and blue identifiers for boys shall be used during childbirth.**			
00	01	01	21	04	P	o Identifiers with the same serial number shall be used for the mother and the baby,			

00	01	01	21	04	P	o White identifier of the mother shall be replaced with the identifier designated according to the sex of the baby,			
00	01	01	21	04	P	o Identifiers for babies shall include name and surname of the mother, date of birth oh the baby (dd/mm/yyyy) and the protocol number of the mother or the baby.			
00	01	01	21	05	P	**Health care staff shall be trained on the use of patient identifiers and patient identity authentication.**			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	26	00	P	**Measures shall be taken for drugs to be used in pediatric doses.**	15		
00	01	01	26	01	P	**Lists of drugs in pediatric doses shall be available at the relevant department.**			
00	01	01	26	02	P	**Placement of drugs in pediatric doses shall be at different shelves from other drugs.**			
00	01	01	26	03	P	**Pediatric drugs to be used in cases of emergency shall be listed according to doses per kilogram,**			
00	01	01	26	03	P	o Lists shall be available at the relevant department.			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			
00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			

00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be recorded.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			
00	01	01	33	00		**Order form for blood and blood products shall be filled.**	10		
00	01	01	33	01		**Blood and/or blood products order form shall include**			
00	01	01	33	01		o Patient's;			
00	01	01	33	01		▪Name and surname,			
00	01	01	33	01		▪Protocol number,			
00	01	01	33	01		▪Department s/he is treated,			
00	01	01	33	01		▪Diagnosis,			
00	01	01	33	01		▪Blood type,			
00	01	01	33	01		▪Transfusion indication,			
00	01	01	33	01		o Whether the patient has been transfused or not before,			
00	01	01	33	01		o Whether the patient has delivered a baby before or not if the patient is female,			
00	01	01	33	01		o The justification for blood and/or blood product order,			
00	01	01	33	01		o Type and amount of blood and/or blood product to be prepared,			
00	01	01	33	01		o Planned time of transfusion,			
00	01	01	33	01		o Seal and signature of the physician.			
00	01	01	34	00	P	**Arrangements shall be made to ensure the safety of transfusion process.**	15		
00	01	01	34	01	P	**Cross comparison test results and patient information shall be confirmed by two health care staff before transfusion.**			
00	01	01	34	02	P	**Two health care staff shall confirm just before transfusion**			
00	01	01	34	02	P	o Identity of the patient,			

00	01	01	34	02	P	o Type and amount of blood and/or blood product,			
00	01	01	34	02	P	o Planned time of transfusion of the product,			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			

00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
INTENSIVE CARE SERVICES									
00	02	10				**INTENSIVE CARE SERVICES**	510		
00	02	10	01	00		**Arrangement shall be made for intensive care units.**	15		
00	02	10	01	01		**Entrance-exit rules of intensive care units shall be identified.**			
00	02	10	01	02		**All surfaces shall be covered with smooth, round-edged, nonporous, easy to clean, disinfectable and jointless material.**			
00	02	10	01	03		**In the bedside of each bed, there shall be a bedside panel connected to the medical gas system.**			

00	02	10	01	04		**There shall be a balloon-valve-mask system in each bed head with ventilator.**			
00	02	10	01	05		**There shall be a lavatory.**			
00	02	10	01	06		**Hepafilter ensuring the sterilization conditions or ventilation system for filtering and holding microorganisms shall be available.**			
00	02	10	01	07		**Temperature shall be 21-24 °C, humidity percentage shall be between 30% and 60%.**			
00	02	10	01	08		**It shall be arranged in a way that patients are to be followed up and monitored continuously by a health care staff.**			
00	02	10	02	00		**Written arrangement shall be available in relation to the functioning of intensive care units.**	5		
00	02	10	02	01		**The written arrangement shall include;**			
00	02	10	02	01		o General functioning,			
00	02	10	02	01		▪Admission of patient,			
00	02	10	02	01		▪Obtaining the patient's consent,			
00	02	10	02	01		▪Patient's transportation,			
00	02	10	02	01		▪Processes in the discharge of the patient,			
00	02	10	02	01		o Clinical processes;			
00	02	10	02	01		▪Monitorization,			
00	02	10	02	01		▪Follow up of patient in the ventilator,			
00	02	10	02	01		▪Sedation and analgesia implementation,			
00	02	10	02	01		▪Separation from the ventilator,			
00	02	10	02	01		▪Monitoring of patients through scoring systems,			
00	02	10	02	01		▪Monitoring of bedsore,			
00	02	10	02	01		▪Infection control and follow up.			
00	02	10	03	00		**Arrangement shall be made for the process of the transportation of patients.**	15		
00	02	10	03	01		**Patient transportation process shall include;**			
00	02	10	03	01		o Transport ventilator,			
00	02	10	03	01		o Transport monitor,			
00	02	10	03	01		o Oxygen bottle,			
00	02	10	03	01		o Intubation set,			

00	02	10	03	01		o Balloon-valve-mask system shall be available.			
00	02	10	04	00		**Waiting areas shall be available for patients' relatives.**	10		
00	02	10	04	01		**There shall be sitting areas available in the waiting areas.**			
00	02	10	04	02		**Waiting areas shall be clean.**			
00	02	10	04	03		**Air-conditioning shall be available in waiting areas.**			
00	02	10	05	00		**Arrangement shall be made to inform patient's relatives.**	10		
00	02	10	05	01		**Patient's relative shall be informed,**			
00	02	10	05	01		o In the first admission of the patient,			
00	02	10	05	01		o Every day and when needed.			
00	02	10	05	02		**For informing, an area shall be available which shall be arranged to ensure that the physician and the patient's relative could sit face to face.**			
00	02	10	05	03		**Information shall be provided by the physician.**			
00	02	10	05	04		**The information shall include;**			
00	02	10	05	04		o General situation of the patient,			
00	02	10	05	04		o Treatment process.			
00	02	10	06	00		**Arrangement shall be made for visits to patients.**	10		
00	02	10	06	01		**Providing that number and frequency of visitors shall be determined by the physician; visits to patients shall be planned as minimum once a day.**			
00	02	10	06	02		**Visitors shall be informed on the rules they are supposed to obey.**			
00	02	10	06	03		**Visitors shall be allowed to enter by applying enough hand hygiene.**			
00	02	10	07	00		**Patients shall be evaluated through scoring systems indicating the severity of illness.**	20		
00	02	10	07	01		Systems such as APACHE II, SAPS II for adults; and PRISM scoring for pediatric intensive care shall be used			
00	02	10	07	01		o Estimated mortality and actual mortality rates shall be compared.			

00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			
00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			
00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the following shall be provided:**			
00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post analytic stages,			
00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	01	P	**White identifier shall be used for each hospitalized patient.**			
00	01	01	21	01	P	o Only red identifiers shall be used for allergic patients,			
00	01	01	21	01	P	o Patient identifier shall have a barcode,			
00	01	01	21	01	P	o Identifier shall have protocol number, name, surname and date of birth (dd/mm/yyyy) of the patient,			
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			

00	01	01	21	05	P	**Health care staff shall be trained on the use of patient identifiers and patient identity authentication.**			
00	01	01	23	00	P	**Arrangement on the management of drugs brought along by the patient shall be available.**	15		
00	01	01	23	01	P	**Drugs brought along by the patient shall be received by nurses.**			
00	01	01	23	02	P	**Expiry dates of drugs received shall be checked,**			
00	01	01	23	03	P	**Drugs brought along by the patient shall be checked by his/her physician.**			
00	01	01	23	04	P	**Drugs brought along by the patient shall be administered by nurses.**			
00	01	01	24	00	P	**Arrangement on safe administration of drugs shall be made.**	15		
00	01	01	24	01	P	**Drugs shall be prepared in closed containers privately,**			
00	01	01	24	01	P	o Containers shall have patient identifier information on them.			
00	01	01	24	02	P	**Treatment plan shall be written, stamped and signed by physicians,**			
00	01	01	24	02	P	o Treatment plan shall include the full name of the drug, time and dose of administration, route of administration and administration duration.			
00	01	01	24	03	P	**Nurses shall record treatment plan written by the physician in the observation form.**			
00	01	01	24	04	P	**Drugs in the treatment process shall be administered to patients by nurses,**			
00	01	01	24	04	P	o Drug administration by interns shall be under the supervision of nurses.			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			

00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	26	00	P	**Measures shall be taken for drugs to be used in pediatric doses.**	15		
00	01	01	26	01	P	**Lists of drugs in pediatric doses shall be available at the relevant department.**			
00	01	01	26	02	P	**Placement of drugs in pediatric doses shall be at different shelves from other drugs.**			
00	01	01	26	03	P	**Pediatric drugs to be used in cases of emergency shall be listed according to doses per kilogram,**			
00	01	01	26	03	P	o Lists shall be available at the relevant department.			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			
00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			
00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be recorded.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			

00	01	01	31	00	P	**Arrangement shall be made for oral orders.**	15		
00	01	01	31	01	P	**In the process of making oral orders;**			
00	01	01	31	01	P	o The order shall be written by the person who receive the order,			
00	01	01	31	01	P	o The written order shall be read back by the person who wrote it,			
00	01	01	31	01	P	▪ If required, the name of the administered drug shall be repeated with spelling method,			
00	01	01	31	01	P	o Correctness of the order shall be verbally confirmed by the person who gives the order.			
00	01	01	31	02	P	**Oral orders shall be written in the treatment plan by the physician within 24 hours at the latest.**			
00	01	01	31	03	P	**Nurses and physicians shall be trained on oral orders.**			
00	01	01	33	00		**Order form for blood and blood products shall be filled.**	10		
00	01	01	33	01		**Blood and/or blood products order form shall include**			
00	01	01	33	01		o Patient's;			
00	01	01	33	01		▪Name and surname,			
00	01	01	33	01		▪Protocol number,			
00	01	01	33	01		▪Department s/he is treated,			
00	01	01	33	01		▪Diagnosis,			
00	01	01	33	01		▪Blood type,			
00	01	01	33	01		▪Transfusion indication,			
00	01	01	33	01		o Whether the patient has been transfused or not before,			
00	01	01	33	01		o Whether the patient has delivered a baby before or not if the patient is female,			
00	01	01	33	01		o The justification for blood and/or blood product order,			
00	01	01	33	01		o Type and amount of blood and/or blood product to be prepared,			
00	01	01	33	01		o Planned time of transfusion,			
00	01	01	33	01		o Seal and signature of the physician.			
00	01	01	34	00	P	**Arrangement shall be made to ensure the safety of transfusion process.**	15		
00	01	01	34	01	P	**Cross comparison test results and patient information shall be confirmed by two health care staff before transfusion.**			

00	01	01	34	02	P	**Two health care staff shall confirm just before transfusion**			
00	01	01	34	02	P	o Identity of the patient,			
00	01	01	34	02	P	o Type and amount of blood and/or blood product,			
00	01	01	34	02	P	o Planned time of transfusion of the product,			
00	01	01	34	03	P	**Healthcare staff shall monitor the first 15 minutes of transfusion.**			
00	01	01	34	04	P	**Vital findings of the patient shall be monitored every 30 minutes during transfusion.**			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	38	00	P	**Arrangement shall be made for the prevention of falls of inpatients.**	20		
00	01	01	38	01	P	**Inpatients shall be assessed in terms of fall risk at the admittance to the department,**			
00	01	01	38	01	P	o Assessment shall be made with a scale determined by the hospital,			
00	01	01	38	01	P	o Fall risk assessment shall be repeated according to clinical status of the patient.			
00	01	01	38	02	P	**Measures shall be taken for patients having fall risk according to their fall risk level.**			
00	01	01	38	03	P	**Reporting shall be made to quality management unit when an inpatient falls,**			
00	01	01	38	03	P	o Necessary corrective preventive activities shall be initiated.			
00	01	01	39	00		**Arrangement shall be made for movement limitation for inpatients.**	10		
00	01	01	39	01		**Decision for movement limitation shall be made by the physician,**			
00	01	01	39	01		o Decision for movement limitation shall be involved in treatment plan,			
00	01	01	39	01		o Treatment plan shall include			
00	01	01	39	01		▪ Time and date the practice starts,			
00	01	01	39	01		▪ Control intervals for the practice,			
00	01	01	39	01		▪ Time and date the practice ends,			
00	01	01	39	02		**Decision for the continuation of the limitation shall be reviewed every 24 hours the latest.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		

