

NATIONAL ACCREDITATION STANDARDS

FOR OUTPATIENT MEDICAL
ORGANIZATIONS

2022



№	Standard and measurable criteria	Rank
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CHAPTER 1: LEADERSHIP

№	Standard and measurable criteria	Rank
1. Governing body of the medical organization. Functions of the Governing body (Supervisory board, Board of Directors, Board of Founders) are regulated and its participation in the management of a medical organization is ensured		
1)	The structure and functions of the governing body, including the credentials delegated to the chief executive of the medical organization, are written in the Charter (Regulations) of the medical organization **	III
2)	Members of the governing body of a medical organization are elected in accordance with the legislation of the Republic of Kazakhstan ***	III
3)	The governing body takes part in the development of the medical organization and the direction of its activities by approving or agreeing on the strategic plan and plans related to the budget	II
4)	The medical organization quarterly submits to the governing body reports on the results of the main activities, on the implementation of the action plan for continuous quality improvement; at least every six months provides the governing body with reports on the implementation of the risk management plan, as well as reports of the facility safety commission **	II
5)	The governing body approved the criteria and annually evaluates the work (performance) of the chief executive of the medical organization ** The governing body is assessed by a higher health authority or a higher founder on an annual basis ** The governing body, which is the highest management level of a medical organization, evaluates its activities in the form of an annual self-assessment (including cases when the governing body in a private organization is presented as one person) **	III
2. Strategic and operational planning. Leaders of the medical organization carry out the activities of the medical organization based on the established plans and goals		
1)	The strategic plan of a medical organization sets out the mission, vision, values, strategic goals, objectives and performance indicators ** The mission and vision of a medical organization are accessible to its staff and population	III
2)	Based on the strategic plan, an annual plan (operational plan) of a medical organization with established indicators is developed and approved **	III
3)	Annual plan takes into account clinical services' activities, financial plans, identified risks	III
4)	The responsible person collates and monitors the implementation of the activities of the annual plan at least on a quarterly basis, followed by submission to the Leadership of the organization	III
5)	Heads of departments at least quarterly report to the responsible person on the implementation of the assigned tasks and the achievement of the desired results according to the indicators of the annual plan **	II
3. Organizational structure. The organizational structure is presented in the form of a diagram and provides the necessary positions for the implementation of the mission of the medical organization.		
1)	The organizational structure is presented in the form of a diagram, reflects the accountability and relationship of departments and Leadership, as well as existing commissions and / or committees The organizational structure is approved by the Leadership of the medical organization and communicated to the staff of the organization **	III

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2)	The organizational structure indicates an official in charge of general leadership of a medical organization and an official in control of treatment and prevention activities	II
3)	The organizational structure identifies an official in charge of nursing care	I
4)	<p>The organizational structure indicates an official who carries out activities of quality management of medical services.</p> <p>An official of a medical organization carrying out quality management activities is responsible for monitoring the plan for continuous improvement of the quality, has the necessary skills and knowledge in the field of quality improvement</p>	I
5)	The organizational structure indicates an official who controls the effective management of financial resources, including planning, monitoring and control	III
4. Code of Ethics. The ethical norms of the organization are defined and followed		
1)	In a medical organization, ethical norms are defined that determine the rules of conduct for staff when providing medical services to a patient, as well as when interacting with other medical staff	III
2)	<p>An Ethics Commission is created in a medical organization to consider ethical issues arising during the provision of medical care, including conflicting decisions related to the termination of a treatment, justified complaints related to violation of the ethical code and norms of a medical organization **</p> <p>When considering conflicting decisions related to treatment, the Ethics Commission includes specialists from the relevant and related fields of medicine if they are not initially included in the Ethics Commission, as well as the patient and / or his representative.</p>	III
3)	<p>The medical organization has a process for identifying, timely analysis and taking measures on ethical issues, including interaction among staff (such as violence, bullying, harassment) (see criterion 3) and 5) of standard 5), and other situations in accordance with the requirements of the legislation of the Republic of Kazakhstan) ***</p> <p>The Ethics Commission takes part in the investigation of the above-stated cases **.</p>	II
4)	<p>The staff of a medical organization is trained on the norms of the ethical code in a medical organization **</p> <p>The training includes a procedure for direct notification of the governing body and (or) authorized bodies by staff about cases of harassment by Leadership or its inaction.</p>	II
5)	Procedures for reviewing and taking action on ethical issues are carried out within the established time frames **	III
5. Safety culture (non-punitive environment among staff, in which the safety of the patient is placed above professional solidarity). The organization's Leadership implements and maintains a safety culture, encourages incident detection and takes systematic actions to improve performance		
1)	In a medical organization, measures are taken to ensure the implementation of a "safety culture". Clinical staff are aware of a non-punitive system to ensure that incidents are recorded and registered without a risk of punishment, and they also know the definitions of "near miss", "error", "sentinel event"	I
2)	A medical organization has a process for ensuring insurance (guaranteeing) the professional liability of medical workers performing high-risk procedures and operations (with a high risk of lawsuits) **	I
3)	The process of registration and notification of incidents (a documented case of a near miss, error, violation, sentinel event) is introduced in accordance with the approved procedures of the medical organization *	I

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4)	The medical organization has identified officials (a person) responsible for monitoring and managing incidents, including monitoring the implementation of the investigation of the root causes of the incident, as well as training staff on incident management	II
5)	There is a mechanism for the investigation of incidents that provides the identification of the root causes of the incident and their systemic solution in order to improve the quality of processes and services, including communication with the party affected by the incident **	I
6. Quality improvement indicators and plan. Measures are being taken to monitor quality indicators and implement the plan for continuous quality improvement		
1)	The medical organization controls the implementation of indicators of internal activity in accordance with the national legislation of the Republic of Kazakhstan (hereinafter - indicators of internal expertise), as well as indicators of quality improvement required by accreditation standards (indicators of the infection control system, medication management system, patient safety, hereinafter - indicators of accreditation). Data on the achievement of indicators of internal expertise and indicators of accreditation are included in the quarterly reports of the medical organization on the main activity **	I
2)	Internal expertise and accreditation indicators are measurable: formulas for the calculation are developed (with a specific numerator and denominator, if applicable), the desired threshold values are determined; collection of data and analysis of indicators are conducted**	II
3)	The leadership of a medical organization has identified priority indicators from among the indicators of internal expertise and indicators of accreditation, the compliance and achievement of threshold values of which is most paramount for a medical organization. To achieve the threshold values and objectives of priority indicators, as well as other measures to improve the quality determined by the leadership, the medical organization develops a plan for continuous quality improvement.	I
4)	<p>A plan for continuous quality improvement reflects:</p> <ul style="list-style-type: none"> the name of the improvement activity (s), the goal of the activity (s), the necessary actions to achieve the goal, responsible persons, time frames. <p>The quality improvement plan is a separate document or part of the operational plan, which is updated and supplemented on an ongoing basis and is brought to the attention of stakeholders (persons involved and (or) interested in the implementation of the activity (s) of the plan)</p>	I
5)	The budget of a medical organization takes into account the costs necessary for the implementation of the action plan for the continuous improvement of the quality of medical services and risk management measures	II
7. Quality management. The medical organization implements quality control measures		
1)	The leadership of the medical organization, together with the heads of departments and staff, apply quality improvement tools (for example, the PDCA cycle, Ishikawa diagram, and others) in continuous quality improvement events	II
2)	The document on continuous improvement of the quality of medical services defines the term "sentinel event"	III

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	Sentinel event is subjected to mandatory investigation and the Leadership of the medical organization, stakeholders, as well as the governing body of the medical organization (in a quarterly report indicating the measures taken) are informed about its results **	
3)	<p>Patient satisfaction or patient experience surveys are conducted. The results of the questionnaire are taken into account when developing measures to improve the quality of medical services *</p> <p>Surveying the patient's experience implies obtaining objective answers from the patient to questions about the staff's compliance with the actions regulated by the policies of the medical organization and accreditation standards (for example, were you explained the content of special informed consent, were you asked about your last fell, the effect of the prescribed medication, whether the doctor did procedures of hand hygiene before examination, and others)</p>	II
4)	At the meetings of the relevant commissions, complex clinical cases are analyzed (investigated), the results of which are used to improve clinical performance	II
5)	A clinical audit of medical records is carried out to ensure compliance with diagnostic and treatment protocols, as well as the requirements of accreditation standards. The clinical audit methodology is defined in the policies of the medical organization, the results of the clinical audit are used in the development of measures to improve the quality of medical services *	I
8. Risk Management. Leadership of a medical organization ensures the implementation of a risk management program		
1)	<p>The medical organization has an approved risk management program, which is being implemented, and includes the following elements:</p> <p>purpose and objectives of the document;</p> <p>method of risk assessment;</p> <p>risk register and / or risk management plan describing mitigation measures for identified risks responsible for risk management, risk assessment, reporting and monitoring frequency</p> <p>an approved official carrying out risk management activities;</p> <p>reporting to the governing body on risks;</p> <p>staff training requirements;</p> <p>types of risks (strategic, clinical, epidemiological, financial, facility functionality risks and other risks);</p> <p>the requirement to develop an action for each significant risk;</p> <p>requirement to inform and communicate risks to stakeholders;</p> <p>responsibility of staff in the implementation of the risk management program *</p>	II
2)	The risk register and / or risk management plan takes into account the clinical risks associated with the provision of medical care (for example, the identification and transportation of biomaterials), as well as the risks associated with the provision of high-risk services	I
3)	Heads of departments and staff of a medical organization are aware of possible adverse events that may arise as a result of clinical, man-made and organizational features of production processes (hereinafter - risks) in their departments	I
4)	The medical organization conducts an ongoing risk assessment. Sources of risk information: incidents (near misses, errors, sentinel events), medical staff, observations, review of documents, patients and their legal representatives **	II
5)	The medical organization takes measures to fully implement the activities of the risk management plan, mitigate or eliminate risks (an action plan is developed, updated and adjusted throughout the year)**	II
9. Clinical protocols. Leadership of the medical organization ensures the application and implementation of clinical protocols by medical staff		

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1)	In the medical organization, responsible persons have been identified for controlling the implementation and application of clinical protocols for diagnosis and treatment (hereinafter - clinical protocols)	II
2)	A clinical audit is carried out through a retrospective and (or) ongoing analysis of medical records for their compliance with the requirements of evidence-based clinical protocols, as well as the requirements of accreditation standards (see standards 51-55, 57, 58, 60). Monitoring activities, control and implementation of clinical protocols are carried out as part of routine internal expertise	I
3)	The results of a clinical audit of medical records are used for feedback with medical staff, staff trainings and other activities to improve the quality of medical services in accordance with the approved procedures of the medical organization	I
4)	The chief executive of a medical organization is informed about the results of a clinical audit of medical records at least on a quarterly basis	II
5)	Clinical protocols are available to staff at workplaces in electronic or paper form. There is a mechanism for alerting staff to new or changed clinical protocols	II
10. Work with the population. The medical organization is open to patients regarding feedback and promotes the availability of medical services for the population		
1)	Using its official website and other methods, a medical organization informs the population about the medical services provided, the conditions and procedures of receiving them (appointments, admission/hospitalization), about any changes in the list of medical services provided, as well as the address and contact details of the organization **	I
2)	A medical organization informs the population about the quality of medical services provided (indicator "patient satisfaction" and others) **	III
3)	The medical organization constantly maintains feedback with the population on the medical services provided through communication means (website, social networks, telephone, call center)	III
4)	A medical organization participates in programs to educate the population on a healthy lifestyle (smoking cessation, prevention of obesity, etc.) and disease prevention through social media and (or) through direct communication with population**	II
5)	A medical organization plans the provision of medical services taking into account the needs of the population. Information about the possibility of participating in the planning of provided services is available to patients and the public	III

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CHAPTER 2: RESOURCES MANAGEMENT

11. Financial Management. The financial resources of the medical organization are used effectively to implement planned goals		
1)	The budget of the medical organization corresponds to the established goals of the strategic and operational (annual) plans (see standard 2)	III
2)	The budget of the medical organization takes into account the applications (requests) of the heads of departments with justification	III
3)	The budget allows to provide a medical organization with the necessary resources to carry out activities and is revised in accordance with the procedures approved by the leadership of the medical organization (see criterion 4) of standard 26, criterion 3) of standard 43, criterion 3) of standard 59)	I
4)	Remuneration of medical staff is based on a differentiated payment system, indicators are provided to determine the productivity of staff, approved by the leadership of a medical organization in accordance with the legislation of the Republic of Kazakhstan*	II
5)	External governmental audit is carried out in accordance with the legislation of the Republic of Kazakhstan ***. In the absence of governmental audit in private organizations, an external financial audit is carried out.	I
12. Information management. Proper conditions are created to effectively manage information data and improve staff awareness		
1)	The medical organization has a sufficient number of technical means to meet the needs of medical staff when working with medical and administrative information, for timely and complete data entry	II
2)	The leadership provides access to the Internet for medical workers for the timely receipt and exchange of information necessary in their work	I
3)	The procedure for the development, coordination, approval and execution, as well as revision of the procedures and plans of the organization within defined timeframes related to the key processes of the organization is approved and implemented (the requirement refers to procedures and plans that relate to key functions and / or may change, for example, a plan for quality improvement, operational plan, triage policies; while procedures such as removing and putting on masks, hand washing techniques may remain unchanged if they are consistent with recognized practices)* The medical organization approves the procedures for general document management in accordance with the legislation of the Republic of Kazakhstan, taking into account the digitalization of clinical and administrative workflow ***	III
4)	A medical organization uses medical information systems when documenting care and treatment procedures in accordance with the legislation of the Republic of Kazakhstan ***	III
5)	Scheduled internal meetings of departments, general meetings, along with separate trainings and instructions of responsible persons, are used to train staff on the established procedures of a medical organization. Training is aimed at providing high-quality and integrated medical care to patients, in accordance with the requirements of national accreditation standards and the legislation of the Republic of Kazakhstan	III
13. Protection of information. Medical organization ensures the confidentiality, security and integrity of information		
1)	The medical organization has defined the levels of staff access to the patient's medical records Each staff has a username and password to enter medical information systems, as well as to enter the computer at the workplace	III
2)	Licensed information security programs are used	II
3)	The archive room (retention) of the medical organization ensures the safe storage of documentation from fire and unauthorized access (see criteria 1) and 2) of standard 41). The documentation is stored in a standardized manner with the possibility of identifying the period or department to which the documentation belongs	II
4)	The staff is annually trained on the policies for the protection and non-disclosure of confidential information, as well as procedures for maintaining patient privacy during the provision of medical services **	III
5)	The medical organization has determined the retention time and the procedure for the destruction of medical and non-medical documents	II
14. Medical records. Medical documentation is filled out in a timely manner and contributes to the continuity of medical care		
1)	Medical records use forms of medical documentation in accordance with the legislation of the Republic of Kazakhstan and best world practices in accordance with the requirements of accreditation standards ***	II

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2)	The content of the medical record is standardized in accordance with the approved procedures of the medical organization	II
3)	All medical and diagnostic prescriptions, performed diagnostic measures, medication therapy, including other therapeutic measures, are timely documented in the patient's medical record	II
4)	Medical records use abbreviations, symbols from the list approved by the leadership of the medical organization. Medical records are legible*	III
5)	In paper versions of medical records, each record is signed by the author indicating the date and time.	II
15. Analysis and access to information. Data validation is conducted, and staff access to information is provided		
1)	A procedure for verifying the reliability of data published and submitted to external organizations is approved **	III
2)	The organization's leadership ensures that information on the organization's current procedures is available to staff in electronic and / or printed format.	III
3)	When monitoring new indicators, the reliability of the obtained data is checked by a second person *	III
4)	The collation of data on indicators for inclusion in quarterly reports for leadership is carried out by the responsible employee (see criterion 4) of standard 2) **	III
5)	Staff involved in the provision of medical services participate in the collection of data on indicators (for example, the head of the radiology department reports on the indicators in his/her department to the responsible employee in the quality management department)	III
16. Staffing table. The staffing table corresponds to the organizational structure, mission and activities of the medical organization		
1)	The staffing table of the medical organization is approved by the leadership of the medical organization in accordance with the legislation of the Republic of Kazakhstan ***	III
2)	The staffing table is developed and revised on a planned basis, based on requests from the heads of departments, based on an analysis of the compliance of the staffing table with production needs and the needs of the population (determining the level of staffing; the required level of experience and competencies; calculating an effective and rational structure of staff positions) ***	III
3)	In a medical organization, qualification requirements for positions are approved and fulfilled in accordance with the legislation of the Republic of Kazakhstan ***	III
4)	For each type of position, including students of residency, the leadership of a medical organization approves a job description indicating qualification requirements (education, training, knowledge, skills and experience) and functions specific to this position ** For freelance workers (contract workers), part-time workers and consultants, the above requirements are specified in the contract **. The contract with freelance workers (contract workers), part-time workers and consultants is kept in the human resource department	III
5)	Coordination of interaction between staff of departments is provided by the regulations on departments (which indicate the functions and services of departments, as well as the accountability of staff), job descriptions, policies and procedures of the organization	III
17. Human Resource Management. There is a process for effective human resource management in a medical organization		
1)	The procedures for the search, instruction (orientation) and adaptation of staff are developed in accordance with the legislation of the Republic of Kazakhstan and are implemented in a medical organization ***	III
2)	The staff of the medical organization, as well as the contracted specialists, meet the qualification requirements of the job description for the position held. The original job description signed by the staff is available in the human resources department	III
3)	The leadership of the medical organization creates conditions for ongoing training of the staff of the medical organization (Internet access, computers, training class, library)	II
4)	In a medical organization, the training needs of staff are determined. Staff's training is planned, a list of staff requiring training and / or advanced training is drawn up and the necessary budget is planned **	II
5)	The leadership develops and implements procedures to motivate the staff of the medical organization and strengthen the corporate spirit, surveying of staff is conducted (see criterion 4) of standard 11)	II
18. Personnel file. The Leadership of the medical organization has a process for the formation, storage and updating of personal files of staff, as well as contracted specialists.		
1)	The personnel files of staff of the medical organization, as well as the contacted specialists, are stored in accordance with the approved internal procedures of the medical organization. The content of personal files is standardized	III

