9. Excellence in Critical Care Services

Assessment criteria for Excellence in Infection Control Practices

1. **Policy and Procedures**

    a) There is documented policy and procedures for care of patients in intensive care and high dependency units
    b) Scope of Critical care areas are defined and displayed outside ICU/HDU area
    c) Patients and family rights in intensive care and high dependency units are protected and respected and displayed along with patient and family responsibilities
    d) All the applicable legal compliances in critical care areas are in place

2. **Infrastructure**

    I. Physical Resources
    a) The design and layout of critical care area is conducive to patient care and staff efficiency
    b) There is adequate bed capacity and flexibility to accommodate varying patient needs and acuity levels.
    c) Designated isolation areas and infection control measures to prevent cross-contamination are in place
    d) Patient and family amenities (e.g., waiting areas, accommodations, counselling rooms).
    e) Sustainable and environmentally friendly infrastructure practices (e.g., energy efficiency, waste management) are in place

    II. Medical Equipments
    a) Appropriate and adequate Medical Equipments are available as per scope of ICU/HDU and patient needs, and are functional all the time. E.g. Patient Monitoring Devices, Life support Equipments, Diagnostic Equipments. Preventive and breakdown maintenance and calibration of Equipments are in place

    III. Drugs and Consumables
    a) Appropriate and adequate drugs and consumables are available as per scope of ICU/HDU and patient needs and at no time there is stock out of emergency drugs

    IV. Staffing
    a) There are appropriate and adequate staffing to handle patient load and emergencies, and
    b) There is continuous education and certification of personnel in basic and advanced life support and ICU procedures
    c) Preventive and regular medical check-up of staff are done periodically and staff welfare measures are in place

    *Submit the list of Medical Equipments, Furniture and Fixtures, Drugs and Consumables, Manpower

3. **Process**

    a) There is defined criteria for admission and discharge
    b) There is adherence to evidence-based clinical protocols and guidelines (including pain management) in critical care management.
    c) Continuous monitoring and timely assessment and reassessment of patient vital signs and clinical status are in place
    d) There is implementation of standardized care pathways for common critical conditions (e.g., sepsis, acute respiratory distress syndrome).

e) There is effective communication and handoff protocols between healthcare providers during shift changes and patient transfers.
f) There is utilization of multidisciplinary team rounds and discussions for comprehensive patient care planning.
g) There is effective management of end of life care and breaking of bad news and ethical dilemmas are addressed by the intensive care unit.
h) Informed and valid consent is taken where appropriate.
i) There is robust medication management and safety protocols to prevent errors and adverse drug events.
j) There is integration of electronic health records (EHR) to facilitate real-time documentation and data-driven decision-making.
k) Patient and family are engaged in care planning and decision-making processes.
l) There is completeness and accuracy of medical records.
m) There is regular staff training and mock drills are conducted to enhance emergency (fire and non-fire) response readiness.
n) Continuous quality improvement initiatives are in place based on regular audits, feedback, and benchmarking against national standards

4. Monitoring of clinical and non-clinical indicators and Outcome

a) There is monitoring the adequacy of staffing (nurses, physicians, and respiratory therapists) to ensure optimal care and response to patient needs
b) There is compliance with hand hygiene protocols, use of personal protective equipment (PPE), and monitoring of infection rates to prevent healthcare-associated infections
c) Patient and family support system is established and their satisfaction are monitored through surveys or feedback mechanisms to evaluate quality of care and communication.
d) Average length of stay, mortality rate in critical care units are monitored regularly
e) Readmission rates to critical care units are monitored to identify deficiencies and necessary corrective and preventive actions are taken after root cause analysis
f) Clinical indicators (e.g., ventilator-associated pneumonia rates, sepsis bundle compliance) are regularly monitored
g) Enhanced staff morale, satisfaction and retention rates within critical care teams are ensured and staff burnout is addressed by the organisation
h) Cost-effective measures are implemented and there is efficient utilization of resources in critical care operations
i) Root cause analysis and appropriate corrective and preventive actions are taken for the deficiencies pointed out after monitoring the indicators or any deviation from the benchmarks set for the indicator