00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**emergency response kit shall be available.**	15		
00	01	01	51	01		**emergency response kit shall be available in sites of health service delivery.**			
00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		

00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	63	00	P	**The patient shall be informed before the risky invasive procedures and the consent of the patient shall be obtained.**	20		
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	01	66	00		**Patient beds shall be ready for use.**	10		
00	01	01	66	01		**Sheets, bedclothes and pillow cases shall be clean and ironed.**			
00	01	01	66	02		**Sheets, bedclothes and pillow cases shall be replaced every day and when needed.**			
00	01	02	02	00		**General status of the patient shall be evaluated at the admittance to the department.**	15		
00	01	02	03	00		**Nurse care plan shall be arranged in line with patient requirements.**	15		

00	01	02	03	01		**Nurse care plan shall be in coordination with physician treatment plan.**			
00	01	02	03	02		**The following shall be recorded in nurse care plan:**			
00	01	02	03	02		o Patient's care requirements,			
00	01	02	03	02		o Objectives for care requirements,			
00	01	02	03	02		o Practices for care requirements,			
00	01	02	03	02		o Evaluation of practice results.			
00	01	02	04	00		**Arrangement shall be made for shift changes of nurses.**	10		
00	01	02	04	01		**Shift changes shall be made**			
00	01	02	04	01		o between nurses whose shifts ended and whose shifts started,			
00	01	02	04	01		o first at the desk and then by the bedside,			
00	01	02	04	01		o and shall include information about patient care process.			
00	01	03	03	00	S	**Arrangement shall be made in relation to isolation measures.**	15		
00	01	03	03	01	S	**Isolation measures shall be taken for infected or colonized patients.**			
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	03	06	02		**Alcohol-based hand antiseptic solutions shall be available by each bedside.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
00	01	01	69	00		**Arrangement shall be made for samples to be sent to laboratory.**	10		
00	01	01	69	01		**Sample collection sites shall be identified for samples on department basis.**			
00	01	01	69	01		o Samples shall be kept orderly.			
INTENSIVE CARE SERVICES									
00	02	11				**INTENSIVE CARE SERVICES**	460		
00	02	11	01	00		**Arrangement shall be made for newborn intensive care unit.**	15		

00	02	11	01	01		**Entrance-exit rules of newborn intensive care units shall be identified.**			
00	02	11	01	02		**All surfaces shall be covered with smooth, round-edged, nonporous, easy to clean, disinfectable and jointless material.**			
00	02	11	01	03		**In the bedside of each bed, there shall be a bedside panel connected to the medical gas system.**			
00	02	11	01	04		**There shall be a balloon-valve-mask system in each bed head with ventilator.**			
00	02	11	01	05		**There shall be a lavatory.**			
00	02	11	01	06		**Hepafilter ensuring the sterilization conditions or ventilation system for filtering and holding microorganisms shall be available.**			
00	02	11	01	07		**Temperature shall be 24-27 °C, humidity percentage shall be between 30% and 60%.**			
00	02	11	01	08		**It shall be arranged in a way that infants are to be followed up and monitored continuously by a health care staff.**			
00	02	11	01	09		**There shall be a transport incubator with ventilator.**			
00	02	11	01	10		**There shall be T-piece resuscitator.**			
00	02	11	01	11		**There shall be intensive phototherapy device (>25 µW/cm2/nm).**			
00	02	11	02	00		**Written arrangement shall be available in relation to the functioning of the unit.**	5		
00	02	11	02	01		**The written arrangement shall include;**			
00	02	11	02	01		o General functioning,			
00	02	11	02	01		▪Admission of the infant,			
00	02	11	02	01		▪Transportation of the infant,			
00	02	11	02	01		▪Processes in the discharge of the infant			
00	02	11	02	01		o Clinical processes;			
00	02	11	02	01		▪Monitorization,			
00	02	11	02	01		▪Follow up of the infant in the ventilator,			

00	02	11	02	01		▪Sedation and analgesia implementation,			
00	02	11	02	01		▪Separation from the ventilator,			
00	02	11	02	01		▪Monitoring of infant through scoring systems,			
00	02	11	02	01		▪Infection control and follow up.			
00	02	11	03	00		**Arrangement shall be made for the nutrition of infants.**	15		
00	02	11	03	01		**Mothers shall be trained for breastfeeding.**			
00	02	11	03	02		**There shall be a separate area for ensuring the breastfeeding. In this area, there shall be;**			
00	02	11	03	02		o A chair for the mother to seat in comfort,			
00	02	11	03	02		o for hand hygiene; lavatory, liquid soap, paper towel and alcohol-based hand antiseptic.			
00	02	11	03	03		**A separate area shall be available in order to prepare food,**			
00	02	11	03	03		o There shall be compounder and laminar flow system in the area,			
00	02	11	03	03		o Sterilization of feeding bottles shall be ensured,			
00	02	11	03	03		o Temperatures of fridges shall be monitored.			
00	02	11	04	00		**Precautions shall be taken for the prevention of newborns.**	15		
00	02	11	04	01		**Temperature monitorization shall be made for the babies who receive phototherapy.**			
00	02	11	04	02		**Phototherapy eyepatch in various sizes shall be available.**			
00	02	11	04	03		**Genital protector shall be used in radiotherapy.**			
00	02	11	04	04		**During oxygen therapy, oxygen concentration in incubator shall be controlled.**			
00	02	11	04	05		**Incubators shall be cleaned on a daily basis.**			
00	02	11	05	00		**Waiting areas shall be arranged for babies' relatives.**	10		
00	02	11	05	01		**There shall be sitting areas available in the waiting areas.**			
00	02	11	05	02		**Waiting areas shall be clean.**			
00	02	11	05	03		**Air-conditioning shall be available in waiting areas.**			
00	02	11	06	00		**Arrangement shall be made to inform babies' relatives.**	10		

00	02	11	06	01		**Baby's relative shall be informed,**			
00	02	11	06	01		o in the first admission of the baby,			
00	02	11	06	01		o Every day and when needed.			
00	02	11	06	02		**For informing, an area shall be available which shall be arranged to ensure that the physician and the baby's relative could sit face to face.**			
00	02	11	06	03		**Information shall be provided by the physician.**			
00	02	11	06	04		**The information shall include;**			
00	02	11	06	04		o General situation of the infant,			
00	02	11	06	04		o Treatment process.			
00	02	11	07	00		**Arrangement shall be made for visits to infants.**	10		
00	02	11	07	01		**Frequency of visit shall be planned as minimum twice a day.**			
00	02	11	07	02		**Visitors shall be informed on the rules they are supposed to obey.**			
00	02	11	07	03		**Visitors shall be allowed to enter by applying hand hygiene.**			
00	02	11	08	00		**Infants shall be evaluated through scoring systems indicating the severity of illness.**	20		
00	02	11	08	01		**Scoring systems such as Score for Neonatal Acute Physiology-Perinatal Extension-II (SNAP-PE-II) and Clinical Risk Index for Babies (CRIB) shall be used for newborns,**			
00	02	11	08	01		o Estimated mortality and actual mortality rates shall be compared.			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			
00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			

00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the following shall be provided:**			
00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post analytic stages,			
00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	01	P	**White identifier shall be used for each hospitalized patient.**			
00	01	01	21	01	P	o Only red identifiers shall be used for allergic patients,			
00	01	01	21	01	P	o Patient identifier shall have a barcode,			
00	01	01	21	01	P	o Identifier shall have protocol number, name, surname and date of birth (dd/mm/yyyy) of the patient,			
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			
00	01	01	21	05	P	**Health care staff shall be trained on the use of patient identifiers and patient identity authentication.**			
00	01	01	24	00	P	**Arrangement on safe administration of drugs shall be made.**	15		
00	01	01	24	01	P	**Drugs shall be prepared in closed containers privately,**			
00	01	01	24	01	P	o Containers shall have patient identifier information on them .			
00	01	01	24	02	P	**Treatment plan shall be written, stamped and signed by physicians,**			

00	01	01	24	02	P	o Treatment plan shall include the full name of the drug, time and dose of administration, route of administration and administration duration.			
00	01	01	24	03	P	**Nurses shall record treatment plan written by the physician in the observation form.**			
00	01	01	24	04	P	**Drugs in the treatment process shall be administered to patients by nurses,**			
00	01	01	24	04	P	o Drug administration by interns shall be under the supervision of nurses.			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	26	00	P	**Measures shall be taken for drugs to be used in pediatric doses.**	15		
00	01	01	26	01	P	**Lists of drugs in pediatric doses shall be available at the relevant department.**			
00	01	01	26	02	P	**Placement of drugs in pediatric doses shall be at different shelves from other drugs.**			
00	01	01	26	03	P	**Pediatric drugs to be used in cases of emergency shall be listed according to doses per kilogram,**			
00	01	01	26	03	P	o Lists shall be available at the relevant department.			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			

00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			
00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be recorded.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			
00	01	01	31	00	P	**Arrangement shall be made for oral orders.**	15		
00	01	01	31	01	P	**In the process of making oral orders;**			
00	01	01	31	01	P	o The order shall be written by the person who receive the order,			
00	01	01	31	01	P	o The written order shall be read back by the person who wrote it,			
00	01	01	31	01	P	▪ If required, the name of the administered drug shall be repeated with spelling method,			
00	01	01	31	01	P	o Correctness of the order shall be verbally confirmed by the person who gives the order.			
00	01	01	31	02	P	**Oral orders shall be written in the treatment plan by the physician within 24 hours at the latest.**			
00	01	01	31	03	P	**Nurses and physicians shall be trained on oral orders.**			
00	01	01	33	00		**Order form for blood and blood products shall be filled.**	10		
00	01	01	33	01		**Blood and/or blood products order form shall include**			
00	01	01	33	01		o Patient's;			
00	01	01	33	01		▪Name and surname,			
00	01	01	33	01		▪Protocol number,			
00	01	01	33	01		▪Department s/he is treated,			
00	01	01	33	01		▪Diagnosis,			
00	01	01	33	01		▪Blood type,			

00	01	01	33	01		▪Transfusion indication,			
00	01	01	33	01		o Whether the patient has been transfused or not before,			
00	01	01	33	01		o The justification for blood and/or blood product order,			
00	01	01	33	01		o Type and amount of blood and/or blood product to be prepared,			
00	01	01	33	01		o Planned time of transfusion,			
00	01	01	33	01		o Seal and signature of the physician.			
00	01	01	34	00	P	**Arrangements shall be made to ensure the safety of transfusion process.**	15		
00	01	01	34	01	P	**Cross comparison test results and patient information shall be confirmed by two health care staff before transfusion.**			
00	01	01	34	02	P	**Two health care staff shall confirm just before transfusion**			
00	01	01	34	02	P	o Identity of the patient,			
00	01	01	34	02	P	o Type and amount of blood and/or blood product,			
00	01	01	34	02	P	o Planned time of transfusion of the product,			
00	01	01	34	03	P	**Healthcare staff shall monitor the first 15 minutes of transfusion.**			
00	01	01	34	04	P	**Vital findings of the patient shall be monitored every 30 minutes during transfusion.**			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**emergency response kit shall be available.**	15		
00	01	01	51	01		**emergency response kit shall be available in sites of health service delivery.**			