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2)	The personal files of staff, as well as contracted specialists and residency students, contain a specialist certificate (for health care practitioners), diplomas, work experience and qualifications	I
3)	The personal files of each medical worker, as well as contracted specialists, contain proof of authentication (verification) diploma (s) from the original source of the employee's education documents, in accordance with the requirements of the job description	I
4)	The personal file of each medical worker, as well as contracted specialists, contains the results of an annual staff's performance assessment	II
5)	The personal file of each medical worker, as well as contracted specialist, contains records of training conducted in a medical organization and outside of the organization. If a specialist, hired on a contractual basis, performs the duties of the contract remotely, then training records in a medical organization are not required (for example, an MRI doctor hired under a contract for a "second reading")	III
19. Instruction (briefing). The medical organization instructs each incoming employee in various areas of the medical organization and uses visual materials for instructing (presentations and (or) video materials)		
1)	In a medical organization, educational materials (presentations and (or) video materials) are developed and used for conducting introductory instructions (briefings) by the human resource department, which includes familiarization with the organization, a ban on harassment, responsibility for keeping confidential information about patients in accordance with the legislation of the Republic of Kazakhstan ***	II
2)	All full-time and part time employees, employees hired on a contractual basis, trainers in a medical organization, are instructed and trained to familiarize themselves with the medical organization, with their job responsibilities (for employees) and the basic requirements for safety and infection control **. Responsibility for instructing trainees in medical organization can be assigned to their supervisors.	III
3)	Instruction (briefing) of the staff includes fire safety, emergency preparedness (earthquakes and floods where applicable) and compliance with workplace safety regulations	I
4)	Instruction (briefing) of the staff includes infection control	I
5)	Instruction (briefing) of the staff of a medical organization includes familiarization with the principles of safety culture	II
20. Clinical Skills Assessment. The knowledge and clinical skills of clinical staff are assessed, including contracted clinical staff, in accordance with the procedures approved by the Leadership of the medical organization		
1)	Upon employment, a doctor's clinical skills are assessed, and a list of his clinical privileges is approved (a list of high-risk operations and procedures that are allowed to be performed by a doctor in a given medical organization)	II
2)	Upon employment, the skills of nurses are assessed, and personal lists of competencies are approved in accordance with the procedures of the medical organization	II
3)	Upon employment, the skills of staff of paraclinical departments of a medical organization are assessed	III
4)	Once every three years or more, a doctor's clinical privileges are reviewed, taking into account the assessment of the doctor's performance, his current qualifications (knowledge, education, skills and experience), treatment outcomes, including adverse outcomes and other information. * If the doctor's competence does not meet the requirements of the job description, performance indicators or the level of qualification, the issue of removing the doctor from clinical practice in this organization (restriction of privileges) or referral to training or mentoring, or termination of the contract if the doctor is involved on a contractual basis is considered	II
5)	In a medical organization, the competencies of staff of paraclinical departments and nurses are reassessed annually	III
21. Annual staff assessment. Once a year, the work of medical staff is assessed in accordance with the procedures approved by the leadership of the medical organization		
1)	Assessment procedures and a form for assessing medical staff are approved. The clinical specialty doctor's assessment form (the doctor who examines or treats the patient) includes the following criteria: treatment and care (the doctor provides effective and appropriate medical care); clinical knowledge (the doctor has the necessary knowledge, applies this knowledge in his work); advanced training (the doctor improves his clinical practice and knowledge); personal qualities and communication skills (the doctor maintains professional relationships with patients and colleagues); ethical practice (the doctor treats the patient with compassion, respect for patients from different social and cultural backgrounds); systemic thinking (the doctor is active and flexible in using the necessary resources);	III

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	a thrifty attitude to resources (the doctor prescribes medications, examinations, consultations expediently and in a timely manner)	
2)	When assessing doctors, nurses and other employees, the list of which is determined by a medical organization, established performance indicators are taken into account and these indicators are contained in personal files	II
3)	The completed staff assessment form is kept in the personal file. The staff of the organization is familiar with the assessment results of their performance	III
4)	Based on the results of the assessment, the compliance of the staff with the held position is determined in accordance with the requirements of the legislation of the Republic of Kazakhstan***	III
5)	An assessment of the professional competencies and privileges of medical staff is carried out (see standard 20)	II
22. Health and Safety of Staff. The health and safety of the staff of a medical organization is maintained in accordance with the legislation of the Republic of Kazakhstan ***		
1)	The medical organization provides staff with identification badges, the necessary protective clothing, personal protective equipment and protective equipment (including radiation safety equipment)	I
2)	The medical organization conducts an assessment of the safety of workplaces in accordance with the legislation of the Republic of Kazakhstan and ensures safe working conditions from physical and technical causes of injury (fall prevention, measures to protect against electric shock, the use of algorithms and necessary equipment for transferring patients and heavy objects in order to preserve health of the musculoskeletal system of the staff involved, protection from the effects of high noise levels and others). The organization's policies, interviews with the staff of human resource department or other documents confirm that cases of occupational injuries and other information subjected to reporting are reported to the authorized bodies and are investigated by the leadership of the medical organization as part of the incident analysis (see standard 5)	II
3)	The medical organization conducts an assessment of the safety of workplaces in accordance with the legislation of the Republic of Kazakhstan and ensures safe working conditions from biological and chemical causes of injury (vaccination, safety algorithms for needle pricks, safety from exposure to toxicological medications) The organization's policies, interviews with the staff of human resource department or other documents confirm that cases of occupational injuries and other information subjected to reporting are reported to the authorized bodies and are investigated by the leadership of the medical organization as part of the incident analysis (see standard 5)	II
4)	The medical organization monitors the workload, creates conditions for psychological support and emotional release of staff to minimize stress and control it (anti-stress room, spiritual privacy room, etc.) *	III
5)	The medical organization creates conditions and conducts activities for staff to promote a healthy lifestyle (sports events, anti-smoking activities, etc.) **	II
23. Control over the educational process of students, residency students, and other persons studying at a medical organization. The medical organization monitors the training of students, residency students, and other persons studying at the medical organization in accordance with the procedures approved by the leadership of the medical organization		
1)	The leadership of a medical organization develops and implements control procedures for students, residency students, and other persons studying at the medical organization * The staff responsible for teaching students is familiar with these procedures **	III
2)	The human resource department has a list of responsible persons (from among the staff of the faculty and (or) teachers) responsible for monitoring the educational process in a medical organization **	III
3)	Responsible persons for monitoring the educational process in a medical organization have lists of students with the signatures of the instructions on confidentiality, infection and fire safety **	III
4)	For students, residency students, other persons studying at a medical organization, the level of independence in the provision of medical care is determined (what to do under supervision, and what to do independently) described in the instructions **	II
5)	Students, residency students, other persons studying at a medical organization are instructed to ensure patient safety (hand hygiene, use of personal protective equipment) ** The instruction (briefing) is carried out by persons in charge for monitoring the educational process in a medical organization or by specialists (epidemiologist, responsible person for facility safety)	II
24. Monitoring of contracts. The Leadership of the medical organization controls the quality of the services and products provided under the contract		
1)	The chief executive of the medical organization determines the responsible persons for the supervision of contracts for the purchase of products or services for the medical organization	II

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2)	A medical organization implements a mechanism for accountability on contracts by the recipients of services and products to the responsible person for the supervision of contracts (for example, the head of the laboratory evaluates the performance of the contract on the received reagents and reports it to the responsible person for the supervision of contracts) *	I
3)	Requirements and indicators are prescribed for each contract or technical specification to the contract, on the basis of which the medical organization monitors the contract and evaluates the quality of the supplier's services or products, and makes management decisions **	II
4)	A list of all contracts with external organizations or persons involved in the provision of medical services to patients, including diagnostic, therapeutic, advisory and other services is maintained	III
5)	There is a mechanism of accountability and communication with external organizations or persons involved in the provision of medical services to patients, including diagnostic, treatment, counseling and other services to coordinate and evaluate the services provided	III

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CHAPTER 3: SAFETY MANAGEMENT

Section 1. Infection control		
25. Infection control events. Infection control events are defined and carried out by the responsible staff of the medical organization.		
1)	The leadership of a medical organization or an infection control commission develops and approves a work plan (action plan) for infection control, including achievable and measurable events in order to reduce the risks of healthcare-associated infections (hereinafter - HAI) **	I
2)	The work plan (action plan) for infection control, including achievable and measurable events to reduce the risks of HAI, is being implemented, the plan's indicators are monitored and, if necessary, improvement measures are implemented	I
3)	The medical organization has identified epidemiological risks and (or) risks of HAI and an action plan to eliminate them.	II
4)	In the structure of the medical organization, a qualified person has been identified who is responsible for the supervision of activities related to infection and epidemiological safety, as well as for the timely provision of the results of infection control to the authorized body in the field of healthcare	II
5)	At least once a quarter, infection control specialists (members of the infection control commission) inform the staff and leadership of the organization about the results of monitoring indicators of infection control, and about recommendations for improving the activities of a medical organization on infection control issues	III
26. Infection control program. In a medical organization, an infection control program is developed and implemented		
1)	The infection control program is developed and implemented in accordance with the legislation of the Republic of Kazakhstan ***	I
2)	The development of an infection control program takes into account the recommendations of WHO or other professional recognized sources based on evidence-based medicine *	II
3)	Information on the identified infectious diseases is promptly provided to the territorial departments of the authorized body in the field of healthcare responsible for the sanitary and epidemiological well-being of the population in accordance with the legislation of the Republic of Kazakhstan ***	III
4)	The leadership provides the necessary resources to effectively implement the infection control program (see criterion 3) of standard 11, criterion 2) of standard 27, criterion 3) of standard 59)	I
5)	Preventive measures are developed and implemented to preserve the health of staff, including vaccination, prevention of needle pricks, prompt measures in case of a needle prick or the exposure to patient's biological fluids which contact the mucous membranes or the circulatory system of a medical staff	II
27. Infection control procedures. Infection control procedures ensure the protection of staff and patients.		
1)	In a medical organization, universal precaution algorithms and algorithms for the use of personal protective equipment are introduced * Personal protective equipment is used by staff in accordance with the approved procedures of the medical organization	II
2)	The medical organization has a sufficient number of personal protective equipment and installed antiseptics (see criterion 4) of standard 26)	II
3)	Sinks with running cold and hot water, soap, antiseptics, napkins or other means for drying hands are installed in places for hand washing (hand hygiene) for staff and patients (see criterion 4) of standard 26)	I
4)	Disposable products are disposed of (reuse is excluded) after use in accordance with the approved procedures of the organization and the requirements of the legislation of the Republic of Kazakhstan ***	III
5)	To prevent infection of patients and staff as a result of repair and construction work, their production is agreed in writing with the person in charge of the infection control of the medical organization **	III
28. Measures to control HAI. The organization conducts measures for microbiological self-control, reliably identifies cases of HAI, provides maintenance and care to the central venous catheter		
1)	Routine self-control by the method of swabs from epidemiologically significant environmental objects in surgical departments, maternity and childhood protection organizations is carried out once a month, in somatic departments once in 3 months	II
2)	Sterility control of instrumentation, dressings, surgical linen, hands of surgeons, skin of the operating field in surgical departments, maternity and childhood protection organizations is carried out once a week	I
3)	Microbiological monitoring for HAI is carried out in the own laboratory of medical organization or on a contractual basis with a laboratory that has permission to work with microorganisms of III - IV pathogenicity groups. In case of	II

№	Standard and measurable criteria	Rank
	positive inoculations and (or) exceeding the norms according to the results of self-control by the swabbing method, then evidence of the measures taken to reduce the risk of repeated positive swabs is presented.	
4)	Evidence that cases of HAI are determined by a commission, based on the data of epidemiological diagnostics, the influence of risk factors present in the patient (endogenous factors) and associated with medical intervention (exogenous factors) is presented	II
5)	An algorithm for the maintenance and care of a central venous catheter (CVC) has been developed and is being implemented in order to prevent catheter-associated bloodstream infections. Nursing staff responsible for CVC care demonstrates awareness of this algorithm	I
29. Disinfection and sterilization of endoscopes ensures their safe use and is carried out in accordance with the manufacturer's recommendations and the legislation of the Republic of Kazakhstan ***		
1)	Endoscopes used for non-sterile endoscopic manipulations (insertion of endoscopes through natural pathways into body cavities that have their own microbial community), and accessories to them (valves, plugs, caps), immediately after use, are subjected to sequential: <ul style="list-style-type: none"> • preliminary cleaning; • final cleaning; • high-level disinfection; • storage under conditions that exclude secondary contamination by microorganisms. High-level disinfection is performed manually (with full immersion in the solution) or mechanized methods. The channels and cavities of the tubes, if any, are filled forcibly. High-level disinfection of endoscopes by wiping is not allowed	I
2)	Endoscopic equipment and endoscopes, for sterile endoscopic interventions, all types of their instruments for sterile and non-sterile interventions, immediately after use are subjected to sequential: <ul style="list-style-type: none"> • preliminary cleaning; • pre-sterilization cleaning combined with disinfection; • sterilization; • storage under conditions preventing secondary contamination by microorganisms 	I
3)	The medical staff performing the processing of endoscopes and instruments for them, wears personal protective equipment, including: disposable gloves made of chemically resistant material, goggles, a mask or face shield; lab coat or robe (long-sleeved, waterproof) or disposable waterproof apron with sleeves (oversleeves)	II
4)	Responsible personnel (e.g. laboratory assistant or microbiologist, ward nurse) demonstrate evidence of a routine quarterly swab sampling from a fully processed and dried endoscope. Subject to control: biopsy channel, inserted tube, valves and valve seals.	I
5)	With a large turnover of endoscopes (simultaneous processing of three or more endoscopes of the same type), a mechanized method of processing endoscopes using washing and disinfecting machines is used. Other processing conditions for endoscopes and transesophageal transducers are carried out according to the manufacturer's recommendations.	II
30. Disinfection, sterilization and laundry. Cleaning, disinfection, sterilization and handling of linen are carried out with minimization of the risk of infections in accordance with the legislative acts of the Republic of Kazakhstan ***		
1)	The staff of the medical organization complies with the requirements of the legislation in the field of sanitary and epidemiological well-being of the population in the Republic of Kazakhstan for cleaning, disinfection of premises and surfaces	I
2)	The containers (packages) with disinfectant solutions are marked indicating the composition and date of dilution. Dilution date does not exceed the recommendations specified in the disinfectant instructions	I
3)	Disinfection and sterilization of medical supplies is carried out with minimization of the risk of infections, observing the flow of the process from "dirty" to "clean" area. The staff follows the stages of sterilization (collection, transportation, accounting, laying, pre-sterilization cleaning, sterilization, packaging, labeling, delivery, storage of instruments) *	I
4)	The quality of pre-sterilization cleaning and sterilization is monitored using chemical and (or) biological indicators** A process for identifying sterile and non-sterile beads is implemented	I
5)	Handling clean and dirty linen and washing linen is carried out to minimize the risk of cross-infection. The staff follow the procedures for handling the laundry (collection, transportation, transfer, washing, ironing, accounting, distribution, application) ***	I
31. Medical waste. The organization ensures safe waste management		