00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			

00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	63	00	P	**The patient shall be informed before the risky invasive operations and the consent of the patients shall be obtained.**	20		
00	01	02	02	00		**General status of the patient shall be evaluated at the admittance to the department.**	15		
00	01	02	03	00		**Nurse care plan shall be arranged in line with patient requirements.**	15		
00	01	02	03	01		**Nurse care plan shall be in coordination with physician treatment plan.**			
00	01	02	03	02		**The following shall be recorded in nurse care plan:**			
00	01	02	03	02		o Patient's care requirements,			
00	01	02	03	02		o Objectives for care requirements,			
00	01	02	03	02		o Practices for care requirements,			
00	01	02	03	02		o Evaluation of practice results.			
00	01	02	04	00		**Arrangement shall be made for shift changes of nurses.**	10		
00	01	02	04	01		**Shift changes shall be made**			
00	01	02	04	01		o between nurses whose shifts ended and whose shifts started,			
00	01	02	04	01		o first at the desk and then by the bedside,			
00	01	02	04	01		o and shall include information about patient care process.			
00	01	03	03	00	S	**Arrangement shall be made in relation to isolation measures.**	15		
00	01	03	03	01	S	**Isolation measures shall be taken for infected or colonized patients.**			
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		

00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
00	01	01	69	00		**Arrangement shall be made for samples to be sent to laboratory.**	10		
00	01	01	69	01		**Sample collection sites shall be identified for samples on department basis.**			
00	01	01	69	01		o Samples shall be kept orderly.			
PHARMACY SERVICES									
00	02	12				**PHARMACY SERVICES**	200		
00	02	12	01	00		**Arrangement shall be made in pharmacies.**	10		
00	02	12	01	01		**Air-conditioning shall be available in pharmacies.**			
00	02	12	01	02		**Temperature and humidity of the drug keeping areas shall be monitored.**			
00	02	12	02	00		**Written arrangement shall be available for the functioning of archive department.**	5		
00	02	12	02	01		**The written arrangement shall include;**			
00	02	12	02	01		o The notification of drugs and material orders to the pharmacy,			
00	02	12	02	01		o Supply of drugs and materials,			
00	02	12	02	01		o Their acceptance and placement,			
00	02	12	02	01		o Storage conditions,			
00	02	12	02	01		o Management of high-risk drugs,			
00	02	12	02	01		o Stock levels and expiry date monitoring,			
00	02	12	02	01		o Drug and material orders from the pharmacy,			
00	02	12	02	01		o Preparation of drugs in pharmacy and their transfer,			
00	02	12	02	01		o Returning the remaining drugs to the pharmacy and their evaluation.			
00	02	12	03	00		**Arrangement shall be made for high-risk drugs.**	10		
00	02	12	03	01		**List of high-risk drugs shall be determined.**			

00	02	12	03	02		**They shall be stored in a way to prevent their mix up with other drugs.**			
00	02	12	03	03		**They shall be subjected to color marking in the pharmacy.**			
00	02	12	04	00		**Arrangement shall be made for drugs released from the pharmacy.**	10		
00	02	12	04	01		**Released drugs shall be made on patient basis.**			
00	02	12	04	02		**Drugs shall be packed in the pharmacy separately for each patient,**			
00	02	12	04	02		o Drugs' name, form, dosage and patient information shall be included in the package sent.			
00	02	12	04	03		**Arrangement shall be made for the release of drugs which were not released on patient basis.**			
00	02	12	05	00		**Arrangement shall be made for the drugs returned to the pharmacy.**	10		
00	02	12	05	01		**The process shall be determined for the delivery of the drugs that will be returned to the pharmacy.**			
00	02	12	05	02		**Records of drugs that will be returned shall be kept.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	26	00	P	**Measures shall be taken for drugs to be used in pediatric doses.**	15		

00	01	01	26	01	P	**Lists of drugs in pediatric doses shall be available at the relevant department.**			
00	01	01	26	02	P	**Placement of drugs in pediatric doses shall be at different shelves from other drugs.**			
00	01	01	26	03	P	**Pediatric drugs to be used in cases of emergency shall be listed according to doses per kilogram,**			
00	01	01	26	03	P	o Lists shall be available at the relevant department.			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			

00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	07	01	00		**Drugs, anesthetics, kits, calibrators, control serums and materials shall be monitored.**	15		
00	01	07	01	01		**Stock monitoring of drugs, anesthetics, kits, calibrators, control serums and materials shall be monitored via HIS.**			
00	01	07	01	01		oMinimum stock level, critical stock level and maximum stock level for drugs, anesthetics, control serums and materials shall be defined,			
00	01	07	01	01		o Minimum, critical and maximum stock levels shall be followed on HIS,			
00	01	07	01	01		o Arrangement shall be available for the warning in the HIS in case of any deviation in the defined levels.			
00	01	07	01	02		**Expiry dates of drugs, anesthetics, kits, calibrators, control serums and materials shall be monitored via HIS.**			
00	01	07	01	02		o Arrangement shall be available for the warning in the HIS for drugs, anesthetics, kits and materials with approaching expiry dates.			
00	01	07	02	00		**Arrangement shall be made for the placement of materials in the warehouse.**	10		
00	01	07	02	01		**Layout plans showing the places of materials shall be available.**			
00	01	07	02	02		**Level placement shall not be made in warehouses.**			
00	01	07	02	03		**Stacking shall be at least 40 cm below the ceiling.**			
00	01	07	02	04		**Placement shall be in compliance with the type of materials.**			

00	01	07	03	00		Arrangement shall be made for the risks that may rise according to the conditions in the warehouse.	10		
00	01	07	03	01		Risks shall be identified according to warehouse conditions.			
00	01	07	03	02		Protective measures shall be taken against risks.			
00	01	07	04	00		Temperature and humidity of the warehouse shall be monitored.	10		
00	01	07	04	01		Temperature and humidity shall be monitored according to the type of material in the warehouse.			
00	01	07	04	02		Temperature measurements shall be performed for the fridges in the warehouse.			
00	01	08	04	00		Arrangement shall be made for the separation of wastes at source.	15		
00	01	08	04	01		Wastes of each department shall be identified.			
00	01	08	04	02		Proper waste containers shall be used.			
STERILIZATION SERVICES									
00	02	13				STERILIZATION SERVICES	170		
00	02	13	01	00		Physical arrangements shall be made for sterilization unit.	10		
00	02	13	01	01		Sterilization Unit shall be composed of 3 fields including dirty, clean and sterile fields.			
00	02	13	01	02		Hand antiseptics shall be available in the passage points between dirty, clean and sterile fields.			
00	02	13	01	03		All surfaces shall be nonporous, easy to clean, disinfectable.			
00	02	13	01	04		Dressing and resting area shall be available for the staff working in sterilization unit.			
00	02	13	01	05		Temperature of the environment in sterilization unit shall be 18-22 °C and humidity shall be 35-60%.			
00	02	13	01	06		Shelves in the sterile fields shall be 20-30 cm above the ground, 15 cm below the ceiling and 5 cm ahead of the wall for air circulation.			

00	02	13	02	00		**Written arrangement shall be available for the functioning of sterilization unit.**	5		
00	02	13	02	01		**The written arrangement shall include;**			
00	02	13	02	01		o The tools'			
00	02	13	02	01		▪Transfer to the unit,			
00	02	13	02	01		▪Preliminary purification and decontamination,			
00	02	13	02	01		▪Transportation to the preparation and maintenance area,			
00	02	13	02	01		▪Counting-maintenance and control,			
00	02	13	02	01		▪Packaging, sterilization and storing,			
00	02	13	02	01		▪Protection of sterility until the transfer to the area of usage,			
00	02	13	02	01		o Use of indicator,			
00	02	13	02	01		○ Daily maintenance of devices.			
00	02	13	03	00		**Arrangement shall be made for dirty materials coming to sterilization unit.**	10		
00	02	13	03	01		**Dirty materials shall be accepted to sterilization unit after they are counted according to the material list.**			
00	02	13	03	02		**Preliminary purification and decontamination of dirty materials shall be made.**			
00	02	13	03	03		**Materials shall be delivered to the clean field with the materials list.**			
00	02	13	03	04		**Packaging of materials shall me made in clean field,**			
00	02	13	03	04		o Surgical and textile materials shall be packed in separated areas.			
00	02	13	04	00		**Sterilization process shall be monitored through indicators.**	15		
00	02	13	04	01		**Each package shall carry process indicators on it in order to distinguish the processed and unprocessed packages.**			
00	02	13	04	02		**Minimum class 4 chemical indicators shall be put into each package.**			
00	02	13	04	03		**Biological indicators shall be used.**			

00	02	13	04	03		o In steam pressure sterilization, minimum once a week for each autoclave,			
00	02	13	04	03		o In steam pressure sterilization, in every load for which implant sterilization shall be made,			
00	02	13	04	03		o In ethylene oxide sterilization, in every load,			
00	02	13	04	03		o In formaldehyde sterilization, minimum once a week,			
00	02	13	04	03		o In dry heat sterilization, once a week,			
00	02	13	04	03		o In H_2O_2 sterilization, in the first use every day,			
00	02	13	04	03		o Biological indicator shall be used in the first start-up after the maintenance, repair and calibration have been made in sterilization devices.			
00	02	13	05	00		**Arrangement shall be made for the control of sterilization devices.**	10		
00	02	13	05	01		**Devices'**			
00	02	13	05	01		○ Program cycles shall be evaluated,			
00	02	13	05	01		Corrective and preventive activity shall be initiated when required.			
00	02	13	05	01		○ maintenance,			
00	02	13	05	01		○ calibrations shall be made.			
00	02	13	06	00		**Daily maintenance and control of pressurized steam autoclaves shall be made.**	10		
00	02	13	06	01		**Vacuum leakage test for pressurized steam autoclaves;**			
00	02	13	06	01		○ shall be made once a week if vacuum leakage is less than 1 milibar/minute,			
00	02	13	06	01		○ shall be made every day if it is more than 1 milibar/minute,			
00	02	13	06	01		○ if it is above 1,3 milibar/minute, the work of the device shall be stopped.			
00	02	13	06	02		**Bowie&Dick test shall be applied every day when the device is empty and before the sterilization process starts,**			
00	02	13	06	02		○ Date and result (positive or negative) shall be written on the test card,			

00	02	13	06	02		○ It shall be recorded together with the program cycle.			
00	02	13	07	00		**Arrangement shall be made for sterile materials.**	10		
00	02	13	07	01		**Sterile materials shall be kept in sterile field.**			
00	02	13	07	02		**Identifier for the device where sterilization was made and for the staff who carried out sterilization as well as sterilization date and shelf life shall be available on sterile materials. Shelf life;**			
00	02	13	07	02		○ is maximum 1 year for materials packed with polypropylene tyveck bag,			
00	02	13	07	02		○ is maximum 6 months for materials packed with sterilization bags,			
00	02	13	07	02		○ is maximum 30 days for materials packed with double textile,			
00	02	13	07	02		○ is maximum 30 days for materials packed with double wrap,			
00	02	13	08	00		**Disinfectant solutions in use shall be controlled.**	10		
00	02	13	08	01		**Minimum Effective Concentration (MEC) of the disinfectant solution shall be controlled,**			
00	02	13	08	01		○ The period of control shall be determined by the hospital according to the frequency of use of the solution,			
00	02	13	08	01		○ pH meters shall not be used for the determination of MEC.			
00	02	13	08	02		**Disinfectant solutions shall not be added on.**			
00	02	13	09	00		**Safety measures shall be taken for ethylene oxide (ETO).**	15		
00	02	13	09	01		**Climatization of ethylene oxide sterilizator shall be given out from an independent chimney.**			
00	02	13	09	02		**Cartridges shall be kept in a special closed metal container.**			
00	02	13	09	03		**Gas measuring detectors shall be available.**			
00	02	13	09	04		**Gas mask and protective clothing shall be available.**			

00	02	13	09	05		**The materials sterilized with ETO sterilizator shall be aired before their use.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	05		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	05		o Control intervals,			
00	01	01	53	05		o Controllers shall be identified.			