№	Standard and measurable criteria	Rank
1)	A medical organization introduced a procedure for the safe handling of medical waste, including the handling of sharp, piercing and cutting medical products, the classification of all waste generated in a medical organization, as well as their timely disposal	I
2)	The room for the centralized collection of medical waste complies with the requirements of the legislation of the Republic of Kazakhstan *** (mechanical exhaust ventilation; temperature conditions are maintained; a sink with hot and cold water supply is installed; an air disinfection unit; hand sanitizer; closed waste containers are used to collect medical waste bags; racks; scales; and fridge for biological waste (if applicable))	II
3)	Waste is disposed of in a safe manner in accordance with the legislation of the Republic of Kazakhstan *** Sharp, piercing and cutting medical waste and items are disposed of in special waterproof and non-punctured disposable containers, filled to no more than three-quarters of the volume and, after filling, are tightly closed with a lid	I
4)	Residues and components of blood, biological fluids, body tissues are stored and disposed of to minimize the risk of infection in labeled containers, according to the classification of waste, in compliance with the temperature regime and time frames of temporary storage. Liquid biological medical waste, after being neutralized by chemical methods (disinfection), is discharged into the drainage system	I
5)	Medical staff are trained in the procedures for handling medical waste regulated by the legislation of the Republic of Kazakhstan and comply with them in practice **	II
32. Separation into "clean" and "dirty" zones, isolation room. In a medical organization, conditions are provided for separating the flows of patients with and without signs of contagious infectious diseases in accordance with the legislation in the field of sanitary and epidemiological requirements of the Republic of Kazakhstan ***		
1)	In medical organization, "dirty" and "clean" zones are organized, where the admission department and isolation ward belong to the "dirty zone", and all other premises of the organization belong to the "clean" zone.	I
2)	In organizations, the use of sanitary checkpoints is provided with a division into 2 streams: 1) from a "clean" zone to a "dirty" one at the entrance; 2) from the "dirty" zone to the "clean" one when exiting. No crossing of streams "clean" zone includes a dressing room, a room for issuing PPE. "dirty" zone includes a PPE removal room, a PPE collection room	I
3)	The sanitary checkpoints are equipped with the required amount of PPE, means for washing and treating hands: antiseptics, soap, hand drying products, a trash can equipped with a pedal	I
4)	The staff of the medical organization is aware of the procedures and algorithms for isolating hospitalized patients with signs of infectious diseases in a specially designated isolation ward	I
5)	The isolation ward provides isolation of the patient staying in it from other wards and is equipped with a toilet and a shower cabin. The entrance and exit to the isolation ward is equipped with antiseptics.	I
33. Infection control training for staff. The medical organization conducts ongoing training of staff on infection control		
1)	Every year, all staff of a medical organization undergo infection control training **	III
2)	When hiring new staff responsible for the direct provision of epidemiological and infectious safety (staff responsible for sterilization processes, laundry, disposing of medical waste, staff of the surgical unit and nurses of treatment rooms), they are instructed on infection control issues and demonstrate awareness of infection control issues in their area of professional responsibility	II
3)	Additional training in infection control is carried out for students, residency students, and other persons studying at a medical organization.	II
4)	Patients and their legal representatives have access to information on proper hand hygiene, cough and sneezing etiquette and / or other infection control issues (for example, on TV screens in waiting rooms and wards, if available, booklets, stands and other means of communication)	III
5)	In case of deterioration in the indicators of infection control monitoring, the medical organization conducts additional training of medical staff on infection control	II
34. Food services. Medical organization minimizes the risk of infections when preparing food		
1)	Food products are stored in compliance with the sanitary and epidemiological requirements of the Republic of Kazakhstan, including temperature conditions, humidity, protection from light, ventilation, shelf life, product's neighborhood*** There are documents confirming the origin, quality and safety of food products, compliance with conditions excluding their pollution and damage, as well as the ingress of foreign objects and substances into them	I

№	Standard and measurable criteria	Rank
2)	In the food service unit, division into zones (raw, cooked products), marking of cutting equipment, equipment and containers, separate processing of cooked and raw food products are observed	I
3)	Processing of food products, surfaces, utensils and other places for the preparation, processing and storage of food, as well as auxiliary premises of the food service unit, is carried out to prevent cross-infections in the food service unit in accordance with sanitary and epidemiological requirements	I
4)	The utensils are processed in the following sequence: mechanical removal of food and washing in the first wash with degreasing agents, rinsing with hot water in the second wash and drying the dishes on special shelves and grates. In canteens of infectious, dermatovenerologic, anti-tuberculosis organizations (departments), according to epidemiological indications in departments of a different profile, utensils' processing and waste disposal are carried out in accordance with the legislation of the Republic of Kazakhstan ***	II
5)	The personnel of the food service unit of a medical organization undergoes a medical examination, professional training (qualifications, specialty) corresponding to the nature of the work performed, as well as training and certification in the field of compliance with the requirements of the standards of sanitary and epidemiological well-being of the population of the Republic of Kazakhstan, ensuring the safety of food production **	III
35. Food services 2. The organization of the work of the food service unit ensures safe distribution of food, storage of daily samples and conditions for washing hands.		
1)	The nutrition nurse or the person acting as the nutrition nurse provides evidence of daily sampling of prepared meals. For a daily sample, half a portion of the first courses, portioned second courses, as well as a sample of the third course (if available) are left	II
2)	Daily samples are stored in labeled (1, 2, 3 course) jars with lids at a temperature of + 2 ° C - + 6 ° C in a specially designated place in the refrigerator for storing prepared food. After 24 hours, the daily sample is discarded in food waste. Dishes for storing a daily sample (containers, lids) are processed by boiling for five minutes.	II
3)	To deliver prepared food to the canteen departments of the hospital, labeled (for food products) thermoses or dishes with resealable lids are used. Transportation is carried out using special trolleys	III
4)	Distribution of prepared meals is carried out by barmaids and duty nurses of the department wearing gowns with a mark "for food distribution". Evidences are presented that during distribution the first courses and hot drinks have a temperature not lower than + 75oC, the second - not lower than + 65oC, cold food and drinks - from + 7oC to + 14oC	III
5)	Places for cooking and washing dishes are provided with sinks with hot and cold water supply, a utilization system, and hand washing products	II
36. Preparedness for epidemics and pandemics. The medical organization is ready for the necessary response actions that ensure the basic principles of protecting the population and staff in case of epidemics or pandemic		
1)	The medical organization has a plan for re-profiling in the event of epidemics or pandemics (defining areas subjected to a dirty and clean areas, defining sanitary checkpoint areas, defining areas for removing and putting on PPE, separate room for sanitizing things arriving and a separate room for storing disinfected things and other measures) according to the legislation of Republic of Kazakhstan	II
2)	Technical conditions are created for remote management and patient consultation. The criterion is assessed under quarantine conditions during epidemics and pandemics.	II
3)	The responsible person (s) monitors the compliance of staff with standard precautions and the correct use of PPE and, if necessary, provides mechanisms for their improvement.	II
4)	The healthcare organization informs patients of proper hand hygiene, respiratory etiquette, physical distance, and other standard precautions. The medical organization informs patients and the attached population of the signs of an infectious disease that is the cause of the epidemiological outbreak - this requirement is assessed under quarantine conditions during epidemics and pandemics	II
5)	The medical organization has the necessary supply of PPE and hand hygiene products or has a contract for their immediate delivery in case of quarantine conditions.	II
Section 2. Facility safety		
37. Facility safety Commission. A facility safety program is implemented in a medical organization, the implementation of which is coordinated by the Facility safety Commission		
1)	A Facility safety Commission is established and operates to coordinate actions to maintain the safety of buildings and the environment **	II
2)	The facility safety program is developed and implemented based on the legislation of the Republic of Kazakhstan and includes sections: environmental safety and security system, fire safety, emergency preparedness, handling hazardous materials, medical equipment, utilities (engineering) systems *	III

№	Standard and measurable criteria	Rank
3)	The leadership of the medical organization has identified and implemented key measures to improve the safety of buildings. Key measures to improve facility safety are reviewed and determined annually	I
4)	On a quarterly basis, the chief executive of the medical organization receives a report from the Facility safety Commission or the official responsible for the implementation of the Facility safety Program, indicating the key work performed and the existing problems (risks) in the safety of buildings and the environment **	II
5)	The chief executive of a medical organization once every six months sends a report to the governing body of a medical organization on the implementation of the Facility safety Program, indicating the key work performed and existing problems (risks) in the safety of buildings and the environment. If the Governing Body and the chief executive of the medical organization are one person, then the report is provided by the Facility safety Commission or the official responsible for the implementation of the Facility safety Program **	III
38. Facility and environmental safety. The facility (s) and territory of the medical organization ensure the safe provision of medical services		
1)	The condition of the facility (-s) and the territory of the medical organization comply with the requirements of the legislation of the Republic of Kazakhstan ***	I
2)	The Facility safety Commission inspects (tests) buildings and premises, engineering systems and equipment on a quarterly basis, followed by documenting the results of the inspection and defective acts. Based on the results of inspections, corrective measures are carried out	III
3)	Engineering systems, equipment and other items are regularly updated and maintained at a safe level	III
4)	For at least the last 5 years, buildings and premises undergo current and planned repairs or a budget is planned for undergoing current and planned repairs, indicating the implementation period, developing design and estimate documentation	I
5)	If significant risks are identified for staff, patients, visitors or the environment, the leadership of the medical organization takes appropriate actions to allocate funds, inform stakeholders and reduce the identified risks.	I
39. Patient environment. The patient's environment is safe and comfortable to stay and receive medical care		
1)	Floors and floor coverings of the medical organization are safe and do not expose patients, visitors and staff to the risk of falls and injury from falls	II
2)	Walls and ceilings in corridors, wards, examination and treatment rooms are free from damage, stains and defects, which represent epidemiological risks, as well as risks associated with deterioration of facility structures	II
3)	Bed linen and beds contribute to a comfortable and safe stay of patients	II
4)	Toilets and sanitary facilities provide a private stay for the patient and visitors, are equipped with hygiene products	II
5)	In showers, toilets, sanitary rooms, there is supply and mechanical exhaust ventilation without an organized inflow device, which provides optimal conditions for the microclimate and air environment (including patient waiting areas and common halls in organizations with more than 150 visits per shift)	II
40. Security and protection. Security and protection of the facility and the territory of the medical organization is provided		
1)	Medical staff, freelance and contract workers, residency students are identified in accordance with the procedures of the medical organization (see criterion 1) of standard 22)	III
2)	Security officers carry out monitoring (video surveillance and inspection) the facility and territory in order to secure and protect	II
3)	The inspection of the facility and the transfer of shift between security staff are documented **	III
4)	The entry of unauthorized persons into the hospital and restricted areas (control zones of engineering, utility systems and other units) is limited	I
5)	Security officers and staff are trained in standardized actions with security codes (coordinated actions of staff ensuring the rescue of patient (s), staff and visitors) ** Blue code - personnel measures to provide timely resuscitation care in cardiac arrest, respiratory arrest, convulsive syndrome Code red - personnel activities for warning and extinguishing fire, evacuation of patients and visitors Pink code - operational search for lost children and the elderly in the facility and on the territory of a medical organization White code – prompt protection of staff and patients from aggressive patients	I
41. Fire safety. A program to reduce fire risk and smoke in the facility (s) is implemented in accordance with the legislation of the Republic of Kazakhstan		
1)	An early fire detection system is functioning, there are serviceable fire extinguishing equipment, which are regularly inspected and, if necessary, updated	I

№	Standard and measurable criteria	Rank
2)	Inspection, testing and maintenance of early fire detection and extinguishing tools and systems are documented **	I
3)	For safe evacuation from the facility in case of fire and other emergencies, escape routes are kept free. There are information and direction signs (exit signs, placement of fire equipment and hydrants), evacuation schemes, indicating the sign where the evacuation scheme is located on the evacuation map (the sign "You are here", which can be pasted or indicated by the responsible personnel on the evacuation scheme)	II
4)	The staff demonstrates knowledge of adherence to algorithms for actions in case of fire, including the use of fire extinguishers, evacuation, rules for the use of fire hydrants, rules for turning off oxygen	I
5)	Practical exercises on actions in case of fire and smoke are held annually with the staff of a medical organization (see criteria 2) and 3) of standard 42) **	II
42. Staff training on fire safety and facility safety. Staff of a medical organization are trained to maintain the safety of buildings and the environment		
1)	Responsible persons (for example, senior nurses and an engineer for civil defense and emergency situations) are aware of the location of flammable materials, and are also trained in the policies (rules) and requirements for their storage and handling	II
2)	Staff are trained and demonstrate the skills needed in case of a fire, including reporting a fire, usage of fire extinguisher	I
3)	The staff is trained and demonstrates knowledge of the evacuation of patients, is informed about the location of fire exits, the rules for using fire hydrants, the rules for turning off oxygen	II
4)	Contracted specialists, residents, interns and tenants of premises are trained and aware of fire safety policies (rules) (location of fire exits, fire extinguishers, evacuation of patients) and demonstrate skills in using fire extinguishers	III
5)	The person responsible for the instruction (briefing) and scheduled training on fire safety is identified. Instruction (briefing) and scheduled training are being executed **	I
43. Other emergencies. A program to reduce the risk of other emergencies is implemented		
1)	The medical organization determines the significant type (s) of an emergency that can occur in or on the territory of the medical organization and determines the degree of preparedness for this emergency **	III
2)	Based on the degree of preparedness for emergency situations, priority areas of work are determined in the annual action plan **	III
3)	Resources are allocated to improve the organization's emergency preparedness	III
4)	A medical organization develops a plan of action in case of an emergency (s) that may occur on the territory of the organization or in its region (for example, earthquakes, floods, hurricanes, fires, occupational injuries in the enterprise served by the medical organization). According to the emergency plan practice exercises are conducted once a year **	III
5)	At the end of the practical exercises on emergency response, an analysis of the results of the training is carried out with the development of an action plan to improve non-conformities and support continuous improvement **	III
44. Hazardous materials and non biological waste. The handling of hazardous materials and non-biological waste is carried out in accordance with the legislation of the Republic of Kazakhstan, the safety of people and the environment is ensured ***		
1)	A list of hazardous materials and non-biological waste is determined (radioactive diagnostic materials, radiotherapy materials, cytotoxic medications, mercury, flammable gases (including oxygen), ethanol in large volumes in one container) in the medical organization, indicating the names (composition), precautions, storage locations and applicable warning signs for labeling	II
2)	Requirements for the handling of hazardous materials, including their labeling, storage, wearing protective equipment during work, transportation, disposal *	II
3)	All hazardous materials and waste are labeled with the name (composition), expiration date (if applicable) and applicable warning signs	II
4)	In places where hazardous materials are used, information on safety precautions is available in the form of information signs	II
5)	Responsible persons for handling hazardous materials and non-biological waste have been identified, who comply with the established requirements for handling hazardous materials and non-medical waste. Responsible persons teach algorithms for the collection of hazardous materials and non-biological waste in the event of a spill to staff working with these materials and waste **	I
45. Medical equipment and devices. The safety of medical equipment and devices is ensured through testing, calibration, verification, maintenance and training of staff		

№	Standard and measurable criteria	Rank
1)	Refrigeration equipment (including cold rooms) used in the organization is equipped with temperature monitoring devices (electronic devices or thermometers)	II
2)	Temperature monitoring devices are calibrated and tested at least once a year	II
3)	Preventive maintenance, testing, calibration, support, repair of medical equipment is carried out and documented: preventive maintenance of each piece of equipment is carried out at a frequency according to the manufacturer's instructions or more often; the frequency of preventive maintenance is prescribed in the documents of the medical organization; equipment preventive maintenance schedule is developed annually; a list of all medical equipment is determined and records are kept **	I
4)	Training for staff working with the equipment is provided to work safely with medical equipment. Trained and competent staff are allowed to work with medical equipment **	III
5)	A clear algorithm for notifying the leadership about equipment breakage or malfunction is established and is implemented by the staff. Contracts for the repair of medical equipment are signed **	II
46. Utility systems. Utilities and engineering systems in a medical organization comply with the requirements of the legislation of the Republic of Kazakhstan ***		
1)	The leadership of the medical organization determines and implements the procedure and frequency of inspections, testing and maintenance of utility and engineering systems *	III
2)	The functioning of utilities and engineering systems is monitored, maintained and improved **	III
3)	The responsible persons of the medical organization are monitoring the ventilation system with documenting the results of the monitoring Once a year, a complete cleaning of the air conditioning system of all air conditioners is carried out	I
4)	To prevent dust pollution, filters are installed in the ventilation system, which are changed with frequency according to the manufacturer's recommendations If the use of filters in the ventilation system is not applicable, then protective nets are installed and checked periodically. Air conditioning filters are replaced or cleaned according to the manufacturer's recommendations	II
5)	Utilities and engineering systems that regulate and are responsible for general provision are marked to facilitate partial or total shutdown in emergency situations	III
47. Water and electricity. The medical organization provides continuous access to water and electricity, including their alternative sources		
1)	In a medical organization, drinking water and electricity are available around the clock at any time of the year.	I
2)	The medical organization identifies the areas and services for which the power supply from an alternative source is the most important. Access and (or) connection of an alternative power supply to the selected areas and services is provided **	III
3)	Alternative sources of power supply are tested on a quarterly basis, there is a necessary supply of fuel to generate electricity from an alternative source **	III
4)	There is a contract on providing the organization with imported water in the event of a water supply cutoff. Algorithms for the delivery of imported water to the places of use are developed ** If a well serves as an alternative source of water supply, then the microbiological and biochemical quality of water is confirmed every six months, with the conclusion of the epidemiologist about the applicability of water as an alternative source of water supply	III
5)	The water purification system used in the dialysis department (center) complies with the standard for organizing the provision of nephrological care to the population of the Republic of Kazakhstan ***	I
Section 3. Safety of medications and medical supplies		
48. Management of medications and medical supplies. The medical organization ensures the safe handling of medications and medical supplies in the organization		
1)	The handling of medications and medical supplies is carried out in accordance with the legislation of the Republic of Kazakhstan ***	II
2)	The analysis of the system for managing the circulation of medications and medical supplies is carried out annually, including: planning and procurement; storage; prescriptions; preparation or dilution; administration of medications to a patient; monitoring of the therapeutic effect **	III
3)	An analysis of the management system of medications and medical supplies is carried out, including a risk assessment (identification of problems or high-risk areas associated with the use of medications) **	II

№	Standard and measurable criteria	Rank
4)	Procedures that describe each stage of medication and medical supplies management are developed and implemented: planning and procurement; storage; prescription; preparation or dilution; administration of medications to a patient; monitoring the effect of medications *	I
5)	A formulary commission is created and functioning, which considers the management issues of medications and medical supplies, including the approval of the formulary list **	I
49. Storage of medications and medical supplies. Medications and medical supplies are stored safely and appropriately in accordance with the legislation of the Republic of Kazakhstan ***		
1)	All medications and medical supplies are stored indicating the name (content), expiration dates. In storage rooms, medicines are stored separately: by pharmacological groups; depending on the method of administration (internal, external); depending on the state of aggregation; in accordance with the physical and chemical properties and the influence of various environmental factors.	II
2)	Medications and medical supplies are stored in compliance with temperature, humidity and other conditions, in accordance with the requirements for their storage	I
3)	Narcotic (opioid) and other medications are subjected to strict accounting and control are stored in accordance with the legislation of the Republic of Kazakhstan ***	I
4)	Internal policies of a medical organization and their implementation ensure the security of medications and medical supplies from loss and theft	II
5)	Pharmacy staff / approved officials control all storage locations for medications and medical supplies in a medical organization to ensure the storage of medications in accordance with the requirements of the legislation of the Republic of Kazakhstan **	I
50. Special cases of handling medications, medical supplies and their destruction. Special cases of handling medications and medical supplies and their destruction are prescribed		
1)	The leadership of the medical organization approves and monitors the compliance with the procedure for identifying and destroying medications and medical supplies with an expired shelf life	III
2)	The leadership of the medical organization approves and monitors compliance with the procedure for the handling of medications and medical supplies purchased by the patient (personal, brought from outside) *	I
3)	The leadership of the medical organization approves and monitors the procedure for handling kits of medications and medical supplies for emergency cases (anti-shock kit, anti-epidemic kit, resuscitation kit), including their protection against theft and loss, timely check of the kit readiness and replenishment of the contents	I
4)	Kits of medications and medical supplies for emergencies are stored together (or next to) with the algorithms approved by the leadership for their use, depending on the type of emergency (algorithm of actions for anaphylactic shock, cardiac arrest, etc.)	II
5)	The leadership of the medical organization approves and monitors the procedure for handling radiopharmaceutical and other hazardous medications *	I
51. Prescription of medications. There is a written process of prescribing medications and verifying prescriptions of medications		
1)	Requirements for the prescription of medications are approved and implemented, including filling in the mandatory information in the prescription list: patient identification; the name of the medication (international non-proprietary or trade name); dose; route of administration; multiplicity; course duration *	II
2)	Interviewed medical and nursing staff demonstrate knowledge on medication prescribing requirements	I
3)	In a medical organization, the procedure for monitoring the correctness of filling out the list of medical prescriptions is implemented (see criterion 1) of standard 51)	I
4)	The prescriptions of medications in the current medical records are checked to determine the validity and completeness of the prescription (see the requirements of standard 9 and standard 54)	II
5)	The algorithms used during the verbal prescription of medications in emergency situations and providing the principles of reliable communication (transfer-receipt) of information (verbal repetition of the heard prescription) are established and followed	III
52. Preparation and administration of medications. Medications are prepared in a safe and clean environment, medication administration is guided by patient safety principles		
1)	Treatment rooms and (or) places for dilution and preparation of medications are a clean and safe working areas.	III
2)	Medical staff follow hand hygiene algorithms and steps when preparing and administering medications to the patient	III

№	Standard and measurable criteria	Rank
3)	Each medication administered to a patient and taken by a patient in a medical organization is documented in a prescription list (or other document) indicating the time and author of the record **	II
4)	Safe administration of medications in a medical organization is ensured by checking the correctness of five points: whether it is the right patient, medication, dose, route of administration, time and frequency of administration	I
5)	There is a written process of self-administration of medications by the patient (inhaler or insulin pen) *. Patients with the corresponding pathology confirm that they are trained to use the inhaler or insulin pen on their own according to the written process	III
53. Monitoring of effect of medication. Monitoring the effect of medications and informing the patient about the effect of the medication		
1)	Procedures to monitor the effect and side effects of medications are developed and implemented *	I
2)	The patient is informed on the medication being administered (intravenously, orally, intramuscularly, by inhalation). The patient confirms that he/she is informed for what purpose the prescribed medication (s) is administered and (or) taken (see criterion 4) of standard 78)	II
3)	The medical organization has implemented a process for identifying, reporting and analyzing near misses and errors associated with the prescription or administration of medications (see standard 5)	I
4)	For doctors and other staff involved in medication handling, reference information on drugs is available	II
5)	Procedures for monitoring the effect of medications and side effects are implemented. Data on side effects is collected and actions are taken to analyze and improve	I
54. Antibiotic control. Medical organization implements antibiotic control program		
1)	An antibiotic control program (guideline) includes a list of restricted antibiotics, and also describes the indications for the use of reserve antibiotics *	I
2)	An antibiotic control program or guideline is developed collectively (with the participation of physicians and / or clinical pharmacologist, infection control specialists, microbiology specialists)	II
3)	Medical records are regularly reviewed for program or guidelines compliance for antibiotic control	I
4)	Doctors and other users are informed of the requirements of the antibiotic control program or guideline	I
5)	Implementation of the antibiotic control program or guideline is monitored through indicators used to improve the quality of care **	I

№	Standard and measurable criteria	Rank
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CHAPTER 4. TREATMENT AND PATIENT CARE

Section 1. Patient Safety		
55. Patient identification. Patient safety is enhanced through the patient identification process		
1)	The leadership of the medical organization approves and implements a standard operating procedure (hereinafter-SOP) for patient identification, which describes the process of patient identification using at least two patient identifiers. For example, the first and last name of the patient can be used as the first identifier, and the full date of birth as the second. The SOP also describes the procedure for identifying people who are urgently admitted to a medical organization in unconscious condition and without documents, as well as a ban on the use of beds and wards as patient identifiers *	I
2)	The patient is identified in accordance with the SOP before each procedure, operation, injection, medication intake, biomaterial collection and other situations. Nursing and physician staff demonstrate knowledge of patient identification procedures	I
3)	In the hospital, patient identification is eased by using an identification bracelet with two identifiers, or through other alternative patient identification methods approved by the leadership of the medical organization	I
4)	Patient identifiers are found on all forms of medical records. Containers with patient biomaterials have patient identifiers or a barcode synchronized with an information system reflecting patient identifiers	I
5)	Patient identification is monitored through indicators that are used to improve patient safety ** For example, the indicator can be the percentage of correct identification of containers with patient biomaterial from the total number of checked containers with patient biomaterial or others.	I
56. Efficient communication of information. Patient safety is enhanced through a standardized process of communicating verbal and / or telephone information		
1)	SOPs for receiving and transmitting information verbally and (or) by phone are developed and implemented, where it is stated that the recipient of information records and reads the message aloud, the reporting person confirms the correctness of the message	I
2)	Messages about critical results of laboratory and diagnostic tests, verbal prescriptions of medications to the patient are transmitted according to the SOP for receiving and transmitting information verbally and (or) by phone	I
3)	A medical organization establishes a list of critical values for all laboratory and diagnostic tests (provided by a medical organization or outsourced)	I
4)	Standards of operational procedure are developed and implemented for the safe transfer of a patient between departments and (or) services for further supervision of the patient, indicating the patient's identification data, identification data of a transferring and receiving personnel, handover time, basic vital indicators of the patient and other indicators (if applicable) during patient transfer (criterion is applicable for medical organizations providing surgical and anesthetic aid and surgical treatment).	I
5)	The process of reporting verbal and (or) telephone information when communicating critical laboratory and diagnostic results and the process of transferring a patient between organizations and services is monitored through indicator (s) that are used to improve patient safety **	I
57. High-alert medications (medications with a high risk of side effects and causing significant harm to the patient's health, as well as look alike/sound alike medications). Patient safety is enhanced by standardized labeling and safe handling of high-risk medications		
1)	SOP describing the handling of high-alert medications is developed and implemented * The procedure includes: high alert medication labeling; storage of high alert medications; prescription and usage- if any specific features; list of high alert medication*	I
2)	SOP describing handling of a concentrated electrolytes is developed and implemented * The procedure includes:	I

№	Standard and measurable criteria	Rank
	concentrated electrolyte labeling; storage of concentrated electrolytes – forbidding storage in places of rare use, storage only in places of clinical need; prescription and usage - if any specific features; list of concentrated electrolytes*	
3)	SOP describing handling of a look-alike and sound-alike medications is developed and implemented * The procedure includes: labeling of look-alike and sound-alike medications ; forbidding the storage of look-alike and sound-alike medications on the same shelf or nearby; prescription and usage - if any specific features; a list of look-alike and sound-alike medications*	I
4)	Responsible staff (doctors, nurses, pharmacy staff) are knowledgeable of the requirements for handling high-alert medications, concentrated electrolytes, look-alike and sound-alike medications	I
5)	Handling high-alert medications, concentrated electrolytes, look-alike and sound-alike medications are monitored through indicators that are used to improve patient safety **	I
58. Surgical safety: correct body site, correct procedure and correct patient. Patient safety is enhanced by standardized preoperative verification (confirmation of patient compliance with the planned invasive procedure) and time-out (checking the readiness of medical personnel for surgery or high-risk invasive procedure) to ensure the correct procedure on the right body site for the right patient		
1)	A medical organization develops and implements SOP describing the process of marking the surgical site and (or) high-risk invasive procedure, as well as procedures for preoperative verification and time-out to ensure correct body site, correct procedure and surgery and patient identification *	I
2)	The body site is marked by the doctor who will perform the surgery (procedure) before the surgery and high-risk invasive procedure in the form of a uniform mark approved by the medical organization	I
3)	In accordance with the procedures and form approved by the leadership of the medical organization, preoperative verification is carried out, including checking the processes: confirmation by the patient of their identifiers (full name, date of birth); confirmation by the patient of informed consent for surgery or high-risk procedure; confirmation by the patient of the site of surgical intervention (side and area of the body and (or) organ); marking the surgery site; the presence or absence of allergies of patient; patient airway problems	I
4)	The entire surgical team participates in a time-out procedure, which includes the following steps: patient identification; confirmation of the name of the surgery or invasive procedure; confirmation of the site and side of the surgical intervention or invasive procedure; the readiness of the surgical team for the operation. The time-out is documented in the medical record	I
5)	Preoperative verification and time-out procedures are monitored through indicators that are used to improve patient safety **	I
59. Hand hygiene. Patient safety is enhanced by a comprehensive hand hygiene program to prevent healthcare-associated infections		
1)	Evidence-based (literature) procedures are developed and implemented that describe the types and stages of hand washing (hand hygiene), as well as indications for hand hygiene *	I
2)	Hand hygiene procedures are implemented throughout the medical organization	I
3)	Resources for performing hand hygiene procedures are presented in the required amount (see criterion 3) of standard 11, criterion 4) of standard 26, criterion 2) of standard 27)	I
4)	Medical staff are trained in the types, stages and indications of hand hygiene procedures **	I

№	Standard and measurable criteria	Rank
5)	Hand hygiene practices are monitored through indicator (s) which are used to improve patient safety **	I
60. Fall prevention. Safety is enhanced by initial assessment and re-assessment of the risk of falls of patients in risk group, as well as by preventive measures and a safe environment		
1)	In the medical organization, at least the following conditions are created to minimize the risk of patient falls: issuing wheelchairs, walking sticks, crutches to patients in need, marking the first and last stairs, installing signs “wet floor” when washing floors, handrails in toilets, there are no broken tiles and torn linoleum on the floor creating a risk of falling, high doorsteps	I
2)	The fall risk assessment procedure has clear criteria and is carried out for hospital patients as well as for patients receiving high-risk services	I
3)	Fall risk assessment and reassessment (after anesthesia, surgery or certain high-risk procedures) is performed when required and timely documented in a medical record **	I
4)	Actions are taken to prevent falls, including accompanying patients at high risk of falling and other actions defined in the policies of the medical organization (see criterion 1) of standard 61)	I
5)	Fall prevention activities are monitored through indicator (s) which are used to improve patient safety **	I
Section 2. Patient rights		
61. Access to medical care. Access to medical care is eased, including for persons with disabilities		
1)	The entrance to the facility is equipped with paths and ramps available for people with disabilities in accordance with the legislation of the Republic of Kazakhstan *** and orders of local executive bodies. The entrance to the building is equipped with handrails and railings	II
2)	Wheelchairs, crutches, canes are available for people with disabilities	II
3)	Procedures for providing escort for persons with disabilities are followed (see criterion 4) of standard 60)	I
4)	Toilets for patients with disabilities, wards and other places determined by the leadership of the medical organization have call buttons or other means of calling for help the medical staff. Toilets for patients with disabilities equipped with handrails (bars)	I
5)	PHC patients have the opportunity to make an appointment with a general practitioner, therapist and pediatrician via the Internet through medical information platforms and systems (if there is a PHC service)	I
62. Procedures on the rights and responsibilities of the patient. The medical organization develops and implements procedures aimed at complying with the patient's rights and informing about their obligations in accordance with the legislation of the Republic of Kazakhstan ***		
1)	The medical organization ensures the availability of information for patients about their rights and obligations in places of visual agitation (for example, posters or video clips in waiting halls) including the rights to confidentiality, respect and access to information regarding the medical care (service) provided **	II
2)	Information about the rights of the patient and their legal representatives in places of agitation is posted in the state and Russian languages in accordance with the legislation of the Republic of Kazakhstan **	III
3)	Patients are informed about their rights and joint responsibility for their health, which includes informing the doctor about previous illnesses, treatment, examinations, the need to follow the recommendations of medical staff (for example, through general informed consent, information on stands, videos)	II
4)	Patients are informed about their obligations, including the obligation to show respect and tact in communication with medical staff, not to commit acts that violate the rights of other patients (for example, through general informed consent, information on stands, videos) (see criterion 5) of standard 65)	II
5)	All staff are aware and trained on the rights of the patient and their legal representatives, including the rights to privacy and confidentiality, respect, safety and full access to information regarding his/her treatment **	II
63. Barriers and preferences. Risks of the availability of medical care (age, physical, language, cultural and other limitations of patients) and confidentiality are identified and reduced		
1)	The facility (s), premises of the facility (s) (corridors, halls) of a medical organization and the adjacent territory are equipped with the necessary information and direction signs	III
2)	In case of visit of patients with communication problems (language barrier, hearing loss, loss of speech, etc.), the medical organization takes all necessary measures to provide them with proper medical care	II
3)	The medical staff does not restrict the cultural or spiritual preferences of patients, and does not prevent patients from accessing spiritual support (help). Patient examination, treatment and diagnostic procedures take into account cultural and religious beliefs	II

№	Standard and measurable criteria	Rank
4)	The medical organization ensures patient privacy in the treatment and care process, including the need for cultural and religious privacy	II
5)	When a patient is admitted to a hospital, the nursing staff instructs the patient about the operating mode of the department, hand hygiene, the location of toilets, prevention of falls, call buttons, patient rights, information about the attending physician. The instruction is documented in the patient's medical record with the patient's signature (for example, in a separate form in a medical record, journal or on the back of the general informed consent)	I
64. Concerns, complaints and referrals from patients and their legal representatives. Concerns, complaints and referrals from patients and their legal representatives are accepted and considered in a timely and objective manner		
1)	The organization has and uses a process for receiving complaints from patients and their legal representatives regarding violation of patient rights, and the staff is knowledgeable about this process	II
2)	Information on the procedure for submitting concerns, complaints and referrals is available to patients. The reception (s) has a journal for complaints and referrals and gives them to patients upon their request	II
3)	Complaints of patients and their legal representatives are considered in a timely and objective manner within a period of time determined by the legislation of the Republic of Kazakhstan ***	II
4)	Patient support and quality control staff collect, process, analyze and monitor complaints and referrals in accordance with the approved procedures of the medical organization.	I
5)	The results of the analysis of complaints are used to improve the quality of medical services of a healthcare organization	II
65. General voluntary informed consent of the patient to medical services. The medical organization is introducing procedures for obtaining general voluntary informed consent of the patient for medical services		
1)	The process of obtaining general voluntary informed consent of the patient or his legal representative is determined in the procedures approved by the leadership of the medical organization *	II
2)	Patients of the medical organization confirm that they underwent the procedure of familiarization with the general voluntary informed consent and signed it	I
3)	First line staff (admission ward staff, registrars) are trained and follow the process of obtaining general voluntary informed consent from the patient or their legal representative for medical services	II
4)	When familiarizing with the general voluntary informed consent, patients or their legal representatives sign and are informed about researches, procedures and treatment requiring separate special informed consent, indicate their consent or not consent to the photo and (or) video filming	II
5)	When familiarizing with the general informed voluntary consent, patients or their legal representatives sign and are informed about the main rights and obligations (see criterion 3) and 4) of standard 62)	III
66. Special voluntary informed consent of the patient. The medical organization is introducing procedures for obtaining special voluntary informed consent of the patient for medical services before surgery, anesthesia, procedural sedation, as well as other high-risk procedures		
1)	The leadership of the medical organization approves and implements procedures describing the process of obtaining special voluntary informed consent of the patient and their legal representatives by the doctor who will perform the surgery, anesthesia and (or) other high-risk procedure. A list of procedures requiring special informed consent is determined	II
2)	The forms and contents of special informed consent are developed in cooperation with doctors and persons who provide high-risk procedures and treatment **. Interviewed staff demonstrate knowledge on the procedure of obtaining special informed consent	I
3)	Patients of the medical organization confirm that they underwent the procedure of familiarization with the special informed consent and signed it	I
4)	Information on special voluntary informed consent of the patient or their legal representatives for high-risk procedures and treatment includes a description of the benefits and risks of the planned treatment **	I
5)	Informed voluntary consent of the patient is drawn up and documented in the medical record before any surgery, high-risk procedure, anesthesia and sedation, before participating in a scientific project or in experimental treatment, and in other situations determined by a medical organization *	I
67. Refusal of treatment and the right to a second opinion. The patient is informed on the right to refuse the proposed medical care and has the right to a second opinion		
1)	The leadership of the medical organization approved the procedure for registering a patient's refusal from the proposed medical care (in whole or in part; from continuing treatment), as well as providing the patient with a second opinion in accordance with the legislation of the Republic of Kazakhstan *	III