00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
TRANSFUSION MEDICINE SERVICES									
00	02	14				**TRANSFUSION MEDICINE SERVICES**	165		
00	02	14	01	00		**Written arrangement shall be available regarding the functioning of processes in transfusion center.**	5		
00	02	14	01	01		**The written arrangement shall include;**			
00	02	14	01	01		o Circumstances in which blood will be taken from donor,			
00	02	14	01	01		o The selection of donor, rejection of donor, drawing blood from donor,			
00	02	14	01	01		o Testing the donor's blood,			
00	02	14	01	01		o Follow-up of the donor after donation,			
00	02	14	01	01		o Informing the donor whose screening test result is positive,			
00	02	14	01	01		o Product labeling and storage,			
00	02	14	01	01		o Orders of blood and blood products,			

00	02	14	01	01		o Keeping records of performed actions,			
00	02	14	01	01		o Transfer of products to the relevant unit,			
00	02	14	01	01		o Conditions of return for the acceptance of returned products,			
00	02	14	01	01		o Disposal procedures and principles for the products which were decided to be disposed.			
00	02	14	02	00		**Transfusion reactions resulting from blood and/or blood products shall be recorded.**	10		
00	02	14	03	00		**Arrangements shall be made for donation process.**	10		
00	02	14	03	01		**Selection of donor shall be made by the physician.**			
00	02	14	03	02		**Donor evaluation shall be made in an environment appropriate for privacy.**			
00	02	14	03	03		**Donor investigation form shall be filled in.**			
00	02	14	03	04		**Blood drawing chairs shall be adjustable.**			
00	02	14	04	00	P	**Arrangement shall be made for the tests aiming to ensure the safety of blood and/or blood products.**	15		
00	02	14	04	01	P	**The following tests shall be studied for donor's blood;**			
00	02	14	04	01	P	o Hemogram,			
00	02	14	04	01	P	o Determination of group,			
00	02	14	04	01	P	▪ Minimum tube method shall be used for the determination of group.			
00	02	14	04	01	P	o Microbiological tests,			
00	02	14	04	01	P	▪Tests for HBV, HCV, HIV and for Syphilis agents shall be studied,			
00	02	14	04	01	P	▪Micro-elisa method shall be used in the tests for HBV, HCV and HIV,			
00	02	14	04	01	P	▪Verification tests shall be studied in the event that microbiological test results are positive.			
00	02	14	04	02	P	**Crossmatching tests shall be studied for blood and/or blood products,**			
00	02	14	04	02	P	o Minimum tube method shall be used for crossmatching test.			

00	02	14	05	00	P	**Arrangement shall be made for ensuring the safe storage and transfer of blood and/or blood products.**	15		
00	02	14	05	01	P	**Blood and/or blood products shall be labeled. The label shall include the followings;**			
00	02	14	05	01	P	o Name of the service unit that prepared it,			
00	02	14	05	01	P	o Digital and alphabetical identification of donor,			
00	02	14	05	01	P	o ABO and Rh D groups,			
00	02	14	05	01	P	o Drawing and expiry date,			
00	02	14	05	01	P	o Volume and weight of constituent,			
00	02	14	05	01	P	o Storage temperature,			
00	02	14	05	01	P	o Name of anticoagulant and additional solutions.			
00	02	14	05	02	P	**Temperature of Storage cabinet, deep freeze, agitator cool rooms shall be monitored.**			
00	02	14	05	03	P	**Blood and/or blood product's;**			
00	02	14	05	03	P	o Their transfer inside/outside the hospital shall be performed by controlling the temperature,			
00	02	14	05	03	P	o Leaving time from the transfusion center shall be recorded.			
00	02	14	05	04	P	**The products that were determined not to meet the storage and transfer conditions shall be recorded and received and then they shall be annihilated according to the identified annihilation procedures and principles.**			
00	02	14	06	00		**Stock monitoring of blood and/or blood products shall be performed.**	10		
00	02	14	06	01		**Weekly critical stock level shall be identified for blood and/or blood products.**			
00	02	14	06	02		**Expiry dates of blood and/or blood products shall be monitored.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		

00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**emergency response kit shall be available.**	15		
00	01	01	51	01		**emergency response kit shall be available in sites of health service delivery.**			
00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			

00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
ORAL and DENTAL HEALTH SERVICES									
00	02	15				**ORAL and DENTAL HEALTH SERVICES**	195		
00	02	15	01	00		**Physical arrangement shall be made for oral and dental health services.**	10		

00	02	15	01	01		**Arrangement shall be made for patients with disabilities,**			
00	02	15	01	01		○ Patient chair head restraint shall be reclining,			
00	02	15	01	01		○ There shall be no fixed arm-rest on the inlet side of the chair to allow the disabled patient to sit on the patient chair,			
00	02	15	01	01		○ There shall be minimum 2-metre-distance behind a dental unit,			
00	02	15	01	01		○ The inlet of the unit shall be arranged in a proper way to allow the passage of wheelchair,			
00	02	15	01	01		▪The inlet shall be wide enough to allow the passage of wheelchair,			
00	02	15	01	01		▪There shall be no obstacle in the inlet.			
00	02	15	01	02		**Imaging devices shall be in an independent area apart from the place where the dental unit is placed.**			
00	02	15	02	00		**Arrangements shall be made for ensuring the safety of patients.**	15		
00	02	15	02	01		**In the first examination, the oral and dental health status of the patient shall be determined,**			
00	02	15	02	01		o The oral and dental health status of the patient shall be recorded into the hospital information management system or into the patient's file.			
00	02	15	02	02		**The safety of the anesthetic agents administered to the patient shall be provided,**			
00	02	15	02	02		○ Anesthetic agents to be administered to the patient shall be prepared during the treatment.			
00	02	15	02	03		**Materials used during the treatment shall be patient-specific.**			
00	02	15	03	00		**Precautions shall be taken for ensuring the disinfection and sterilization in dental units.**	15		
00	02	15	03	01		**Containers and cuvettes where clean and dirty tools are placed shall be identified,**			
00	02	15	03	01		○ The caps of containers and cuvettes where clean and dirty tools are placed shall be closed.			

00	02	15	03	02		**After each patient;**			
00	02	15	03	02		o Dental cuspidors and unit armrests,			
00	02	15	03	02		○ Unit trays,			
00	02	15	03	02		○ Reflector armrest,			
00	02	15	03	02		○ Unit assistant panel,			
00	02	15	03	02		○ In-mouth air / water sprays shall be disinfected.			
00	02	15	04	00		**Arrangement shall be made for the management of amalgam wastes.**	15		
00	02	15	04	01		**Separation of amalgam wastes shall be ensured,**			
00	02	15	04	01		○ The amalgam wastes in unit cuspidors or in dental units shall be prevented to merge into sewage system.			
00	02	15	04	02		**Arrangement shall be made for cleaning the amalgam remaining in amalgamators,**			
00	02	15	04	02		o Amalgam accumulated in amalgamator shall be cleaned. Cleaning action shall be performed;			
00	02	15	04	02		▪Before the action,			
00	02	15	04	02		▪Before the maintenance,			
00	02	15	04	02		▪Before the maintenance of the faulty amalgamator,			
00	02	15	04	02		▪Before the scrap of the amalgamator to be scrapped.			
00	02	15	04	03		**Disposal of amalgams shall me made in accordance with the waste management.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			

00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			

00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
PHYSIOTHERAPY SERVICES									
00	02	16				**PHYSIOTHERAPY SERVICES**	150		
00	02	16	01	00		**Physical arrangement shall be made for physiotherapy services.**	10		

00	02	16	01	01		**Treatment implementation area shall be formed in the shape of single place divisions to ensure patient privacy.**			
00	02	16	01	02		**Call system shall be available in each division.**			
00	02	16	01	03		**A separated resting area shall be available for post-treatment use.**			
00	02	16	01	04		**Lockers shall be provided for storage of patients' clothing and other incidental personal belongings.**			
00	02	16	02	00		**Treatment process of patients shall be brought under control.**	10		
00	02	16	02	01		**The treatment program administered to patients and the realized treatment shall be recorded.**			
00	02	16	02	02		**Physiotherapy starting and ending time shall be recorded in the hospital information system.**			
00	02	16	03	00		**Written arrangement shall be available for the safe use of devices.**	5		
00	02	16	03	01		**The written arrangement shall include;**			
00	02	16	03	01		o The rules regarding the electrical, magnetic and radiation safety specific to devices that are used.			
00	02	16	03	01		o Device-specific issues to be taken into consideration by the staff,			
00	02	16	03	01		o How to access to the user manuals of the devices.			
00	02	16	04	00		**Arrangement shall be made for the materials that are not disposable.**	10		
00	02	16	04	01		**The materials that are not disposable shall be determined.**			
00	02	16	04	02		**Cleaning and disinfection rules shall be determined.**			
00	02	16	05	00		**Patients shall be assessed for the existence of metal implant and pregnancy before the treatment.**	15		
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		

00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings;**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			

00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
DIALYSIS SERVICES									
00	02	17				**DIALYSIS SERVICES**	325		
00	02	17	01	00		**Transportation services shall be provided for dialysis patients.**	10		
00	02	17	01	01		**Vehicles shall be provided for transportation service.**			
00	02	17	02	00		**Physical arrangements shall be made for dialysis unit.**	10		
00	02	17	02	01		**Separate dressing rooms shall be provided for female and male patients.**			
00	02	17	02	02		**Lockers shall be provided for storage of patients' clothing and other incidental personal belongings.**			

00	02	17	02	03		**Toilets and lavatories shall be available for patients,**			
00	02	17	02	03		o They shall be separate for female and male patients,			
00	02	17	02	03		▪ Arranged in a way that the disabled could use them,			
00	02	17	02	03		o The doors of toilets shall be opened outward.			
00	02	17	02	04		**There shall be a resting area for patients.**			
00	02	17	02	05		**Precision scale system shall be available,**			
00	02	17	02	05		o The scale shall be designed in a way to allow wheelchairs to get on it.			
00	02	17	02	06		**Technical maintenance of dialysis machines shall be made regularly.**			
00	02	17	03	00		**Arrangements shall be made for the control of pure water produced at the dialysis unit.**	10		
00	02	17	03	01		**For the pure water produced, the followings shall be checked daily:**			
00	02	17	03	01		o Conductivity of pure water,			
00	02	17	03	01		o Water hardness,			
00	02	17	03	01		o Chlorine content,			
00	02	17	03	01		o and acidity and alkalinity (pure water-raw water) level.			
00	02	17	03	02		**After purification, water samples shall be tested;**			
00	02	17	03	02		o Once every three months bacteriologically,			
00	02	17	03	02		o Every six months for chemicals and endotoxin.			
00	02	17	03	02		▪ Microbiological contamination shall be below 100 CFU/ml for pure water and 0,1 CFU/ml for ultrapure dialysis fluid.			
00	02	17	03	02		▪ Bacterial endotoxins shall be below 0.25 IU/ml for pure water, and 0,03 IU/ml for ultrapure dialysis fluid.			
00	02	17	04	00		**Treatments of patients under dialysis shall be kept under control.**	15		
00	02	17	04	01		**Separate follow-up/observation form shall be prepared for each patient.**			

00	02	17	04	02		**Medical examinations of patients shall be made by the Responsible Hemodialysis Specialist once a month at least.**			
00	02	17	04	03		**kt/v or URR values of dialysis patients shall be calculated at the beginning of each month,**			
00	02	17	04	03		o In case the values are low, improvement actions as well as cause-effect analyses shall be registered in the patient file.			
00	02	17	04	04		**Patients shall be followed-up by the responsible physician in medical terms during the therapy session,**			
00	02	17	04	04		o Observation notes shall be registered in patient file during each dialysis session.			
00	02	17	04	05		**Patients receiving dialysis therapy shall be trained on matters required by the therapy. These trainings shall include the followings:**			
00	02	17	04	05		o Clinical status of the patient,			
00	02	17	04	05		o Rules to be followed,			
00	02	17	04	05		o Drugs needed to be taken,			
00	02	17	04	05		o Considerations for nutrition,			
00	02	17	04	05		o Risks that may arise in case they fail to follow the rules.			
00	02	17	05	00	S	**Arrangement shall be made for the control and prevention of infections in dialysis unit.**	15		
00	02	17	05	01	S	**Dialysis machines shall be disinfected,**			
00	02	17	05	01	S	o Disinfection shall be made after each dialysis session,			
00	02	17	05	01	S	o Disinfection activity shall be recorded,			
00	02	17	05	01	S	▪ Name, surname and signature of the person performing disinfection,			
00	02	17	05	01	S	▪ Date/time and duration of the disinfection activity,			
00	02	17	05	01	S	▪ Chemical name of the disinfectant used for disinfection shall be recorded.			
00	02	17	05	02	S	**Arrangement shall be made for the dialysis procedures of infected patients,**			

00	02	17	05	02	S	o Materials used for infected patients shall be separated and defined,			
00	02	17	05	02	S	o Machines used for HBYSAg (+) and HCV Ab (+) patients shall be defined,			
00	02	17	05	02	S	o A separate room shall be allocated for HBYSAg (+) patients,			
00	02	17	05	02	S	▪ The room shall be identified as for infected patients; relevant practices and signage shall be known by the personnel.			
00	02	17	05	03	S	**Dialysis patients shall be regularly vaccinated,**			
00	02	17	05	03	S	o All dialysis patients shall be vaccinated for Hepatitis B,			
00	02	17	05	03	S	▪ Anti-HBYS titration shall be monitored,			
00	02	17	05	03	S	▪ Booster vaccination shall be used when required.			
00	02	17	06	00		**Dispensing shall be performed in a clean area outside patient treatment areas.**	10		
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			
00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			
00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the followings shall be provided:**			

00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post analytic stages,			
00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	24	00	P	**Arrangement on safe administration of drugs shall be made.**	15		
00	01	01	24	02	P	**Treatment plan shall be written, stamped and signed by physicians,**			
00	01	01	24	02	P	o Treatment plan shall include the full name of the drug, time and dose of administration, route of administration and administration duration.			
00	01	01	24	03	P	**Nurses shall record treatment plan written by the physician in the observation form.**			
00	01	01	24	04	P	**Drugs in the treatment process shall be administered to patients by nurses,**			
00	01	01	24	04	P	o Drug administration by interns shall be under the supervision of nurses.			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			

00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			
00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be available.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			
00	01	01	33	00		**Order form for blood and blood products shall be filled.**	10		
00	01	01	33	01		**Blood and/or blood products order form shall include**			
00	01	01	33	01		o Patient's;			
00	01	01	33	01		▪Name and surname,			
00	01	01	33	01		▪Protocol number,			
00	01	01	33	01		▪Department s/he is treated,			
00	01	01	33	01		▪Diagnosis,			
00	01	01	33	01		▪Blood type,			
00	01	01	33	01		▪Transfusion indication,			
00	01	01	33	01		o Whether the patient has been transfused or not before,			
00	01	01	33	01		o Whether the patient has delivered a baby before or not if the patient is female,			
00	01	01	33	01		o The justification for blood and/or blood product order,			
00	01	01	33	01		o Type and amount of blood and/or blood product to be prepared,			
00	01	01	33	01		o Planned time of transfusion,			
00	01	01	33	01		o Seal and signature of the physician.			
00	01	01	34	00	P	**Arrangements shall be made to ensure the safety of transfusion process.**	15		

00	01	01	34	01	P	**Cross comparison test results and patient information shall be confirmed by two health care staff before transfusion.**			
00	01	01	34	02	P	**Two health care staff shall confirm just before transfusion**			
00	01	01	34	02	P	o Identity of the patient,			
00	01	01	34	02	P	o Type and amount of blood and/or blood product,			
00	01	01	34	02	P	o Planned time of transfusion of the product,			
00	01	01	34	03	P	**Healthcare staff shall monitor the first 15 minutes of transfusion.**			
00	01	01	34	04	P	**Vital findings of the patient shall be monitored every 30 minutes during transfusion.**			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**Emergency response kit shall be available.**	15		
00	01	01	51	01		**Emergency response kit shall be available in sites of health service delivery.**			
00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		

00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings:**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			

00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	01	66	00		**Patient beds shall be ready for use.**	10		
00	01	01	66	01		**Sheets, bedclothes and pillow cases shall be clean and ironed.**			
00	01	01	66	02		**Sheets, bedclothes and pillow cases shall be replaced every day and when needed.**			
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	03	06	02		**Alcohol-based hand antiseptic solutions shall be available by each bedside.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
00	01	01	69	00		**Arrangement shall be made for samples to be sent to laboratory.**	10		
00	01	01	69	01		**Sample collection sites shall be identified for samples on department basis.**			
00	01	01	69	01		o Samples shall be kept orderly.			
CHILDBIRTH SERVICES									
00	02					**HEALTH SERVICE MANAGEMENT**			
00	02	18				**CHILDBIRTH SERVICES**	325		
00	02	18	01	00		**Arrangement shall be made for the delivery room.**	10		
00	02	18	01	01		**Changing room shall be available for the staff at the entry of the delivery room.**			
00	02	18	01	02		**Antenatal follow-up and delivery procedure shall be performed in single rooms.**			
00	02	18	01	03		**Bedside medical gas system shall be available in antenatal follow-up, delivery and postnatal care rooms.**			
00	02	18	02	00		**Necessary equipment shall be available in the delivery room for the delivery procedure.**	10		

00	02	18	02	01		**The followings shall be available in the delivery room:**			
00	02	18	02	01		o Minimum 1 ophthalmoscope,			
00	02	18	02	01		o Forceps and vacuum.			
00	02	18	02	02		**In each delivery room the followings shall be available:**			
00	02	18	02	02		o Baby warmer,			
00	02	18	02	02		o Baby aspirator,			
00	02	18	02	02		o Laryngoscope			
00	02	18	02	02		o Balloon-valve-mask system in the proper size.			
00	02	18	02	03		**Transport incubator shall be available in the delivery room.**			
00	02	18	02	03		o Transport incubator shall have an internal rechargeable battery and shall run with external DC (direct current) battery,			
00	02	18	02	03		o Transport incubator shall have an internal socket where two O_2 tubes could be placed and it shall have two O_2 tubes.			
00	02	18	03	00		**Arrangement shall be made for the care and follow-up of the mother/baby in the delivery room.**	15		
00	02	18	03	01		**"Labor Management Guidelines" shall be used for the labor,**			
00	02	18	03	01		o Except for emergencies each labor shall be monitored with partograph,			
00	02	18	03	01		o Partograph records shall be available in patient files.			
00	02	18	03	02		**Newborn shall be monitored in line with "Newborn and Infant Follow-up Protocol",**			
00	02	18	03	02		o Number of follow-ups for the newborn within the first 24 hours and follow-up content shall be recorded.			
00	02	18	03	03		**Follow-up of the mother shall be performed in line with "Postnatal Care Management Guidelines",**			
00	02	18	03	03		o Number of follow-ups for the mother within the first 24 hours and follow-up content shall be recorded.			

00	02	18	03	03		o The mother and the newborn shall be followed at the hospital for at least 24 hours after normal vaginal delivery and for at least 48 hours after c-section.			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			
00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			
00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the followings shall be provided:**			
00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post analytic stages,			
00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	01	P	**White identifier shall be used for each hospitalized patient (including day patients).**			
00	01	01	21	01	P	o Only red identifiers shall be used for allergic patients,			
00	01	01	21	01	P	o Patient identifier shall have a barcode,			

00	01	01	21	01	P	o Identifier shall have protocol number, name, surname and date of birth (dd/mm/yyyy) of the patient,			
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			
00	01	01	21	04	P	**Pink identifiers for girls and blue identifiers for boys shall be used during childbirth.**			
00	01	01	21	04	P	o Identifiers with the same serial number shall be used for the mother and the baby,			
00	01	01	21	04	P	o White identifier of the mother shall be replaced with the identifier designated according to the sex of the baby,			
00	01	01	21	04	P	o Identifiers for babies shall include name and surname of the mother, date of birth oh the baby (dd/mm/yyyy) and the protocol number of the mother or the baby.			
00	01	01	21	05	P	**Health care staff shall be trained on the use of patient identifiers and patient identity authentication.**			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			

00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			
00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be recorded.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			
00	01	01	31	00	P	**Arrangement shall be made for oral orders.**	15		
00	01	01	31	01	P	**In the process of making oral orders;**			
00	01	01	31	01	P	o The order shall be written by the person who receive the order,			
00	01	01	31	01	P	o The written order shall be read back by the person who wrote it,			
00	01	01	31	01	P	▪ If required, the name of the administered drug shall be repeated with spelling method,			
00	01	01	31	01	P	o Correctness of the order shall be verbally confirmed by the person who gives the order.			
00	01	01	31	02	P	**Oral orders shall be written in the treatment plan by the physician within 24 hours at the latest.**			
00	01	01	31	03	P	**Nurses and physicians shall be trained on oral orders.**			
00	01	01	33	00		**Order form for blood and blood products shall be filled.**	10		
00	01	01	33	01		**Blood and/or blood products order form shall include**			
00	01	01	33	01		o Patient's;			
00	01	01	33	01		▪Name and surname,			
00	01	01	33	01		▪Protocol number,			
00	01	01	33	01		▪Department s/he is treated,			
00	01	01	33	01		▪Diagnosis,			
00	01	01	33	01		▪Blood type,			

00	01	01	33	01		▪Transfusion indication,			
00	01	01	33	01		o Whether the patient has been transfused or not before,			
00	01	01	33	01		o Whether the patient has delivered a baby before or not if the patient is female,			
00	01	01	33	01		o The justification for blood and/or blood product order,			
00	01	01	33	01		o Type and amount of blood and/or blood product to be prepared,			
00	01	01	33	01		o Planned time of transfusion,			
00	01	01	33	01		o Seal and signature of the physician.			
00	01	01	34	00	P	**Arrangements shall be made to ensure the safety of transfusion process.**	15		
00	01	01	34	01	P	**Cross comparison test results and patient information shall be confirmed by two health care staff before transfusion.**			
00	01	01	34	02	P	**Two health care staff shall confirm just before transfusion**			
00	01	01	34	02	P	o Identity of the patient,			
00	01	01	34	02	P	o Type and amount of blood and/or blood product,			
00	01	01	34	02	P	o Planned time of transfusion of the product,			
00	01	01	34	03	P	**Healthcare staff shall monitor the first 15 minutes of transfusion.**			
00	01	01	34	04	P	**Vital findings of the patient shall be monitored every 30 minutes during transfusion.**			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**Emergency response kit shall be available.**	15		

00	01	01	51	01		**Emergency response kit shall be available in sites of health service delivery.**			
00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			
00	01	01	51	03		**Minimum and maximum stock levels of drugs and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings:**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		

00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	01	66	00		**Patient beds shall be ready for use.**	10		
00	01	01	66	01		**Sheets, bedclothes and pillow cases shall be clean and ironed.**			
00	01	01	66	02		**Sheets, bedclothes and pillow cases shall be replaced every day and when needed.**			
00	01	02	02	00		**General status of the patient shall be evaluated at the admittance to the department.**	15		
00	01	02	05	00		**Patient/patient relatives shall be informed by the physician about the general status and treatment process of the patient.**	10		
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		
00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	03	06	02		**Alcohol-based hand antiseptic solutions shall be available by each bedside.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			