№	Standard and measurable criteria	Rank
2)	Refusal of treatment or part of treatment with an indication of possible adverse health effects is registered in a special refusal form and signed by the patient or his legal representative, as well as by the involved medical worker in accordance with the procedures of the medical organization approved by the leadership	II
3)	At the request of the patient, the organization provides complete information on the process of the treatment which is being carried out (copies of the results of medical examinations, diagnostic tests and other forms of medical documentation related to the examination and treatment of the patient) to enable the patient to obtain a second opinion, in accordance with the approved procedures of the medical organization *	III
4)	In case of refusal of treatment or part of treatment, the medical staff informs him/her about alternative treatments, possible risks and complications due to refusal and documents it	II
5)	The staff demonstrates knowledge on their actions when the patient refuses treatment or part of the treatment, as well as when requesting to provide information about the process of the treatment being carried out for a possible second opinion	II
Section 3. Organization of Primary Health Care for the attached patient population (if any)		
68. Load distribution. The distribution of the workload on medical staff contributes to high-quality primary health care in accordance with the legislation of the Republic of Kazakhstan		
1)	The number of attached population per one general practitioner does not exceed 1,700 people of a mixed population or meets the requirements of the legislation of the Republic of Kazakhstan	I
2)	The number of attached population per one district therapist does not exceed 2,200 people or meets the requirements of the legislation of the Republic of Kazakhstan	I
3)	The number of the attached population per one district pediatrician 500 children from 0 to 6 years old or meets the requirements of the legislation of the Republic of Kazakhstan	I
4)	The number of attached population per one district pediatrician 900 children from 0 to 14 years old or meets the requirements of the legislation of the Republic of Kazakhstan	I
5)	The leadership of the medical organization plans resources and budget in order to maintain the level of the population attached to the number of medical staff in accordance with the requirement of this standard for the timely and high-quality provision of services	I
69. A universally progressive model of patronage for pregnant women, newborns and children under 5 years of age. The nursing staff implements the scheme of the universal-progressive model of patronage of pregnant women, newborns and children under 5 years old in accordance with the legislation of the Republic of Kazakhstan ***		
1)	The universal patronage package provides 2 examinations of pregnant women until 12 weeks and 32 weeks of pregnancy	I
2)	A universal patronage package for children under 5 years old is carried out: In the first 3 days after discharge from the maternity hospital 7 days of life 1-2 months 3 months 6 months 12 months 18 months 24 months 36 months	II
3)	The progressive patronage package provides a home visit for pregnant women at risk according to an individual plan by a nursing staff or social worker	II
4)	The progressive patronage package provides home visits for newborns and children under 5 years of age at risk by nurses, social workers or doctors according to an individual plan and based on the individual needs of the child.	II
5)	Nursing staff responsible for Integrated Management of Childhood Illness (IMCI) trained in the basic principles of IMCI	I
70. Chronic Noncommunicable Disease Management Program. A chronic noncommunicable disease management program is implemented to ensure partnerships between patients and medical staff and improve the quality of care *		

№	Standard and measurable criteria	Rank
1)	A program is developed and a process for managing chronic noncommunicable diseases is implemented (assessing the status of the attached population, developing strategies for managing patients, approving patient lists, indicators for monitoring)	III
2)	The leadership of the medical organization determines the responsible persons for the implementation of the program for the management of chronic noncommunicable diseases from among the leaders of the medical organization, doctors, nurses and other staff (multidisciplinary team)	III
3)	Patients are trained under the self-management support program and medical staff on the use of tools for the implementation of the disease management program (maintaining observation cards, registers)	II
4)	Monitoring is carried out to assess the effectiveness of measures for the management of chronic noncommunicable diseases in accordance with the procedures approved by the leadership of the medical organization	I
5)	Monitoring results are used to make decisions on training medical staff and other measures to improve the performance of a medical organization	II
71. Preventive examinations. The procedure for conducting preventive medical examinations of target groups of persons ensures a scheduled and timely examination in accordance with the legislation of the Republic of Kazakhstan		
1)	An annual formation and development of a list of target groups is carried out, subjected to preventive medical examinations in the coming year, followed by monthly correction of target groups	II
2)	The staff informs target groups of the adult population about the need and conditions for undergoing preventive medical examinations	II
3)	The staff invites the target population for a preventive medical examination	II
4)	The staff instructs patients on the necessary preparatory actions they should do before the examination	II
5)	For persons with identified pathology, additional examination and placement for dispensary observation is carried out with filling in the data in the medical information system	II
72. Vaccination safety. Vaccination rooms are safe for vaccination procedures and comply with national legislation		
1)	Vaccination rooms are equipped with sinks with cold and hot water supply with the installation of elbow and non-contact taps with mixers, an elbow dispenser with hand sanitizer, hand dryers, and safe disposal boxes (containers) for collection (for waste)	II
2)	The vaccination room has a thermocontainer for temporary storage of immunobiological preparations of preventive action (toxoids, vaccines, immunoglobulins, immune sera, hereinafter - IPPA) in the event of an emergency power outage or breakdown of the refrigerator	I
3)	The shelf life of IPPAs in a medical organization does not exceed one month from the date of admission, in vaccination points (schools, kindergartens and other organizations for children) does not exceed one week from the date of admission	I
4)	The leadership of the medical organization takes measures to control the safety of the cold chain from the manufacturer until the delivery to the medical organization	I
5)	Vaccination rooms are provided with kits for emergency and anti-shock therapy with instructions for their use.	I
73. Outpatient care for patients with heart disease. At the PHC level, a work to monitor, manage and treat patients with diseases is organized		
1)	At the PHC level, there is a cardiologist's office. The cardiologist carries out the reception and treatment of patients with heart diseases and supervises the process of taking the necessary complex of diagnostic, laboratory and instrumental tests in accordance with the protocols of diagnosis and treatment	II
2)	Timely dispensation of cardiac patients is carried out	II
3)	Preventive examinations and screening studies of the population for diseases of the circulatory system are carried out, including coronary heart disease, arterial hypertension and diabetes mellitus	II
4)	PHC conducts quarterly events among the population aimed at primary and secondary prevention of diseases of the circulatory system	II

№	Standard and measurable criteria	Rank
5)	PHC carries out the activities of the School of Health (school of arterial hypertension, diabetes mellitus and others) for patients with risk factors who are registered with dispensaries. A journal of registration of classes and participants with photo reports is kept (see criterion 4) of standard 10)	III
74. Oncology service at the outpatient clinic level. Oncology service provides timely response in accordance with the legislation of the Republic of Kazakhstan		
1)	A register of patients with suspected oncological disease identified at the level of general practitioner and oncologist is maintained **	II
2)	Documentation is maintained on patients registered with chronic and precancerous diseases, a dispensarisation log, the database of the register of dispensary patients is updated	III
3)	If a tumor disease is suspected or detected, PHC specialists will refer the patient to an oncologist within 5 working days from the date of detection, in the absence of an oncologist in the staff, to the coordinator of oncological care	II
4)	Coordinator of oncological care is appointed from among the medical staff of the organization providing primary health care or consultative and diagnostic services, who have completed advanced training courses on cancer alertness and early diagnosis of malignant neoplasms	I
5)	The oncologist / Coordinator of oncological care within 7 working days conducts an examination and the necessary tests and, based on the results, sends the patient to an independent city / regional cancer center / dispensary or as part of a multidisciplinary hospital (hereinafter - the oncological center) to confirm the diagnosis and determine the subsequent management and treatment methods	II
75. Organization of appointments for outpatients. The outpatient admission process is standardized and improved		
1)	There is physicians' appointment schedule available to patients (see criterion 1) of standard 10)	II
2)	The location of the reception ensures maximum accessibility of medical staff to patients (circular, fan-shaped arrangement of the reception in new and under construction buildings) on a "closer to the visitor" principle	III
3)	The reception is equipped in accordance with the production needs, ensuring uninterrupted communication during the work of the medical organization	II
4)	The quality service conducts internal monitoring of the process of patients' wait of appointment or services. The leadership of the medical organization takes measures based on the monitoring analysis	III
5)	Organized efficient distribution of patient flows through visual routing to departments, offices and services	II
Section 4. Organization of inpatient services		
76. Triage of patients. In a medical organization, conditions have been created for a clear separation of patients depending on their physiological state and the provision of timely medical care, regardless of the status of the patient's attachment and the profile of the medical organization		
1)	The medical organization has developed and approved policies for triage with a description of algorithms and criteria for triage. Front line staff (admission ward staff, receptionists, nurses, security) are knowledgeable of the triage policies (rules)	II
2)	From the admission ward, immediate access and path to the operating room or intensive care unit is provided	II
3)	The medical organization has special triage zones for providing first aid to urgent and emergency patients.	II
4)	The path to the triage zones for providing first aid to urgent and emergency patients is accompanied by route visualization from the admission ward and reception (if any)	III
5)	Triage zones are equipped or have immediate access to the necessary medications, medical supplies and equipment for first aid (see standard 86)	I
77. Integrated care. The work of qualified staff ensures holistic and integrated patient care		
1)	The admission ward staff demonstrates the knowledge and skills to promptly alert narrow specialists when receiving information about the transportation of an emergency patient with a high degree of priority	III
2)	The medical record and forms accompany the patient and are available to those involved in the provision of treatment measures for the patient (attending physician, narrow specialists, nurses)	III

№	Standard and measurable criteria	Rank
3)	Qualified specialists conduct examinations based on their education, qualifications and skills, confirmed by documents (see criteria 2) and 3) of standard 18)	III
4)	The hospital diet of a patient is appropriate to his/her diagnosis, and takes into account the existing allergies, food intolerances and received treatment	II
5)	A process of consultation of narrow specialists and diagnostic procedures have been established, contributing to the integrity of care and the timely entry of data into the patient's medical record *	III
78. Initial examination and treatment plan. The initial examination is informative in determining the treatment plan, the treatment plan includes treatment goals and follows the diagnostic and treatment protocols		
1)	The initial examination, records of the initial examination of the attending physician and narrow specialists (consultation report) comply with the policies of the medical organization that ensure compliance with the requirements of accreditation standards and the legislation of the Republic of Kazakhstan	II
2)	The patient's medical record contains information about the patient's main current and past illnesses, constantly taking medications, allergies, intolerance to food ingredients, surgeries, contact information and the patient's residence address	II
3)	Based on the results of the initial examination, the results of examinations (tests) and previous examinations and / or consultations of narrow specialists (if needed), a treatment and care plan is developed, which includes the goals and desired results of treatment	II
4)	Patients are involved in the treatment and care plan by explaining the prescribed treatment in an accessible form, the opportunity to ask questions and providing recommendations for finding sources of information regarding the treatment provided. Patients confirm that they have been involved in the treatment and care plan	II
5)	The treatment plan complies with the requirements of the clinical protocols approved by the leadership of the medical organization	II
79. Patient examination in dynamics. The condition of a patient is observed and documented in dynamics		
1)	The patient's condition is observed and documented in dynamics in order to assess the achievement of goals or desired results from the treatment plan	III
2)	The patient or his representatives are informed and aware of the dynamics of the treatment being carried out and its results	III
3)	The treatment plan is updated based on the patient's condition, diagnosis, or based on new information and follow-up examinations. The frequency of follow-up examinations by nurses and doctors in the hospital is standardized taking into account the patient's condition	III
4)	Follow-up examinations of a patient are documented in the form of a doctor's diary records with an indication of the patient's condition in dynamics. Diary records comply with the policies of the organization that meet the requirements of accreditation standards and the legislation of the Republic of Kazakhstan	III
5)	When signs of deterioration in the patient's condition appear, appropriate measures are taken in accordance with the approved procedures of the medical organization. In the event of an urgent transfer of a patient to another level of care, a form is filled out indicating the vital parameters of the patient at the time of the transfer of the patient to the ambulance service, as well as the treatment provided	III
80. Discharge planning and transfer to another level of care. The patient is involved in the planning of discharge and transfer to another level of care, taking into account specifics of care and other needs. The conditions for the transfer of the patient between organizations, as well as to / from the intensive care unit, are organized.		
1)	Discharge planning starts from the point of the patient's first contact with the medical organization, and updated as necessary and documented in the patient's medical record	III
2)	If there is a high risk of death of the patient, the treatment and discharge plan takes into account the needs of the dying patient for relieving pain and other symptoms to provide social, psychological, spiritual and cultural assistance	III

№	Standard and measurable criteria	Rank
3)	An interview with the responsible staff or other evidence provided confirms that the transfer of a patient to another medical organization is carried out on the basis of a transfer summary, which contains the reason for the transfer, the treatment performed, the patient's condition at the time of transfer and further recommendations. Interviewing the responsible staff or other provided evidence confirms that the patient is accompanied by qualified medical personnel, depending on the patient's needs, with filling out a transportation sheet reflecting the patient's condition during transportation, treatment provided, the name of the host organization, the names of the accompanying and receiving medical staff	II
4)	Patients are involved in transition to another level of care (for example, rehabilitation or other types of healthcare organizations) by providing them or their representatives with detailed information about the transition process, as well as about the necessary actions of the patient and the medical organization	III
5)	The medical organization sets the criteria for transferring a patient to / from the intensive care unit or intensive care unit based on objective physiological parameters	I
81. Discharge summary. The discharge summary contains key information about the medical care provided		
1)	The patient's readiness for discharge from the hospital is determined by the general condition of the patient and clear indications for discharge	II
2)	The discharge summary contains the reason for the hospitalization, the main diagnosis, concomitant diseases, key data from examinations, tests, performed treatment, main taken medications	II
3)	The discharge summary contains information about the patient's condition at the time of discharge and detailed recommendations for further treatment and care	II
4)	A copy of the discharge summary is kept in the medical record, another copy of the discharge summary is issued to the patient on the day of discharge, or issued to the medical worker responsible for further treatment of the patient, with the obligatory familiarization of the patient with the content of the discharge summary	II
5)	If the patient leaves the medical organization without warning or against the doctor's recommendations, the patient and (or) his legal representatives, or the doctor at the place of his/her residence are informed about the possible risks and consequences **	II
82. Patients of a risk group and high-risk procedures. The medical organization identifies patients of a risk group and high-risk procedures (procedures that have a high probability of causing harm to the life or health of the patient, as well as posing a risk of harm to the diagnostic process and (or) treatment and require increased attention from the medical staff and the patient)		
1)	The leadership of a medical organization determines patients of risk group who, due to their condition (including the risk of falling, allergies, immunodeficiency), age or physical characteristics, are not able to express their opinions, or there is a risk of a rapid deterioration in their health in a short period of time.	I
2)	Procedures that describe the features of examination, treatment, care, treatment of patients of a risk group are introduced *	II
3)	If necessary, the patient examination form is supplemented with information that is important for patients of a risk group (modification of the examination form) **	III
4)	When victims of violence are identified, the organization contacts the interested social, law enforcement agencies and other organizations.	III
5)	The medical organization has approved a list of high-risk procedures, as well as procedures that pose a risk of harm to the diagnostic process and (or) treatment. The medical organization identifies the risks associated with these procedures, and if there are risks, takes measures to eliminate and (or) reduce them (see standards 8 and 66). High-risk procedures, as well as procedures that pose a risk of harm to the diagnostic process and / or treatment, include (as applicable): surgical operations; anaesthetic procedures; the use of ionizing radiation, radioactive isotopes and nuclear medicine; the use of cytotoxic drugs; procedures related to the use of narcotic (opioid) drugs; use of equipment and medical supplies;	II