PSYCHIATRY SERVICES									
00	02	19				**PSYCHIATRY SERVICES**	540		
00	02	19	01	00		**Physical arrangement shall be made for psychiatry clinic/services.**	10		
00	02	19	01	01		**Rehabilitation areas shall be available.**			
00	02	19	01	02		**Smoking areas shall be available for patients who smoke.**			
00	02	19	01	03		**A separate area shall be available for visits.**			
00	02	19	01	04		**There shall be an area where patients make use of fresh air.**			
00	02	19	01	05		**Arrangements shall be available to prevent the possibility of running away or suicide at the clinic/service;**			
00	02	19	01	05		o The ceiling shall be monoblock,			
00	02	19	01	05		o Equipment mounted on the ceiling shall be secured or hidden,			
00	02	19	01	05		o Windows shall be half-open or half-closed,			
00	02	19	01	06		**There shall be at least one toilet and washbasin for every four beds.**			
00	02	19	01	07		**There shall be at least one bathroom for every eight beds.**			
00	02	19	01	08		**Entries and exits of the clinic/service and shared areas shall be monitored with a camera.**			
00	02	19	02	00		**Physical arrangement shall be made for patient rooms.**	10		
00	02	19	02	01		**Patient rooms shall be arranged for 2 people maximum.**			
00	02	19	02	01		o Each patient shall have a bed identified for him/her.			
00	02	19	02	02		**Wall-mounted closet and bed stand shall be available for personal use in the room.**			
00	02	19	02	03		**Paint color of the room shall not be excitatory.**			
00	02	19	02	04		**Materials in the room shall be wooden and have round edges.**			
00	02	19	02	05		**Ventilation shall be sufficient.**			
00	02	19	02	06		**Natural lighting shall be sufficient.**			

00	02	19	03	00		**Written arrangement shall be available for the functioning of the clinic/service.**	5		
00	02	19	03	01		**The written arrangement shall include the followings:**			
00	02	19	03	01		o Criteria for the admission of acute and chronic patients,			
00	02	19	03	01		o Functioning in relation to treatment and activity plans,			
00	02	19	03	01		o Control of patient every time s/he enters the clinic/service for objects that s/he may harm him/herself and/or the surroundings with,			
00	02	19	03	01		o Treatment approaches for acute excited patients and patients with medical problems,			
00	02	19	03	01		o Conditions of therapeutic environment,			
00	02	19	03	01		o How the consultation services needed for diagnosis and treatment shall be provided,			
00	02	19	03	01		o Trainings to be delivered to patients and patient relatives,			
00	02	19	03	01		o Manner, time and duration of phone calls of the patients,			
00	02	19	03	01		o Discharge procedures and follow-up process after discharge,			
00	02	19	03	01		o Processes relevant to judicial issues.			
00	02	19	04	00		**Arrangement shall be made for confinement.**	15		
00	02	19	04	01		**Written arrangement shall be available for confinement. The written arrangement shall include the followings:**			
00	02	19	04	01		o Physical/mechanical and chemical confinement,			
00	02	19	04	01		o Duration of confinement for confined patients shall be determined upon physician order,			
00	02	19	04	01		o Mobilization of the patient at intervals to be determined by the physician in case of long confinements.			
00	02	19	04	02		**Information shall be provided to confined patients.**			

00	02	19	04	03		**The physician shall see the patient in the first 15 minutes when an oral order of confinement is given in case of emergency.**			
00	02	19	04	04		**Confinement shall be performed in company of health care staff.**			
00	02	19	04	05		**Materials used for confinement shall allow the patient move and shall not impede the circulation of the patient.**			
00	02	19	04	06		**The patient shall be confined in single rooms.**			
00	02	19	05	00		**Arrangement shall be made for isolation.**	15		
00	02	19	05	01		**Decision for isolation shall be made by the physician.**			
00	02	19	05	02		**Rules for patients taken into isolation room shall be established.**			
00	02	19	05	03		**Isolation room shall have the followings:**			
00	02	19	05	03		o Soft walls and floor,			
00	02	19	05	03		o Measures against risks by which the patient may harm him/herself,			
00	02	19	05	03		o Arrangement for monitoring patients in isolation.			
00	02	19	06	00		**Arrangement shall be made for Electroconvulsive Therapy (ECT).**	10		
00	02	19	06	01		**Written arrangement in relation to ECT shall be prepared,**			
00	02	19	06	01		o The written arrangement shall include the preparation of patient who shall receive ECT,			
00	02	19	06	01		o Follow-up after therapy,			
00	02	19	06	01		o Measures to be taken for ECT in special periods and for special cases.			
00	02	19	06	02		**Patients shall be followed for post-ECT complications.**			
00	02	19	06	03		**ECT unit shall be separate from psychiatry clinics,**			
00	02	19	06	03		o The unit shall be composed of preparation room, application room, recovery room,			
00	02	19	06	03		▪Ventilation and lighting shall be provided.			
00	02	19	07	00		**Social support service shall be provided.**	10		

00	02	19	07	01		**While providing social support service,**			
00	02	19	07	01		o All inpatients shall be evaluated,			
00	02	19	07	01		o Planning shall be made for the patients to continue with their social life after discharge.			
00	02	19	08	00		**Arrangement shall be made for patients requiring close follow-up.**	10		
00	02	19	08	01		**Patients requiring close follow-up shall be determined.**			
00	02	19	08	02		**Patients shall be observed in line with a plan.**			
00	02	19	08	03		**Observation results shall be evaluated.**			
00	02	19	09	00		**Measures shall be taken for the safety of patients.**	15		
00	02	19	09	01		**Arrangements shall be made to protect the patient from psychological injuries and inappropriate encounters.**			
00	02	19	09	02		**Arrangement shall be made to prevent the patient from harming him/herself and his/her surroundings.**			
00	02	19	09	03		**Nurse rooms shall be arranged in a way to see the whole unit.**			
00	02	19	09	04		**Entry into the room where the drugs are kept shall be under control.**			
00	02	19	10	00		**Arrangement shall be available for patients involuntarily hospitalized.**	10		
00	02	19	10	01		**For patients who are involuntarily hospitalized and have relatives;**			
00	02	19	10	01		o Consent of the guardian/custodian shall be taken.			
00	02	19	10	02		**For patients who are involuntarily hospitalized and do not have relatives;**			
00	02	19	10	02		o Patient shall be hospitalized with the decision of a health commission and a report signed by at least two psychiatrists.			
00	02	19	10	02		o Court decision shall be taken within 48 hours based on this report,			

00	02	19	10	02		o A copy of the court decision shall be available in the file.			
00	02	19	10	02		o Decision for discharge shall be notified to the court.			
00	02	19	11	00		**It shall be ensured that self-care of the patient is planned and/or given.**	10		
00	02	19	11	01		**It shall be ensured that the dresses of patients shall be clean.**			
00	02	19	11	02		**Hair care and shave services shall be provided for patients.**			
00	02	19	11	03		**Patients' needs for eating, drinking, bathing and toilet shall be met.**			
00	02	19	11	04		**Necessary arrangements shall be available for patients' needs for eating and drinking other than meal times.**			
00	02	19	12	00		**Rehabilitation activities for patients shall be arranged.**	10		
00	02	19	12	01		**Patients and patient relatives shall be informed about the program of rehabilitation activities.**			
00	02	19	12	02		**Morning and/or problem solving meetings shall be held.**			
00	02	19	12	03		**Activity groups shall be created for painting, handcraft and computer use.**			
00	02	19	12	04		**Training groups for social skills such as getting on a bus, paying a bill etc.**			
00	02	19	12	05		**Physical exercise groups shall be available.**			
00	02	19	13	00		**Arrangement shall be made for the garden used by patients.**	10		
00	02	19	13	01		**The garden shall have the followings:**			
00	02	19	13	01		o Walking areas,			
00	02	19	13	01		o Sitting areas,			
00	02	19	13	01		o Sports fields.			
00	02	19	13	02		**Garden walls shall have an arrangement to prevent the patients from escaping.**			
00	02	19	13	03		**Arrangement shall be made for garden control,**			
00	02	19	13	03		o Security staff responsible for the garden and			

00	02	19	13	03		o Control intervals throughout the day shall be determined.			
00	02	19	14	00		**Training program shall be arranged for patients and patient relatives.**	10		
00	02	19	14	01		**Training program shall include the followings:**			
00	02	19	14	01		o Psychoeducation for patients and patient relatives,			
00	02	19	14	01		o Training after discharge.			
00	02	19	15	00		**Training program for ensuring staff safety shall be arranged.**	10		
00	02	19	15	01		**The staff shall be trained on the followings:**			
00	02	19	15	01		o Coping with psychiatry patients,			
00	02	19	15	01		o Communication,			
00	02	19	15	01		o Crisis management.			
00	02	19	15	01		o Sharing group meetings shall be arranged by psychologists.			
00	02	19	16	00	S	**Arrangement shall be made for event reporting.**	20		
00	02	19	17	00		**Arrangement shall be made for monitoring re-hospitalization rates.**	15		
00	02	19	17	01		**Re-hospitalization rates shall be recorded.**			
00	02	19	17	02		**Statistical analysis on the subject shall be made.**			
00	02	19	17	03		**Results shall be evaluated.**			
00	02	19	17	04		**Corrective preventive activity shall be initiated when required.**			
00	02	19	18	00		**Rules to be followed by patients in clinic shall be established.**	10		
00	02	19	18	01		**Rules shall be established by the responsible staff of the clinic,**			
00	02	19	18	02		**Patients shall be informed about rules.**			
00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	10	00		**Use of Bedside Testing Devices (BTD) shall be arranged.**	15		
00	01	01	10	01		**Responsible staff shall be designated at units where BTD are used.**			
00	01	01	10	02		**Inventory of BTD shall be kept.**			

00	01	01	10	03		**Maintenance and cleaning of BTD shall be made.**			
00	01	01	10	04		**Calibration and quality control tests for BTD shall be made and recorded,**			
00	01	01	10	04		o Corrective preventive activity shall be initiated in case any non-compliance is found in the quality control results.			
00	01	01	10	05		**For the staff who will use BDT, a training on the followings shall be provided:**			
00	01	01	10	05		o Considerations of tests to be conducted in preanalytic, analytic and post analytic stages,			
00	01	01	10	05		o Evaluation of calibration and quality control results,			
00	01	01	10	05		o Cleaning and maintenance of the device.			
00	01	01	10	06		**All test results studied with BTD shall be registered in patient file.**			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			
00	01	01	21	03	P	**Identifier for patients of psychiatry clinic shall be determined by the hospital.**			
00	01	01	21	05	P	**Health care staff shall be trained on the use of identifiers and patient identity authentication.**			
00	01	01	23	00	P	**Arrangement on the management of drugs brought along by the patient shall be available.**	15		
00	01	01	23	01	P	**Drugs brought along by the patient shall be received by nurses.**			
00	01	01	23	02	P	**Expiry dates of drugs received shall be checked,**			
00	01	01	23	03	P	**Drugs brought along by the patient shall be checked by his/her physician.**			
00	01	01	23	04	P	**Drugs brought along by the patient shall be administered by nurses.**			

00	01	01	24	00	P	**Arrangement on safe administration of drugs shall be made.**	15		
00	01	01	24	01	P	**Drugs shall be prepared in closed containers privately,**			
00	01	01	24	01	P	o Containers shall have patient identifier information on them .			
00	01	01	24	02	P	**Treatment plan shall be written, stamped and signed by physicians,**			
00	01	01	24	02	P	o Treatment plan shall include the full name of the drug, time and dose of administration, route of administration and administration duration.			
00	01	01	24	03	P	**Nurses shall record treatment plan written by the physician in the observation form.**			
00	01	01	24	04	P	**Drugs in the treatment process shall be administered to patients by nurses,**			
00	01	01	24	04	P	o Drug administration by interns shall be under the supervision of nurses.			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	27	00		**Arrangement shall be made for drugs subject to green and red prescription.**	10		
00	01	01	27	01		**Drugs subject to green and red prescription shall be kept in lockers.**			
00	01	01	27	02		**Drugs subject to green and red prescription shall be handed over. Hand over records shall include**			

00	01	01	27	02		o Information on how many of them were administered to which patient,			
00	01	01	27	02		o Date on which the drug was administered,			
00	01	01	27	02		o Who administered the drug,			
00	01	01	27	02		o How many of them were delivered to whom,			
00	01	01	27	03		**Signatures of those who receive and deliver shall be recorded.**			
00	01	01	28	00		**Arrangement shall be made for Adverse Effect Reporting.**	15		
00	01	01	28	03		**Serious and unexpected adverse effects shall be reported to the pharmacovigilance contact person.**			
00	01	01	31	00	P	**Arrangement shall be made for oral orders.**	15		
00	01	01	31	01	P	**In the process of making oral orders;**			
00	01	01	31	01	P	o The order shall be written by the person who receive the order,			
00	01	01	31	01	P	o The written order shall be read back by the person to whom it is written for,			
00	01	01	31	01	P	▪ If required, the name of the administered drug shall be repeated with spelling method,			
00	01	01	31	01	P	o Correctness of the order shall be verbally confirmed by the person who gives the order.			
00	01	01	31	02	P	**Oral orders shall be written in the treatment plan by the physician within 24 hours at the latest.**			
00	01	01	31	03	P	**Nurses and physicians shall be trained on verbal orders.**			
00	01	01	36	00		**Safe transfer of the patient shall be ensured.**	15		
00	01	01	38	00	P	**Arrangement shall be made for the prevention of falls of inpatients.**	20		
00	01	01	38	01	P	**Inpatients shall be assessed in terms of fall risk at the admittance to the department,**			
00	01	01	38	01	P	o Assessment shall be made with a scale determined by the hospital,			
00	01	01	38	01	P	o Fall risk assessment shall be repeated according to clinical status of the patient.			