№	Standard and measurable criteria	Rank
	<p>identification and transfer of patient biological samples; scientific research and clinical trials (if any); equipment risks such as risk of fire / injury from the use of lasers; management of blood and its components</p>	
83. Organization of the anesthetic service. Anesthesia and sedation services are available and comply with the legislation of the Republic of Kazakhstan and professional requirements		
1)	The leadership of the medical organization determines a qualified responsible person who supervises the anesthesia service and all anesthesia and sedation services. The functions of a qualified responsible person are prescribed in the job description	II
2)	Persons responsible for anesthesia and sedation undergo training or advanced training in anesthesia, sedation and / or resuscitation at least once every 5 years.	I
3)	The services provided for sedation and anesthesia comply with professional standards and clinical protocols	I
4)	Resuscitation care (equipment, medications, medical supplies and specialists) is available during provision of anesthesia and sedation (see standard 86)	II
5)	A special voluntary informed consent of the patient for anesthesia and sedation is drawn up (the patient is told about the benefits, risks, possible complications and alternatives to the proposed anesthesia or sedation) **	III
84. Anesthesia. Anesthesia procedures or guidelines are developed and implemented *		
1)	Before anesthesia, the anesthesiologist conducts and documents a preliminary examination of the patient in the medical record (see criterion 1) of standard 14)	II
2)	Before starting anesthesia, a pre-induction assessment of the patient's condition is carried out and documented by the anesthesiologist	II
3)	Physiological status during anesthesia based on vital signs is monitored and documented in accordance with approved procedures of the medical organization **	II
4)	The post-anesthetic status of each patient is monitored on the basis of controlling the indicators of vital functions of his/her body, and is further documented in accordance with the procedures approved by the leadership of the medical organization (see criterion 1) of standard 14)	II
5)	The decision on waking up the patient is made by the anesthesiologist in accordance with the procedures approved by the leadership of the medical organization.	II
85. Sedation. Sedation procedures or guidelines are developed and implemented *		
1)	Before sedation, a qualified doctor conducts and documents a preliminary examination of the patient in the medical record (see criterion 1) of standard 14)	II
2)	The medical organization's policies for the organization of anesthesia and sedation list all places where sedation is performed to accompany painful procedures *	III
3)	During sedation, medications, medical supplies, equipment and specialist (s) are available to provide emergency resuscitation (see standard 86)	II
4)	Sedation is carried out by a qualified anesthesiologist	II
5)	Recovery from sedation is determined based on established criteria for awakening, which are documented in the medical record	II
86. Emergency medical service (resuscitation and Code blue). Emergency medical services are available throughout the organization *		
1)	An emergency medical service is available around the clock on the territory of a medical organization	I
2)	A standardized kit of medications, medical supplies and equipment for the provision of basic and extended cardiopulmonary resuscitation is maintained in constant readiness	I
3)	The medical organization has procedures describing the procedure for notifying those responsible for the provision of extended cardiopulmonary resuscitation and the prompt delivery of necessary medications, medical supplies and equipment *	I

№	Standard and measurable criteria	Rank
4)	Practical exercises Code blue are held once every six months or more often, which includes notification of those responsible for the provision of extended cardiopulmonary resuscitation, prompt delivery of necessary medications, medical supplies and equipment to the destination, prompt arrival of responsible staff and provision of basic and extended cardiopulmonary resuscitation. Based on the results of the exercises, measures are taken to improve	I
5)	Medical and first-line staff (registrars, security guards) are trained to provide basic cardiopulmonary resuscitation	I
87. Surgical service. Surgical service ensures patient safety		
1)	The surgical service identified the risks associated with the provision of a surgical operation or a high-risk procedure (for example, risks associated with the condition and staffing of surgical equipment, instruments, medical supplies, organizational procedures), with entry into the register and / or risk management plan. There is evidence of the implementation of measures to manage the identified risks (see standard 8)	I
2)	The surgical staff conducts surgical interventions in accordance with the established clinical privileges (see criterion 1) of standard 20)	II
3)	Before the start of the surgery, the doctor conducts a preoperative examination and documents it in the form of a preoperative epicrisis in the medical record. The preoperative epicrisis contains the rationale or reason for the surgery, the preoperative diagnosis, the name of the planned surgery	II
4)	A special voluntary informed consent of the patient for surgery is drawn up (the patient is told about the benefits, risks, possible complications and alternatives of the proposed treatment method) (see standard 66) **	II
5)	The surgery protocol is drawn up on the day of the surgery and in accordance with the procedures of the medical organization approved by the leadership	I
88. Postoperative treatment plan. In a medical organization, the development of a postoperative treatment and care plan is standardized		
1)	The postoperative patient care and treatment plan contains a list of treatment options, as well as directions for care of the patient.	II
2)	A postoperative treatment plan is developed after surgery and is available to medical staff	III
3)	The postoperative treatment plan is written in the patient's medical record	III
4)	The postoperative treatment plan is executed by the responsible staff	II
5)	As the patient's condition or needs change, the postoperative treatment and care plan is adjusted	III
89. Blood bank. Handling blood and its components complies with the legislation of the Republic of Kazakhstan ***		
1)	Procedure for submitting an application and delivery to the organization of blood and its components is approved by the leadership of the medical organization and is followed. The process for storing the reserve volume of blood and its components and the movement of blood components within the organization is approved by the leadership of the medical organization and is followed.	II
2)	The process of patient identification, immunohematological examination of the recipient and compatibility testing for transfusion of blood and its components is approved by the leadership of the medical organization and is followed	II
3)	The process of monitoring the patient's condition after a transfusion of blood and its components and the interaction of medical personnel in case of suspicion of adverse consequences of transfusion is approved by the leadership of a medical organization and is followed.	II
4)	The staff of the medical organization is trained in the policies for the provision of transfusion service to patients ** The personnel of the medical organization follow the measures to ensure the safety of the patient in the provision of transfusion services: a safe environment during transfusion; use of equipment and supplies designed to provide transfusion service	II
5)	The procedures of pre-transfusion testing for the transfusion of donor blood and its components to newborns are approved by the leadership of the medical organization and are followed. Measures for the use of donor blood and its components that have undergone special processing to ensure additional infectious and immunological safety and (or) individual selection are approved by the management of a medical organization and are followed	I
Section 5. Laboratory services		

№	Standard and measurable criteria	Rank
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90. Organization of laboratory services. Laboratory services are accessible to patients and comply with the legislative acts of the Republic of Kazakhstan and professional requirements		
1)	The leadership of a medical organization determines a qualified person who supervises laboratory services provided to patients of a medical organization, including those provided by subcontractors under a contract	II
2)	Laboratory tests are carried out and interpreted by qualified persons	I
3)	The provided laboratory services have the necessary licenses in accordance with the legislation of the Republic of Kazakhstan ***	I
4)	Storage conditions for laboratory reagents meet the manufacturer's requirements	I
5)	Laboratory services provided by subcontractors under the contract are monitored through indicators or requirements that are written in the contract **	III
91. Time frame of laboratory tests. Time frames are determined for each type of laboratory test *		
1)	A round-the-clock service is provided for the collection, delivery and examination of biomaterials of patients for certain laboratory tests for emergencies arising outside of working hours	III
2)	Results of laboratory tests are communicated in a timely manner	III
3)	A process for the ordering and reception of emergency laboratory tests is established and implemented, the timeliness of which is monitored	III
4)	For each type of laboratory test, the boundaries of normal values are determined, which are indicated in the form with the test result and, if necessary, are revised	III
5)	The medical organization determines the critical (significantly deviated from the norm) results of laboratory tests, upon detection of which the laboratory staff informs the doctor or nurses post of the department within 30 minutes (see criteria 2) and 3) of standard 56)	II
92. Handling patient's biomaterial. The processes of collection, identification and labeling, transportation, disposal of patient biomaterial are standardized *		
1)	The medical organization approves and carries out the process of ordering a laboratory test by a doctor and prescribing a referral to the laboratory	II
2)	The medical organization approves and implements the process of collecting biomaterial, its identification and labeling	II
3)	The medical organization approves and implements the process of safe transportation and handling of the patient's biomaterial	I
4)	The medical organization approves and implements the process of reception by the laboratory, registration, tracking and storage of the patient's biomaterial	II
5)	The above requirements are fulfilled by subcontractors performing laboratory tests for the organization's patients	II
93. Laboratory safety. A laboratory safety program related to infection control and facility safety is introduced and implemented *		
1)	The medical staff of the laboratory is protected from risks through personal protective equipment, special clothing, protective equipment and devices (goggles, laminar flow cabinet)	II
2)	All laboratory staff are trained in the basics of laboratory safety upon hiring; on a routine basis once a year; after incidents related to laboratory safety **	III
3)	The laboratory's working areas comply with the requirements of the laboratory safety program which prohibit eating, drinking, smoking, using cosmetics, touching contact lenses or lips. Necessary equipment and PPE (gloves, mask) are available to safely remove biological spills	II
4)	Safety-related incidents (for example, contact with biomaterial, spill of biomaterial) are reported to the responsible persons and corrective actions are taken in accordance with the approved procedures (see criterion 3) of standard 5; criterion 3) of standard 22)	II
5)	Once a year, the laboratory supervisor presents a laboratory safety report at a meeting of the Facility safety Commission	III
94. Quality control in the laboratory. Internal and external quality control of laboratory services is carried out		
1)	The medical organization conducts internal quality control of laboratory services through equipment or manually by selectively rechecking test results	II
2)	Internal quality control is carried out in accordance with the approved procedures of the medical organization and does not require documentation if it is performed automatically on the equipment	III

№	Standard and measurable criteria	Rank
3)	External quality control of laboratory services is carried out in accordance with the legislation of the Republic of Kazakhstan (through a reference laboratory or selective rechecking of biomaterial) ***	II
4)	External quality control is carried out once a year and is documented **	I
5)	If the result of internal or external quality control is unsatisfactory, corrective measures are taken in accordance with the approved procedures of the medical organization	II
95. Laboratory equipment. Laboratory equipment is maintained in working (serviceable) condition		
1)	Laboratory equipment is checked (tested) in accordance with the established schedule drawn up according to the manufacturer's recommendations (see paragraph 45 of this Standard) **	III
2)	Laboratory equipment is maintained and calibrated according to the established schedule drawn up according to the manufacturer's recommendations **	III
3)	All staff are trained to work with the equipment with which they work **	III
4)	If the laboratory equipment is located outside the laboratory and is used by the staff of clinical departments, then they are trained to work with the equipment in accordance with the procedures approved by the leadership of the medical organization **	III
5)	All units of laboratory equipment outside the laboratory are checked quarterly by the head of laboratory or laboratory staff **	III
Section 6. Radiation Diagnostics Service		
96. Organization of the radiation diagnostics service. Radiation diagnostics services meet the needs of patients and comply with the legislation of the Republic of Kazakhstan ***		
1)	The leadership of a medical organization determines a qualified person who supervises radiation diagnostics provided to patients of a medical organization	II
2)	Qualified persons conduct radiological, ultrasound and other types of radiation diagnostics	II
3)	Qualified persons interpret radiological, ultrasound and other types radiation diagnostics	II
4)	The rendered services of radiation diagnostics are confirmed by state licenses in accordance with the legislation of the Republic of Kazakhstan ***	I
5)	Radiation diagnostics services provided by subcontractors are specified in the contract. In accordance with the approved procedures of the medical organization, these services are monitored (for example, modernity, correctness of conclusions or other indicators) **	III
97. Patient safety during diagnostic procedures. The principles of patient safety are followed when carrying out instrumental diagnostics		
1)	The staff performing ultrasound diagnostics comply with the principles of safe communication of verbal messages when describing the patient's organs (for example, ultrasound diagnostic doctor conducts an examination and communicates the description of the patient's organs to the nurse for recording) (see criterion 1 of standard 56)	III
2)	Before the administration of contrast agents, the patient is checked for allergies and the necessary laboratory tests. Information on the absence or presence of allergies, the necessary laboratory tests are documented	I
3)	Contrast agents are stored under the conditions described by the manufacturer	I
4)	Kits with medications and medical supplies for emergencies (anti-shock kit, resuscitation kit) are available during diagnostic procedures using contrast agents. Staff are aware of the call Code blue (see standard 86)	II
5)	Sensors and devices in contact with the patient during the procedures are treated with disinfectants after each patient	III
98. Radiation safety. A radiation safety program related to infection control and facility safety is introduced and implemented *		
1)	The staff of the Department of Radiation Diagnostics is protected from radiation by wearing X-ray protective clothing, the use of protective devices, wearing individual dosimeters	I
2)	The staff of the radiological service is trained in the basics of radiation safety upon hiring; on a planned basis once a year; in case of incidents related to radiation equipment, upon receipt of new equipment and as needed **	III
3)	All X-ray protective clothing is tested every two years **	I
4)	Measurements of the radiation dose rate are carried out at the workplaces of the staff responsible for the provision of radiation diagnostics, in rooms and in the territory adjacent to the X-ray room and the computed tomography room, once a year	I
5)	Individual dosimeters are monitored quarterly **	I
99. Radiological equipment and safety. Radiology equipment is maintained to ensure patient and environmental safety		

№	Standard and measurable criteria	Rank
1)	All equipment for radiation diagnostics (X-ray, computed tomography, magnetic resonance imaging, ultrasound, and others) are inspected, maintained and calibrated (see standard 45). Inspection, maintenance and calibration activities for radiology equipment are documented **	II
2)	The medical organization has contracts with specialized organizations for the maintenance of equipment that is performed, or the staff has a specialist in the maintenance of radiation equipment, who has the necessary qualifications for the repair and maintenance of radiological equipment	II
3)	Incidents related to safety or non-compliance with radiation safety are reported and, based on the results of work with incidents, corrective measures are taken (see criterion 3) of standard 5; criterion 5) of standard 22)	II
4)	A list of all equipment for radiation diagnostics is kept, indicating the date of the last testing or technical inspection (maintenance)	III
5)	Every year, the person in charge of radiation safety control presents a report on radiation safety at a meeting of the Facility safety Commission	III
100. Quality control in radiology. Internal and external quality control of radiological studies is carried out		
1)	The process of internal quality control of radiological studies is carried out automatically (does not require documentation) or manually **	II
2)	External quality control is carried out annually by selectively rechecking the conclusion by an external expert ("second reading", "re-examination of radiographs", "disc revision") **	II
3)	There is a list of external experts with contact details that the organization contacts in case of a doubtful, difficult cases ("second reading")	III
4)	Knowledge, qualifications of external experts are documented	II
5)	When quality control results are unsatisfactory, action is taken to improve performance in radiology	II

№	Standard and measurable criteria	Rank
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CHAPTER 5: SPECIALIZED MEDICAL CARE

Section 1. Accreditation standards on medical care provision to stroke patients		
101. Administrative conditions. The medical organization carries out activities in accordance with the permits and the mission of the medical organization		
1)	The activity of a medical organization is licensed, there are all types of necessary licenses for the provision of medical care to patients with stroke and transient ischemic attack (hereinafter – TIA) ***	I
2)	A stroke center or department of acute cerebrovascular failures is a separate structural unit of a medical organization.	I
3)	The medical organization has approved a list of medical services for patients with stroke and transient ischemic attack (indicating the names of procedures, operations, types of diagnostics and treatment), according to the level of regionalization in accordance with the legislation of the Republic of Kazakhstan *	III
4)	The medical organization (stroke center) is provided with the necessary medication and medical supplies in accordance with the approved documents for the treatment and care of patients with stroke *	I
5)	The medical organization (stroke center) is equipped with the necessary equipment in accordance with the approved regulatory documents for the treatment and care of patients with stroke *	I
102. The organizational structure of the medical organization ensures treatment and care for patients with stroke *		
1)	The organizational structure of a medical organization defines the presence of a stroke center or a department for the provision of neurological care to patients with strokes	II
2)	In the organizational structure of a medical organization, the presence of anesthesia, resuscitation and intensive care services is determined, indicating the minimum number of beds	II
3)	In the organizational structure of the medical organization, the presence of an emergency admission department is determined	II
4)	In the organizational structure of the medical organization, the presence of a rehabilitation service is determined or there is evidence of interaction with organizations that provide rehabilitation services	I
5)	The leadership of the medical organization developed and approved standard regulations on structural units providing neurological care to patients	III
103. Continuity. The continuity of the provision of medical care to patients with stroke is followed		
1)	The process of hospitalization of patients with stroke is based on approved criteria, in accordance with the legislation of the Republic of Kazakhstan and the resources of a medical organization *	I
2)	The process of referral, transfer and transportation of stroke patients to other medical organizations is based on approved criteria, in accordance with the legislation of the Republic of Kazakhstan and the resources of a medical organization *	I
3)	Responsible persons and their duties for hospitalization, referral, transfer and transportation of stroke patients to other medical organizations are identified *	II
4)	The process and time frame for the transfer of examination results to responsible persons for making decisions on hospitalization, referral and transfer of stroke patients to other organizations is approved *	II
5)	Regional stroke centers provide monthly reports to the Republican Stroke Center on hospitalized and treated stroke patients **	III
104. Admission department. Hospitalization process is standardized and meets the needs of stroke patients		
1)	In medical organizations, a communication system has been introduced that allows the doctor of the admission department to receive information from the ambulance team and urgently notify the responsible medical personnel about an incoming patient with a stroke or transient ischemic attack.	II
2)	An alert system, which provides an emergency arrival of a stroke team, radiologists, specialists in clinical laboratory diagnostics to the admission department before the admission of patients with stroke and (or) TIA is introduced in the medical organization	II
3)	Triage of patients with strokes and (or) TIA is carried out in accordance with the approved criteria and policies, in compliance with the time range of the algorithm for the provision of emergency medical care in stroke *	I
4)	In neuroimaging, priority is given to patients with stroke and TIA	II
5)	The medical staff of the admission department is guided by the requirements of the legislation of the Republic of Kazakhstan, approved SOP by the medical organization and algorithms for the provision of medical care to patients with stroke *	II
105. Initial examination. The scope of the initial examination of the patient meets the professional requirements		
1)	A neurological history is collected and the patient's neurological status is assessed. The data of the initial examination is recorded in the patient's medical record	I
2)	The patient's vital functions are assessed in accordance with the requirements of the clinical protocols for the treatment of patients with stroke. Baseline examination includes: determination of the state of external respiration and lung function; detecting early signs of dysphagia using a swallowing test;	I