00	01	01	38	02	P	**Measures shall be taken for patients having fall risk according to their fall risk level.**			
00	01	01	38	02	P	o Patients with fall risk shall be identified with four-leaf clover figure and this identifier shall be available on the door of this patient.			
00	01	01	38	03	P	**Reporting shall be made to quality management unit when an inpatient falls,**			
00	01	01	38	03	P	o Necessary corrective preventive activities shall be initiated.			
00	01	01	39	00		**Arrangement shall be made for movement limitation for inpatients.**	10		
00	01	01	39	01		**Decision for movement limitation shall be made by the physician,**			
00	01	01	39	01		o Decision for movement limitation shall be involved in treatment plan,			
00	01	01	39	01		o Treatment plan shall include			
00	01	01	39	01		▪ Time and date the practice starts,			
00	01	01	39	01		▪Control intervals for the practice,			
00	01	01	39	01		▪ Time and date the practice ends,			
00	01	01	39	02		**Decision for the continuation of the limitation shall be reviewed every 24 hours the latest.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	51	00		**Emergency response kit shall be available.**	15		
00	01	01	51	01		**Emergency response kit shall be available in sites of health service delivery.**			
00	01	01	51	02		**Departments shall designate drugs, materials and devices that shall be available in the emergency response kit.**			

00	01	01	51	03		**Minimum and maximum stock levels of pharmaceuticals and materials shall be determined.**			
00	01	01	51	04		**Minimum and maximum stock levels shall be monitored.**			
00	01	01	51	05		**Expiry date of drugs and materials shall be monitored.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			
00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings:**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			

00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	01	66	00		**Patient beds shall be ready for use.**	10		
00	01	01	66	01		**Sheets, bedclothes and pillow cases shall be clean and ironed.**			
00	01	01	66	02		**Sheets, bedclothes and pillow cases shall be replaced every day and when needed.**			
00	01	02	02	00		**General status of the patient shall be evaluated at the admittance to the department.**	15		
00	01	02	03	00		**Nurse care plan shall be arranged in line with patient requirements.**	15		
00	01	02	03	01		**Nurse care plan shall be in coordination with physician treatment plan.**			
00	01	02	03	02		**The following shall be recorded in nurse care plan:**			
00	01	02	03	02		o Patient's care requirements,			
00	01	02	03	02		o Objectives for care requirements,			
00	01	02	03	02		o Practices for care requirements,			
00	01	02	03	02		o Evaluation of practice results.			
00	01	02	04	00		**Arrangement shall be made for shift changes of nurses.**	10		
00	01	02	04	01		**Shift changes shall be made**			
00	01	02	04	01		o between nurses whose shifts ended and whose shifts started,			
00	01	02	04	01		o first at the desk and then by the bedside,			
00	01	02	04	01		o and shall include information about patient care process.			
00	01	02	05	00		**Patient/patient relatives shall be informed by the physician about the general status and treatment process of the patient.**	10		

00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
NUCLEAR MEDICINE SERVICES									
00	02	20				**NUCLEAR MEDICINE SERVICES**	200		
00	02	20	01	00		**Arrangement shall be made for areas used by patients receiving therapeutic radioactive substance.**	10		
00	02	20	01	01		**Areas used by patients receiving therapeutic radioactive substance shall be separated. Rooms used by these patients**			
00	02	20	01	01		o shall be armored,			
00	02	20	01	01		o Lavatories and toilets they use shall be independent,			
00	02	20	01	01		o Outputs such as blood, feces and urine shall be discharged to sewage after the radiation value decreases down to acceptable levels.			
00	02	20	02	00		**Arrangement shall be made for protecting patients receiving radioactive substance and their relatives.**	15		
00	02	20	02	01		**For patients receiving radioactive substance,**			
00	02	20	02	01		o The amount of activity given to patients,			
00	02	20	02	01		o The remaining amount of activity in the discharged patients,			
00	02	20	02	01		o Dose rate in a distance of one meter from the patient shall be recorded.			
00	02	20	02	02		**The patient shall be discharged according to the amount of remaining activity and dose rate.**			
00	02	20	02	03		**The patient shall be informed verbally and in writing of the rules to follow after discharge.**			

00	01	01	09	00		**Temperature of fridges where drugs and kits are kept shall be monitored.**	10		
00	01	01	09	01		**Temperature monitoring shall be made according to types of materials in the fridges.**			
00	01	01	12	00		**Areas where service is delivered to patients shall be arranged in a way open for communication.**	15		
00	01	01	12	01		**There shall be no physical barriers (window walls, windows, iron bars, elevation) between patients and staff at the points of result receiving, sample acceptance, registration and public relations.**			
00	01	01	21	00	P	**Arrangements shall be made for patient identity authentication.**	20		
00	01	01	21	01	P	**White identifier shall be used for each hospitalized patient (including day patients).**			
00	01	01	21	01	P	o Only red identifiers shall be used for allergic patients,			
00	01	01	21	01	P	o Patient identifier shall have a barcode,			
00	01	01	21	01	P	o Identifier shall have protocol number, name, surname and date of birth (dd/mm/yyyy) of the patient,			
00	01	01	21	02	P	**Patient identity shall be authenticated for all procedures to be performed for diagnosis and treatment.**			
00	01	01	21	05	P	**Health care staff shall be trained on the use of patient identifiers and patient identity authentication.**			
00	01	01	24	00	P	**Arrangement on safe administration of drugs shall be made.**	15		
00	01	01	24	01	P	**Drugs shall be prepared in closed containers privately,**			
00	01	01	24	01	P	o Containers shall have patient identifier information on them .			
00	01	01	24	02	P	**Treatment plan shall be written, stamped and signed by physicians,**			

00	01	01	24	02	P	o Treatment plan shall include the full name of the drug, time and dose of administration, route of administration and administration duration.			
00	01	01	24	03	P	**Nurses shall record treatment plan written by the physician in the observation form.**			
00	01	01	24	04	P	**Drugs in the treatment process shall be administered to patients by nurses,**			
00	01	01	24	04	P	o Drug administration by interns shall be under the supervision of nurses.			
00	01	01	25	00	P	**Arrangement on the prevention of mix of drugs shall be made.**	15		
00	01	01	25	01	P	**Drug names shall not be written in abbreviations.**			
00	01	01	25	02	P	**Lists of drugs with similar spelling, pronunciation and package shall be prepared,**			
00	01	01	25	02	P	o Lists shall be available at the site of use.			
00	01	01	25	03	P	**Placement of drugs with similar spelling, pronunciation and package in the fridges shall be at different shelves.**			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	52	00	P	**Arrangement shall be made for the management of medical devices.**	15		
00	01	01	52	02	P	**Medical devices shall have an inventory on department basis.**			
00	01	01	52	03	P	**There shall be a plan for the maintenance, repair, measurement, adjustment and calibrations of medical devices,**			

00	01	01	52	03	P	o Measurement, adjustment and calibrations of devices shall be made within the plan.			
00	01	01	52	04	P	**The devices which are calibrated shall have a calibration label. The label shall include the followings:**			
00	01	01	52	04	P	o Name of the firm performing calibration,			
00	01	01	52	04	P	o Calibration date,			
00	01	01	52	04	P	o Validity period,			
00	01	01	52	04	P	o Certificate number.			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	01	64	00		**Arrangement shall be made for ensuring patient privacy.**	10		
00	01	03	06	00		**Material for ensuring hand hygiene shall be available.**	15		

00	01	03	06	01		**Alcohol-based hand antiseptics shall be available in the areas where health service is provided.**			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			

SUPPORT SERVICE MANAGEMENT

Revision	Vertical Section	Department No	Standard No	Evaluation Criteria	Horizontal Section	STANDARDS	Score	Outcome	Remark
PATIENT FILE AND ARCHIVE SERVICES									
00	03	01				**PATIENT FILE AND ARCHIVE SERVICES**	65		
00	03	01	01	00		**Arrangement shall be made for patient files.**	10		
00	03	01	01	01		**A standard file content shall be designated for patient files,**			
00	03	01	01	01		○ Information and documents necessary to be included in the files shall be designated,			
00	03	01	01	01		○ It shall be determined which information shall be kept in the form of printed copies in patient files and which shall be kept in computers.			
00	03	01	02	00		**Arrangement shall be available for archiving of patient files.**	10		
00	03	01	02	01		**Patient files shall be archived,**			
00	03	01	02	01		○ An identical number shall be given to patient files.			
00	03	01	02	02		**Informed consent forms for risky interventional procedures performed on polyclinic patients shall be archived.**			
00	03	01	03	00		**Patient discharge summary shall be prepared.**	10		
00	03	01	03	01		**The discharge summary shall include the followings:**			
00	03	01	03	01		○ Reason for application of the patient,			
00	03	01	03	01		○ Significant findings,			
00	03	01	03	01		○ Diagnosis made,			
00	03	01	03	01		○ Therapies applied,			
00	03	01	03	01		○ General status of the patient at the time of discharge,			
00	03	01	03	01		○ Drugs to be taken by the patient after discharge,			
00	03	01	03	01		○ Control time,			
00	03	01	03	01		○ Phone numbers that patient may call in case of emergency,			
00	03	01	03	01		○ Points to be considered by the patient.			
00	03	01	03	02		**A copy of discharge summary shall be included in patient file,**			
00	03	01	03	02		○ The other copy shall be given to the patient.			
00	03	01	04	00		**Written arrangement shall be available for the functioning of archive department.**	5		
00	03	01	04	01		**The written arrangement shall include the followings:**			
00	03	01	04	01		○ Archive plan and authorization,			
00	03	01	04	01		○ Delivery of the files to the archive, control of the content and acceptance of them,			
00	03	01	04	01		○ Placement of accepted files in the archive,			

00	03	01	04	01		○ File delivery to and retrieval from the relevant people,			
00	03	01	04	01		○ Principles and procedures related to the maintenance, storage and disposal of files placed in the archive,			
00	03	01	04	01		○ Management of judicial case files.			
00	03	01	05	00		**Measures shall be taken for protecting patient files in the archive.**	15		
00	03	01	05	01		**Temperature and humidity shall be monitored,**			
00	03	01	05	02		**The archive shall be air-conditioned,**			
00	03	01	05	03		**The archive shall be disinfected minimum once a year against microorganisms,**			
00	03	01	05	04		**Measures shall be taken against insects,**			
00	03	01	05	05		**Measures shall be taken against burglary,**			
00	03	01	05	06		**Measures shall be taken against fire,**			
00	03	01	05	07		**Measures shall be taken against flood.**			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals,			
00	01	01	53	04		o Controllers shall be identified.			
KITCHEN SERVICES									
00	03	02				**KITCHEN SERVICES**	80		
00	03	02	01	00		**Physical arrangement shall be made for kitchen services.**	10		
00	03	02	01	01		**Places for preparing meals and washing dishes shall be separate in the kitchen.**			
00	03	02	01	02		**Floor and walls of the kitchen shall be suitable for washing and disinfection.**			
00	03	02	01	03		**Cold rooms shall be able to open from the inside or shall have an internal warning system to communicate with the outside.**			
00	03	02	01	04		**It shall be ensured that meals are served hot to patients and the staff.**			
00	03	02	02	00		**Arrangement shall be made for safe storage of food.**	10		
00	03	02	02	01		**Level placement shall not be made in food storages.**			
00	03	02	02	02		**Temperature and humidity of storages shall be measured,**			
00	03	02	02	02		○ Temperature and humidity of the food storages shall be monitored in compliance with the type of food stored inside.			
00	03	02	02	03		**Temperature of fridges in the kitchen and in other meal serving areas shall be measured.**			