№	Standard and measurable criteria	Rank
	assessment of the state of the cardiovascular system, concomitant heart diseases; measurement of blood pressure, heart rate; determination of the level of oxygenation using pulse oximeters	
3)	The neurological status of stroke patients is being assessed. Stroke severity should be assessed on the NIHSS and Glasgow Coma Scale / FOUR Coma Scale * <i>NIHSS – National Institute of Health Stroke Scale</i> <i>FOUR – Full Outline of Unresponsiveness</i>	I
4)	Laboratory and instrumental research is carried out (computed tomography, magnetic resonance imaging, ultrasound diagnostics of the head of the brachiocephalic vessels) according to the requirements of the treatment protocols *	I
5)	If necessary, emergency medical care is provided in accordance with the requirements of the treatment protocols *	I
106. Intensive care. Anesthesia, resuscitation and intensive care service meets the clinical needs of patients		
1)	The personnel of the intensive care service is staffed in accordance with the regulatory requirements, staffing and organizational structure of the medical organization *	I
2)	The functional responsibilities and requirements for the qualifications of the personnel of the intensive care service have been determined *	II
3)	The resuscitation service is equipped in accordance with the established requirements (medical supplies, medications, medical equipment, furniture) in accordance with professional requirements and according to the level of medical care provided	I
4)	The actions of the intensive care personnel comply with professional standards, clinical protocols	I
5)	When transferring patients with stroke to / from the intensive care unit / -s or the intensive care unit, transfer criteria are used based on the patient's objective physiological parameters	I
107. Thrombolytic therapy. Thrombolytic therapy is carried out in accordance with the treatment protocols		
1)	Medical staff conduct a risk assessment to determine the indications and contraindications for thrombolytic therapy. Risk assessment data is filled in the patient's medical record	I
2)	The medical staff fills out the thrombolytic therapy protocol form approved by the chief executive of the medical organization. Thrombolytic therapy tactics (systemic or selective) are based on clinical treatment protocols *	I
3)	The necessary volume of laboratory and instrumental studies is carried out (general blood test with the obligatory determination of the number of platelets, hematocrit, determination of the level of glycemia, activated partial thromboplastin time and international normalized ratio	I
4)	An algorithm for the care and maintenance of a central venous catheter (CVC) has been developed and is being implemented in order to prevent catheter-associated bloodstream infections. Nursing staff responsible for CVC care demonstrates awareness of this algorithm	II
5)	The patient (relatives) are informed about the proposed treatment. The patient's informed consent form approved by the leadership of the medical organization for thrombolytic therapy is filled in	I
108. Main therapy. The stages of the main therapy are standardized		
1)	Monitoring and correction of vital functions and homeostasis of the patient is carried out on an ongoing basis	I
2)	Monitoring of laboratory parameters and the results of instrumental examinations of the patient is carried out if there are any indications for that	I
3)	Adequate oxygenation (oxygen insufflation, installation of an air duct, artificial ventilation of the lungs) of the patient is ensured	I
4)	Prevention (pulmonary embolism, pneumonia, deep vein thromboembolism of the lower extremities, pressure ulcers, acute peptic ulcers (stress ulcers) and erosions of the gastrointestinal tract)	I
5)	Treatment of complications (pulmonary embolism, pneumonia, deep vein thromboembolism of the lower extremities, pressure ulcers, acute peptic ulcers (stress ulcers) and erosions of the gastrointestinal tract)	I
109. Surgical treatment of stroke. Stroke surgical treatment meets professional requirements, approved clinical protocols and patient needs		
1)	Surgical treatment is carried out if there are reasonable indications for that	I
2)	The decision to carry out surgical interventions in the acute and subacute period is carried out collectively with the participation of neurologists, anesthesiologists, resuscitators and surgeons (neurosurgeon and (or) vascular surgeon)	I
3)	Surgical treatment is carried out in accordance with the diagnostic and treatment protocols approved by the leadership of the medical organization	I
4)	The informed consent of the patient or his legal representatives to carry out surgical treatment is drawn up in accordance with the policies approved by the leadership of the medical organization	II
5)	The stages of surgical treatment are completely standardized (paperwork, transfer to another department, etc.)	II
110. Laboratory services. Laboratory services are available to meet the needs of stroke patients *		
1)	The list of laboratory diagnostic services available to patients with stroke, depending on the level of provided medical care (provided by this organization or outsourced) is approved	II
2)	The personnel composition is staffed with qualified personnel capable of providing the necessary volume of laboratory services that meet the requirements of diagnostic and treatment protocols and the needs of patients with stroke	I

№	Standard and measurable criteria	Rank
3)	Emergency laboratory services are available 24/7 for stroke patients and timeframes for readiness of results are approved	I
4)	In the service providing laboratory diagnostics services, periodic checks, calibration, maintenance of medical equipment, internal quality control are carried out	II
5)	All stages of laboratory tests are standardized (pre-analytical, analytical, post-analytical). Personnel in charge are aware of their laboratory stage	II
111. Radiation diagnostics. Radiological services are available to meet the needs of stroke patients		
1)	The list of services for radiation diagnostics available to patients with stroke, depending on the level of provided medical care (provided by this organization or outsourced) is approved*	II
2)	The personnel composition of the staff providing radiology services meets the needs of the patients and have appropriate training	II
3)	Emergency radiation services are available 24/7 for stroke patients and have an approved timeline for readiness of results *	I
4)	A quality control system has been introduced in radiation diagnostics services ("second read-out" of the results, including with the involvement of a third-party specialist (s), internal quality control; inspection, testing and maintenance of the technical condition of medical equipment)**	II
5)	All stages of the procedure for conducting radiological diagnostics are standardized	II
112. Patient and family education. Preventive work is carried out with the population and other medical organizations		
1)	In a stroke center, doctors and nursing staff conduct prophylactic conversations with patients and their relatives on patient care, physical therapy, early and late rehabilitation methods, proper nutrition, fight against pressure ulcers, and adherence to antihypertensive therapy	II
2)	In the stroke center, weekly classes are held for patients, their relatives or close ones in the "School of Stroke" on the issues of primary and secondary prevention of circulatory system diseases, training in the restoration of self-care and household skills, care and rehabilitation after a stroke. The conducted classes of the "School of Stroke" are registered in the journal with photo reports **	II
3)	The medical organization participates in programs to educate patients and families on a healthy lifestyle and disease prevention in this profile	III
4)	Stages of preventive measures taken with patients and their families are standardized *	III
5)	Relatives of stroke patients are aware of the Stroke School and (or) other activities of the medical organization carried out in order to educate and prevent stroke	III
113. Therapy for stroke patients in the early rehabilitation unit		
1)	The stroke center has an early rehabilitation department staffed with medical personnel in accordance with the requirements of the legislation of the Republic of Kazakhstan	II
2)	Equipping the early rehabilitation department with medical equipment and medical supplies, ensuring availability of medications complies with the requirements of the approved diagnostic and treatment protocols and the legislation of the Republic of Kazakhstan	II
3)	The timeframes of early neurorehabilitation meets the requirements of the approved diagnostic and treatment protocols*	II
4)	Complex rehabilitation therapy for stroke patients is carried out by a multidisciplinary team of specialists. In the patient's medical record, a nursing care form is filled out, in which the completed rehabilitation measures by the nursing staff are recorded	I
5)	The stroke center has rooms for occupational therapy, speech therapist, psychotherapist (psychiatrist)	I
Section 2. Accreditation standards for obstetrics		
114. Administrative conditions and resources. The medical organization creates the basic conditions for the provision of medical services for obstetrics		
1)	The activity of a medical organization is licensed, there are all types of necessary licenses for the provision of medical services for obstetrics ***	I
2)	Medical and nursing staff providing medical services for obstetrics meets the qualification requirements of job descriptions for their positions *	I
3)	The medical organization is provided with the necessary medications and medical supplies in accordance with the requirements for the provision of medical care to parturient woman / postpartum women and newborns	I
4)	The medical organization is equipped with the necessary equipment in accordance with the established requirements for the provision of medical care to parturient woman / postpartum women and newborns	I
5)	The leadership of a medical organization creates the necessary conditions for effective stay and treatment of parturient woman / postpartum women and newborns, as well as for their convenient and safe movement	I
115. Continuity. The continuity of medical care is followed		
1)	The process of hospitalization of pregnant women, parturient woman and postpartum women is based on the approved criteria in accordance with the legislation of the Republic of Kazakhstan, the conditions of triage and the organization's resources ***	I

№	Standard and measurable criteria	Rank
2)	The process of referral, transfer and transportation of pregnant women, parturient woman and postpartum women to other medical organizations is based on the approved criteria in accordance with the legislation of the Republic of Kazakhstan and the resources of the organization ***	I
3)	Responsible persons for the process of hospitalization, referral, transfer and transportation of pregnant women, parturient woman and postpartum women to other medical organizations and their duties have been determined *	II
4)	The process of transferring and receiving examination results to responsible persons for making decisions on hospitalization, referral, transfer to other organizations has been introduced	II
5)	A communication system has been introduced that allows the admission department to receive information from the ambulance and urgently notify the obstetrics department	II
116. Medical care upon admission		
1)	A system and criteria for triage for pregnant women, parturient woman and postpartum women have been developed and approved by the leadership of the medical organization *	II
2)	Initial assessment includes: collection of anamnesis; analysis of antenatal records and birth plan; assessment of the condition of the mother and fetus; vaginal examination if indicated; fetal cardiotocography if indicated	II
3)	To exclude premature admission to the delivery unit, conditions have been created to await the development of active labor in the antenatal wards.	I
4)	In case of discharge, the patient is given recommendations: for alarming signs; signs of onset of labor	I
5)	Technologies and techniques with proven efficacy are used for the prevention and treatment of premature birth.	II
117. Conditions in the labor ward and prevention of falling mothers		
1)	The medical organization ensures the confidentiality of the provision of medical services: the delivery ward is designed for one parturient woman or screens / curtains are used in the case when there are more than one parturient woman in the ward	II
2)	The presence of any other people in excess of the required staff in the delivery room is agreed with the parturient / postpartum woman **	II
3)	The parturient woman / postpartum woman is informed about the goals of each procedure and gives informed voluntary consent in accordance with the policies of the medical organization	II
4)	Conditions in the labor ward and in the places of stay of mothers minimize the risk of falls	II
5)	Prevention of infections is carried out, the staff of the labor ward complies with the requirements of infection control. There is free access to the toilet and shower, which are in working order and sanitary conditions	I
118. Medical care during childbirth		
1)	The medical organization has approved guidelines that determine the standards of care during physiological and obstructed labor and in the postpartum period *	I
2)	Definitions of physiological and obstructed labor, criteria for transfer to a higher level of care, are known to medical personnel and are applied in practice **	II
3)	Medical care during childbirth is provided by qualified specialists who have access to relevant clinical practice (physician- obstetrician-gynecologist, midwife) **	I
4)	The continuity of medical care is followed between nurses (midwives) and medical personnel in case of complications	II
5)	Conditions have been created for the expectation of the development of active labor in the antenatal wards. Medical examination is carried out daily and according to indications	II
119. Support for a parturient woman during childbirth		
1)	The parturient woman is informed about the possibility of the presence of a partner during childbirth. The mother's partner can be present during labor to provide support during labor	II
2)	Conditions have been created for the constant presence of one midwife in the delivery room during childbirth	I
3)	The midwife / doctor who provides assistance during childbirth works with the partner of the parturient woman, explains the course of the birth process, provides psychological support and gives the necessary recommendations **	I
4)	Women in labor are supported in the choice of relaxation techniques, breathing, massage, acupuncture, hypnosis and other methods of non-drug pain relief **	II
5)	Before performing epidural analgesia, the parturient woman is informed about the risks and benefits of epidural analgesia, as well as its possible impact on labor.	II
120. Using the partogram		

№	Standard and measurable criteria	Rank
1)	The medical staff maintains a protocol or algorithm for the use of the partogram, approved by the leadership of the medical organization *	II
2)	Examination data of a pregnant / parturient woman is collected in a timely manner and correctly recorded on a partogram	II
3)	The partograph is analyzed by the medical staff. Information is collected, recorded and analyzed by the midwife or other caregiver	I
4)	Partogram is located in the delivery room next to the mother's / postpartum's bed	II
5)	Partogram is used by healthcare staff to make decisions about interventions during childbirth.	II
121. Labor management		
1)	In the first stage of labor, the parturient woman is free to choose a position, the medical staff conducts the necessary examinations (vaginal) and adjustments to the delivery plan	I
2)	Amniotomy in the first stage of labor is carried out strictly according to indications	I
3)	In the second stage of labor, the parturient woman has a free choice of position. Childbirth, if there is sufficient hospital area, is carried out in the same place where the parturient woman was in the first stage of labor	II
4)	Any pressure on the abdomen during childbirth is excluded	I
5)	The parturient woman is informed about the comparative risks and benefits of physiological versus active management of the third stage of labor and is involved in the decision-making process *	II
122. Monitoring the condition of the fetus during childbirth		
1)	The personnel of the medical organization assesses the physiological state of the fetus in accordance with the procedures established by the leadership of the medical organization *	II
2)	There is an approved protocol or algorithm for the use of cardiotocography based on evidence-based medicine *	II
3)	Evaluation of uterine activity and cardiac activity of the fetus is carried out by a midwife. If deviations are detected, the midwife informs the doctor on duty / senior resident **	I
4)	Medical staff trained in cardiotocography evaluation, aware of the definitions of reactive and non-reactive tests, normal, suspicious and abnormal cardiotocography in accordance with the organization's existing guidelines for cardiotocography analysis **	II
5)	In case of confirmation of the pathological state of the fetus, emergency delivery by cesarean section or operative vaginal delivery is carried out within the first 30 minutes after diagnosis	I
123. Care to newborns during childbirth and in the first 2 hours after delivery		
1)	Neonatal assessment and primary care are carried out in accordance with the procedures of the medical organization	I
2)	The leadership of the medical organization approves the SOP for the resuscitation of newborns. SOPs for neonatal resuscitation are located in the delivery rooms and are performed by the staff of the medical organization *	I
3)	The staff of the medical organization promotes early breastfeeding of the newborn by the mother. The first attachment of the newborn to the mother's breast is carried out within the first hour. Provides skin-to-skin contact	I
4)	Care to the mother and newborn in the postpartum period, preventive procedures are carried out in accordance with the clinical protocols of the medical organization and international recommendations	II
5)	The medical organization uses a system for identifying the identity of the mother and newborn	I
124. Early postpartum period		
1)	In the postpartum period, non-steroidal anti-inflammatory medications are used for pain relief	I
2)	In postpartum care, high-quality monitoring of the condition of the mother and the newborn is provided. Monitoring the mother's condition includes monitoring the following indicators: vital functions; determination of the tone of the uterus; assessment of blood loss; examination of the perineum in the presence of seams; examination of the mammary glands; complaints The newborn is provided with the conditions of the warm chain	I
3)	Prevention of postpartum hemorrhage is carried out in accordance with approved protocols and algorithms *	I
4)	Discharge after normal childbirth is carried out no earlier than 18 hours after childbirth *	I
5)	The discharge summary contains recommendations for identifying symptoms of complications, hygiene of a woman and a newborn, healthy eating, physical activity, advice on breastfeeding, psychological characteristics of the postpartum period, family planning	II
125. Ensuring a Safe Caesarean Section		
1)	Caesarean section is performed according to clinical indications. The leadership of the medical organization approves a protocol describing the actions of medical personnel in the preparation and conduct of a caesarean section, including emergency *	I
2)	A planned cesarean section is performed after 39 weeks of pregnancy	I
3)	Operating room, operating room staff and laboratory are always ready for an emergency caesarean section	I