00	03	02	03	00		**Arrangement shall be made for ensuring the safety of meals.**	15		
00	03	02	03	01		**Machinery used in meal preparation shall be cleaned.**			
00	03	02	03	02		**Replicate samples shall be taken and kept for 72 hours at least under proper conditions.**			
00	03	02	03	03		**The staff shall use protective equipment such as masks, gloves and bonnets .**			
00	03	02	03	04		**Kitchen staff shall have a health screening every 6 months.**			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals and			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
LAUNDRY SERVICES									
00	03	03				**LAUNDRY SERVICES**	80		
00	03	03	01	00		**Physical arrangement shall be made for the laundry.**	10		
00	03	03	01	01		**Floor and walls of the laundry shall be suitable for washing and disinfection.**			
00	03	03	01	02		**Machinery used at the laundry shall be maintained.**			
00	03	03	02	00		**Arrangement shall be made for carrying the laundry.**	10		
00	03	03	02	01		**The laundry shall be carried with closed systems.**			
00	03	03	02	02		**In hospitals where the laundry is carried in containers,**			
00	03	03	02	02		○ Containers shall be cleaned daily.			
00	03	03	02	02		○ Tools used in carrying the laundry shall be described as dirty and clean.			

00	03	03	02	03		**In hospitals where the laundry is carried with an automatic system,**			
00	03	03	02	03		○ Chimneys of the system shall be cleaned.			
00	03	03	02	04		**In case laundry services are provided outside the hospital,**			
00	03	03	02	04		○ Dirty laundry collection and clean laundry distribution sites shall be separated.			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals and			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		
00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			
MORGUE SERVICES									
00	03	04				**MORGUE SERVICES**	90		
00	03	04	01	00		**Physical arrangement shall be made for the morgue.**	10		
00	03	04	01	01		**Morgue exit shall be separate from the main exit and emergency exit of the hospital.**			

00	03	04	01	02		**Steel, package type, functioning corpse maintenance cabinet with cold air mechanism shall be available. For hospitals having**			
00	03	04	01	02		○ 1-99 beds at least 2,			
00	03	04	01	02		○ 100-149 beds at least 3,			
00	03	04	01	02		○ 150-199 beds at least 4,			
00	03	04	01	02		○ 200-399 beds at least 5,			
00	03	04	01	02		○ 400-599 beds at least 6,			
00	03	04	01	02		○ 600 or more at least 7 mortuary cabinets shall be available.			
00	03	04	01	03		**For infant corpse, an infant carrier with a mechanism to stabilize the corpse inside shall be available.**			
00	03	04	01	04		**The corpse, mortuary cabinet and the undertaker shall have identity information of the corpse.**			
00	03	04	02	00		**Arrangement for morgue functioning shall be available.**	10		
00	03	04	02	01		**Records of corpse information shall be kept and archived.**			
00	03	04	02	02		**Hot water shall be available in the corpse washing area.**			
00	03	04	02	03		**Areas where the corpse is kept and/or washed shall be disinfected after each use.**			
00	03	04	02	04		**The staff shall be trained on protection from infections and communication skills.**			
00	03	04	03	00		**Waiting lounge shall be available for the relatives of the deceased.**	10		
00	03	04	03	01		**Morgue waiting lounge shall have the followings:**			
00	03	04	03	01		○ Sitting areas,			
00	03	04	03	01		○ It shall be clean and orderly,			
00	03	04	03	01		○ Arrangement shall be made for ensuring that the relatives of the deceased could receive information.			
00	01	01	45	00	O	**The staff shall use personal protective equipment.**	15		
00	01	01	45	01	O	**Personal protective equipment that is required to be used on department basis shall be determined.**			
00	01	01	45	02	O	**Personal protective equipment shall be available in working areas.**			
00	01	01	45	03	O	**Staff shall be trained on the use of personal protective equipment.**			
00	01	01	53	00		**Arrangement shall be made for the hospital cleaning.**	15		
00	01	01	53	01		**Cleaning plan shall be available on department basis.**			
00	01	01	53	02		**Cleaning rules shall be established according to risk levels.**			
00	01	01	53	03		**Cleaning materials and the rules regarding the use of these materials shall be identified.**			
00	01	01	53	04		**Cleaning of all closed and open areas shall be controlled.**			
00	01	01	53	04		o Control intervals and			
00	01	01	53	04		o Controllers shall be identified.			
00	01	01	55	00		**Arrangement shall be made for personal cleaning areas.**	15		

00	01	01	55	01		**The doors to the personal cleaning areas shall be opened outward.**			
00	01	01	55	02		**Cleaning of personal cleaning areas shall be ensured.**			
00	01	01	55	03		**Cleaning materials shall be available in the personal cleaning areas.**			
00	01	01	55	03		o Liquid soap, soap, paper towel, toilet paper and litterbin with nylon bag shall be available.			
00	01	01	55	04		**Liquid soap dispensers shall not be filled up again before they are completely emptied,**			
00	01	01	55	04		o The emptied dispenser shall be washed and dried properly and filled up again afterwards.			
00	01	08	04	00		**Arrangement shall be made for the separation of wastes at source.**	15		
00	01	08	04	01		**Wastes of each department shall be identified.**			
00	01	08	04	02		**Proper waste containers shall be used.**			

INDICATOR MANAGEMENT

QUALITY INDICATORS

Revision	Vertical Section	Department No	Standard No	Evaluation Criteria	Horizontal Section	STANDARDS	Score	Outcome	Remark
00	04	01				QUALITY INDICATORS	325		
00	04	01	01	00	O	Stab wounds shall be monitored.	20		
00	04	01	01	01	O	Indicator card shall be prepared.			
00	04	01	01	02	O	Monitorization shall be performed based on the indicator card.			
00	04	01	01	03	O	Periodical analyses in relation to the indicator shall be performed.			
00	04	01	01	04	O	o Corrective preventive activity shall be initiated when required,			
00	04	01	02	00	O	Staff exposed to spillage of blood and bodily fluids shall be monitored.	20		
00	04	01	02	01	O	Indicator card shall be prepared.			
00	04	01	02	02	O	Monitorization shall be performed based on the indicator card.			
00	04	01	02	03	O	Periodical analyses in relation to the indicator shall be performed.			
00	04	01	02	04	O	o Corrective preventive activity shall be initiated when required,			
00	04	01	03	00	P	Mortality rates in the intensive care unit shall be monitored.	20		
00	04	01	03	01	P	Indicator card shall be prepared.			
00	04	01	03	02	P	Monitorization shall be performed based on the indicator card.			
00	04	01	03	03	P	Periodical analyses in relation to the indicator shall be performed.			
00	04	01	03	04	P	o Corrective preventive activity shall be initiated when required,			
00	04	01	04	00	P	Pressure ulcer rates in the intensive care unit shall be monitored.	20		
00	04	01	04	01	P	Indicator card shall be prepared.			
00	04	01	04	02	P	Monitorization shall be performed based on the indicator card.			
00	04	01	04	03	P	Periodical analyses in relation to the indicator shall be performed.			
00	04	01	04	04	P	o Corrective preventive activity shall be initiated when required,			
00	04	01	05	00	P	Hospital infection rates in the intensive care unit shall be monitored.	20		

00	04	01	05	01	P	**Indicator card shall be prepared.**			
00	04	01	05	02	P	**Monitorization shall be performed based on the indicator card.**			
00	04	01	05	03	P	**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	05	04	P	**o Corrective preventive activity shall be initiated when required,**			
00	04	01	06	00	P	**Surgical site infection rates shall be monitored.**	20		
00	04	01	06	01	P	**Indicator card shall be prepared.**			
00	04	01	06	02	P	**Monitorization shall be performed based on the indicator card.**			
00	04	01	06	03	P	**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	06	04	P	**o Corrective preventive activity shall be initiated when required,**			
00	04	01	07	00	P	**Rate of fall patients shall be monitored.**	20		
00	04	01	07	01	P	**Indicator card shall be prepared.**			
00	04	01	07	02	P	**Monitorization shall be performed based on the indicator card.**			
00	04	01	07	03	P	**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	07	04	P	**o Corrective preventive activity shall be initiated when required,**			
00	04	01	08	00		**C-section rate shall be monitored.**	20		
00	04	01	08	01		**Indicator card shall be prepared.**			
00	04	01	08	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	08	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	08	04		**o Corrective preventive activity shall be initiated when required,**			
00	04	01	09	00		**Rate of operating table use shall be monitored.**	15		
00	04	01	09	01		**Indicator card shall be prepared.**			
00	04	01	09	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	09	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	09	04		**o Corrective preventive activity shall be initiated when required,**			
00	04	01	10	00		**Rate of rehospitalization at the intensive care unit shall be monitored.**	15		
00	04	01	10	01		**Indicator card shall be prepared.**			
00	04	01	10	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	10	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	10	04		**Corrective preventive activity shall be initiated when required,**			

00	04	01	11	00		**Number and ratio of patients re-applying to the emergency department within 24 hours with the same complaint shall be monitored.**	15		
00	04	01	11	01		**Indicator card shall be prepared.**			
00	04	01	11	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	11	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	11	04		**Corrective preventive activity shall be initiated when required,**			
00	04	01	12	00		**Number, rate and diagnoses of patients being referred to another healthcare center shall be monitored.**	15		
00	04	01	12	01		**Indicator card shall be prepared.**			
00	04	01	12	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	12	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	12	04		**Corrective preventive activity shall be initiated when required,**			
00	04	01	13	00		**Length of stay of patients staying in the observation room shall be monitored.**	15		
00	04	01	13	01		**Indicator card shall be prepared.**			
00	04	01	13	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	13	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	13	04		**Corrective preventive activity shall be initiated when required,**			
00	04	01	14	00		**Duration of arrival of the consultant/attending physicial called to the emergency department shall be monitored.**	15		
00	04	01	14	01		**Indicator card shall be prepared.**			
00	04	01	14	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	14	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	14	04		**Corrective preventive activity shall be initiated when required,**			
00	04	01	15	00		**Compliance between cytologic and pathologic diagnosis shall be evaluated and compliance rates shall be monitored.**	15		
00	04	01	15	01		**Indicator card shall be prepared.**			
00	04	01	15	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	15	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	15	04		**Corrective preventive activity shall be initiated when required,**			

00	04	01	16	00		**The rate of nurse rotation among departments shall be monitored.**	15		
00	04	01	16	01		**Indicator card shall be prepared.**			
00	04	01	16	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	16	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	16	04		**Corrective preventive activity shall be initiated when required,**			
00	04	01	17	00		**The rate of fully completed patient files shall be monitored.**	15		
00	04	01	17	01		**Indicator card shall be prepared.**			
00	04	01	17	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	17	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	17	04		**Corrective preventive activity shall be initiated when required,**			
00	04	01	18	00		**The rate of polyclinic room number per physician shall be monitored.**	15		
00	04	01	18	01		**Indicator card shall be prepared.**			
00	04	01	18	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	18	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	18	04		**Corrective preventive activity shall be initiated when required,**			
00	04	01	19	00		**Proper use of antibiotics in surgical profilaxis shall be monitored.**	15		
00	04	01	19	01		**Indicator card shall be prepared.**			
00	04	01	19	02		**Monitorization shall be performed based on the indicator card.**			
00	04	01	19	03		**Periodical analyses in relation to the indicator shall be performed.**			
00	04	01	19	04		**Corrective preventive activity shall be initiated when required.**			