№	Standard and measurable criteria	Rank
4)	Medical organization has an adequate supply of blood / blood products. Conditions for transfusion of blood / blood products have been created	I
5)	Caesarean section and postoperative management of women in postoperative period comply with international recommendations *	I
126. Equipment of the departments of anesthesiology, resuscitation and intensive care meets the clinical needs of the parturient / postpartum woman		
1)	Basic clinical tests (blood sugar, hemoglobin and hematocrit, proteinuria test strips) are available at the Anesthesiology, Intensive Care Unit (s). Analysis (test) results are available immediately	I
2)	Essential maternity / parturient emergency medicines and blood / blood product supplies are available and are in sufficient quantities in the anesthesiology, resuscitation and intensive care unit (s)	I
3)	In the department (s) of anesthesiology, resuscitation and intensive care, consumables are available and are in sufficient quantities to provide emergency care for the postpartum / parturient woman (syringes and needles, nasogastric tubes, self-expanding breathing bags with masks of different sizes, nebulizers and pads)	I
4)	The functionality and serviceability of defibrillators is checked and maintained on an ongoing basis by the responsible employee (s) of the medical organization	I
5)	The algorithm for the provision of emergency care is in accordance with international or professionally recognized sources based on evidence-based medicine *	I
127. Readiness of the medical organization to provide care in postpartum hemorrhage (hereinafter - PPH) *		
1)	The staff of the medical organization adheres to the protocol of prevention and care during PPH ***	I
2)	The internal algorithm of personnel actions during PPH is approved by the leadership of the medical organization and is followed by the personnel *	I
3)	There is access to a blood bank. Blood products can be delivered without delay	I
4)	In the postpartum period, the volume of blood loss and clinical parameters of the mother's condition are strictly monitored, the tone of the uterus is regularly monitored	II
5)	Protocols for the provision of PPH care have been developed and approved by the leadership of a medical organization, in accordance with international or professionally recognized sources based on evidence-based medicine	I
128. Prevention and Treatment of Preeclampsia *		
1)	Pre-eclampsia prevention methods are consistent with international or professionally recognized evidence-based medicine sources	I
2)	The correct diagnosis of preeclampsia and severe preeclampsia is carried out by the medical staff	I
3)	The organization of preeclampsia care follows international or professionally recognized sources	I
4)	The decision on the time and method of delivery for diagnosed preeclampsia is made in accordance with international or professionally recognized sources.	I
5)	Postpartum care and treatment for women diagnosed with preeclampsia is consistent with international or professionally recognized sources	I
129. Assessment of labor progress and diagnosis of protracted labor according to international or professionally recognized sources		
1)	The staff of the medical organization uses tools for the early recognition of protracted labor (partogram with a 4-hour line)	II
2)	The diagnosis and management algorithm for protracted labor is agreed upon between the medical personnel providing medical care **	II
3)	The medical organization has an approved form of the protocol for assessing the progress of labor and diagnostics of prolonged labor *	II
4)	The medical staff is trained in the correct diagnosis of the first stage of labor, the determination of the latent phase **	II
5)	The use of oxytocin during a prolonged active phase complies with the clinical protocols approved by the leadership of the medical organization and international recommendations *	II
130. A medical organization has introduced a system of early diagnosis, expert consultation, treatment and transfer in case of suspected sepsis in the mother *		
1)	Medical staff are aware of the symptoms of sepsis in women in labor, parturient women and newborns, and the likelihood of rapid and potentially fatal development of severe sepsis and septic shock **	I
2)	Postpartum women who apply to a medical organization in the postpartum period are hospitalized without delay. The medical record has information about recent illnesses and contacts	I
3)	Before the introduction of the first dose of the antibiotic, a blood culture is prescribed, material for inoculation is taken from other possible foci of infection	I
4)	When clinically indicated, antibiotic therapy begins immediately, without waiting for the culture (inoculation) results	I

№	Standard and measurable criteria	Rank
5)	The necessary diagnostic tests are carried out immediately to identify the source of the infection.	I
131. Diagnostics and prevention of vertical transmission of HIV infection from mother to fetus *		
1)	All pregnant women are screened for HIV	II
2)	A short course of antiretroviral therapy is recommended for all pregnant women who test positive for HIV at the time of delivery	II
3)	All pregnant women who test positive for HIV at the time of delivery are advised to deliver by planned surgery	II
4)	Feeding of newborns born to HIV-positive mothers is carried out in accordance with the SOP approved by the leadership of the medical organization *	II
5)	Prior to discharge, HIV-infected mothers receive full counseling on infant feeding practices, including information on the advantages and disadvantages of different types of feeding, and specific advice on how to choose the most appropriate feeding method for each situation, and then support mothers in doing so	II
132. Transportation of pregnant women, women in labor, parturient women, newborns to medical organizations of obstetrics and childhood of a higher level		
1)	Transportation of pregnant women, women in childbirth and newborns between medical organizations should be carried out on the principle of "on oneself" **	II
2)	Pregnant women, women in labor and parturient women are transported in specialized vehicles equipped with a heating system, accompanied by medical personnel (doctor, midwife, driver medic) and other involved specialists, if necessary	II
3)	The transportation of newborns should be carried out in a specialized transport in a transport incubator with a ventilator and with the obligatory accompaniment of trained medical personnel (neonatologist, nurse, driver medic) and other involved specialists, if necessary	II
4)	Specialized transport for the transportation of pregnant women, women in labor and postpartum women is equipped with the necessary medications and medical products for the provision of emergency medical care	I
5)	Specialized transport for the transportation of pregnant women, women in labor and parturient women is equipped with the necessary medical equipment to provide emergency medical care	I
133. 1-5 steps of breastfeeding. The medical organization develops and implements procedures to protect, support and promote the practice of breastfeeding in accordance with recognized practice		
1)	The medical organization has developed and approved policies for breastfeeding in accordance with the recommendations of WHO and UNICEF "10 steps to successful breastfeeding" *	II
2)	The medical staff responsible for the obstetric service are trained to help mothers with proper breastfeeding. The knowledge and skills of the staff are assessed once a year.	II
3)	The medical staff provides information to women in labor and their families about the benefits of breastfeeding, training in practical skills on the development of lactation, counseling on supporting exclusive breastfeeding for children up to 6 months and continuing breastfeeding up to 2 years. The interviewed women in labor and (or) new mothers confirm the information and training provided by the medical staff.	II
4)	The medical staff informs women in labor and parturient women about the importance of the signs of the baby's readiness for breastfeeding and ensures that the baby is attached to the mother's breast during the first 2 hours of the birth, ensuring skin contact.	II
5)	The medical staff helps the mothers in the correct position of the baby at the breast and its correct attachment to the breast, as well as in the case of separation of the mother and the baby for medical reasons, methods of preserving lactation - manual expression of breast milk. The interviewed mothers confirm that the medical staff provides assistance in the correct positioning of the baby at the breast and correct attachment to the breast.	II
134. 6-10 steps of breastfeeding. The medical organization develops and implements procedures to protect, support and promote the practice of breastfeeding in accordance with recognized practice		
1)	When giving a newborn additional fluid or breast milk substitute (baby food/formula), medical personnel adhere to the recommendations of WHO and UNICEF in terms of using strictly in cases determined by medical indications, while using alternative feeding methods (cup, spoon, beaker, syringe).	II
2)	In a medical organization, the joint stay of a mother and a child in the same ward for 24 hours is constantly observed, except for cases due to medical indications.	II
3)	Medical staff consults all postpartum women who have absolute contraindications to breastfeeding, both on the part of the mother and the child, in accordance with national legislation, as well as WHO and UNICEF recommendations on the advantages and disadvantages of different types of feeding that are most acceptable in each situation, teaches how to cook feeding safe methods for young children and infants, and with the subsequent support of mothers in the choice made.	II
4)	The medical staff informs all women in labor about the importance of feeding the baby at the first request of the baby, and not on a schedule. A survey of the postpartum woman confirms the receipt of these recommendations	II
5)	After discharge, the medical staff informs all women in childbirth and their families about where to get timely access to ongoing support and care to maintain lactation and continuous breastfeeding for at least 2 years or more.	II
Section 3. Accreditation Standards for medical care in Acute Coronary Syndrome or Acute Myocardial Infarction		
135. Administrative Conditions and Resources. The medical organization creates the basic conditions for the provision of medical services in cardiology (coronary syndrome or acute myocardial infarction)		

№	Standard and measurable criteria	Rank
1)	The medical organization has all types of necessary licenses to provide medical care to patients with acute coronary syndrome (hereinafter - ACS) or acute myocardial infarction (hereinafter - AMI)***	I
2)	The medical organization has approved a list of medical services in cardiology (ACS or AMI), indicating the names of procedures, operations, types of diagnostics and treatment, in accordance with the level of regionalization *	II
3)	Medical and nursing staff providing medical services in cardiology, interventional cardiology and cardiac surgery meet the qualification requirements of the job description for the position	I
4)	A medical organization of I, II and III levels is provided with the necessary medications and medical supplies in accordance with the requirements for the provision of medical care to patients with ACS or AMI of the legislation of the Republic of Kazakhstan	I
5)	A medical organization of I, II and III levels is equipped with the necessary equipment in accordance with the requirements of the legislation of the Republic of Kazakhstan	I
136. Organizational structure. The organizational structure of the medical organization provides care for patients with ACS or AMI		
1)	The cardiac surgery department (adult, children's) is created at the rate of 1 operating room for 12 beds in the department and 4 beds in the intensive care unit in accordance with the legislation of the Republic of Kazakhstan	I
2)	In the organizational structure of the medical organization of the II and III levels, the presence of a department of interventional cardiology has been established. In the Department of Interventional Cardiology, an angiographic operating room is being created at the rate of 1 angiographic unit per 250 thousand population with a round-the-clock continuous mode of operation.	I
3)	In the organizational structure of a medical organization of the II and III levels of the hospital, the presence of a resuscitation and intensive care service is established, the resources of which are sufficient to provide the necessary medical care to patients with ACS or AMI	I
4)	The organizational structure of the medical organization of the II and III levels of the hospital established the presence of an emergency admission department *	II
5)	In the organizational structure of a medical organization of II and III levels, it is established that there is a rehabilitation service for patients with ACS or AMI, or there is evidence of interaction with organizations that provide rehabilitation service *	I
137. Continuity. The continuity of medical care is followed		
1)	The process of hospitalization, referral and transfer of patients to other medical organizations is carried out on the basis of the criteria established by the medical organization and resources of the medical organization *	I
2)	The personnel of the medical organization responsible for hospitalization, referral and transfer of patients to other organizations is determined *	II
3)	The process of examining patients (laboratory and instrumental research methods, examinations of specialists) is standardized taking into account the levels of medical care and the legislation of the Republic of Kazakhstan. Diagnostic and treatment protocols and algorithms or standards of operating procedures are available to the staff of the medical organization in paper or electronic format	I
4)	The leadership of the medical organization approved the process and time frame for the transfer of examination results to the responsible personnel for making decisions on hospitalization, referral and transfer of patients to other organizations *	II
5)	The leadership of the medical organization approved the process of transfer and transportation of patients to other medical organizations *	II
138. Intensive care. Anesthesia, resuscitation and intensive care service meets the clinical needs of patients		
1)	The medical staff of the anesthesia, resuscitation and intensive care service is staffed in accordance with the requirements of the staffing table and the legislation of the Republic of Kazakhstan	I
2)	The functional duties, qualification requirements and responsibilities of the personnel of the anesthesia, resuscitation and intensive care service are determined *	II
3)	The resuscitation and intensive care service is equipped (medical equipment, medical supplies, medications, furniture, information support) in accordance with the requirements of the legislation of the Republic of Kazakhstan and in accordance with the level of medical care provided	I
4)	Intensive care in the resuscitation and intensive care unit meets the requirements of the diagnostic and treatment protocols *	I
5)	The medical organization has approved the criteria for transferring patients to / from the intensive care and resuscitation unit (s). The assessment of the patient's condition for compliance with these criteria is carried out by an intensivist *	II
139. Prevention of thromboembolism and thrombolytic therapy. Prevention of thromboembolism and (or) thrombolytic therapy is carried out in accordance with the treatment protocols		
1)	Medical staff conduct a risk assessment to determine the indications and contraindications for thrombolytic therapy. Risk assessment data is recorded in the patient's medical record	I
2)	The medical staff fills out the thrombolytic therapy protocol form approved by the chief executive of the medical organization. Thrombolytic therapy tactics are based on clinical treatment protocols	I

№	Standard and measurable criteria	Rank
3)	The necessary volume of laboratory and instrumental tests are carried out (general blood test with the obligatory determination of the number of platelets, hematocrit, determination of the level of glycemia, activated partial thromboplastin time and international normalized ratio	I
4)	In patients with atrial fibrillation and mechanical valves, taking oral anticoagulants on a regular basis to prevent thromboembolic complications, mandatory monitoring of the analysis is carried out international normalized ratio	I
5)	Peripheral venous catheter placement and monitoring meets infection control requirements	II
140. Reception (admission) of patients with ACS or AMI. The organization and conditions for admission of patients with ACS or AMI meets the needs of patients		
1)	In medical organizations of II and III levels, a communication system has been introduced that allows the doctor of the admission department to receive information from the ambulance team and urgently notify the responsible medical personnel (cardiologist and (or) interventional cardiologist) about an incoming patient with ACS or AMI	I
2)	In medical organizations of II and III levels - in case of a threat of violations of vital functions, hospitalization is carried out to the intensive care unit / department or catheterization laboratory in accordance with the requirements of the legislation of the Republic of Kazakhstan	I
3)	The triage of patients has been organized in accordance with the approved policies of the medical organization, the time frame of the algorithm for the provision of medical care to patients with ACS or AMI is observed *	I
4)	Medical staff demonstrate awareness of triage criteria and document triage criteria in accordance with the guidelines of the healthcare organization **	II
5)	Conditions have been created for the immediate and unhindered delivery of patients suspected of having ACS or AMI to the operating room.	II
141. Main treatment. The stages of the main treatment are standardized		
1)	The staff of the medical organization monitors and corrects the vital functions and hemostasis of the patient on an ongoing basis	I
2)	The staff of the medical organization monitors laboratory parameters and data from instrumental examinations of the patient if indicated	I
3)	The staff of the medical organization ensures adequate oxygenation (oxygen insufflation, installation of an air duct, artificial ventilation of the lungs) of the patient	I
4)	The personnel of the medical organization carry out the prevention and treatment of complications (pulmonary embolism, pneumonia, deep vein thromboembolism of the lower extremities, bedsores, acute peptic ulcers, etc.)	I
5)	The medical organization has the necessary equipment to provide the main treatment to the patient, in accordance with the requirements of the diagnostic and treatment protocols	II
142. Surgical treatment of patients with AMI (level III). Surgical treatment of acute myocardial infarction meets professional requirements, approved clinical protocols and patient needs		
1)	Surgical treatment is carried out according to reasonable indications in accordance with the requirements of the diagnostic and treatment protocols and the legislation of the Republic of Kazakhstan ***	I
2)	The decision to conduct surgical interventions in the acute (subacute) period is carried out collectively (with the participation of cardiologists, interventional cardiologists, cardiac surgeons and anesthesiologists, resuscitators)	I
3)	Surgical treatment is carried out in accordance with the clinical protocols of the medical organization based on evidence-based medicine *	I
4)	The stages of surgical treatment are fully standardized (paperwork, transfer to another department, etc.) in accordance with the requirements of the legislation of the Republic of Kazakhstan *	I
5)	The informed consent of the patient or his legal representatives to carry out surgical treatment is drawn up in accordance with the policies approved by the leadership of the medical organization *	II
143. Laboratory services. Laboratory services are available to meet the needs of ACS / AMI patients		
1)	The leadership of the medical organization approved the list of laboratory diagnostics services available to patients with ACS or AMI, depending on the level of medical care provided (provided by this organization or outsourced)*	III
2)	The workforce is staffed with qualified personnel capable of providing the necessary volume of laboratory services that meet the requirements of the diagnostic and treatment protocols and the needs of patients with ACS or AMI	II
3)	Emergency laboratory services are available 24/7 for patients with ACS or AMI and time frames for readiness of results are approved *	I
4)	In the service providing laboratory diagnostics services, periodic checks, calibration, medical equipment support, internal quality control are carried out **	I
5)	All stages of laboratory research are standardized *	I
144. Functional and radiation diagnostics. Functional and radiological services are available to meet the needs of ACS / AMI patients		
1)	The list of services for functional and radiation diagnostics available to patients with ACS or AMI, depending on the level of medical care provided (provided by this organization or outsourced) has been approved*	III

№	Standard and measurable criteria	Rank
2)	The workforce is staffed with qualified personnel capable of providing the necessary scope of services for functional and radiological diagnostics that meet the requirements of the diagnostic and treatment protocols and the needs of patients with ACS or AMI	II
3)	In level II and III medical organizations, emergency services of radiological and functional diagnostics are available around the clock for patients with ACS or AMI and the time frame for the readiness of results has been approved	I
4)	In the service providing services for functional and radiation diagnostics, periodic checks, calibration, support of medical equipment, internal quality control are carried out **	I
5)	All stages of functional and radiation diagnostics are standardized *	I
145. Ambulance (I level). At the level of the ambulance service, conditions have been created for the timely detection, first aid and transportation of patients with ACS / AMI		
1)	Ambulance transport, a list of medical equipment, provision of medications and medical supplies meet the requirements for the provision of emergency care to patients with ACS or AMI	I
2)	The time of arrival of the ambulance service from the call to the arrival at the place of the call is regulated in accordance with the algorithms for the provision of medical care to patients with ACS or AMI **	I
3)	The staff of the ambulance service consists of qualified personnel capable of providing the necessary amount of emergency medical care to patients with ACS or AMI	I
4)	The medical staff of the ambulance service knows the method of thrombolytic therapy at the pre-hospital stage	I
5)	Ambulance medical personnel document the patient's condition, medical assistance provided, and pass this information on to the next team of medical personnel receiving the patient	I
Section 4. Accreditation standards for medical care in oncology		
Subsection 1. Administrative conditions		
146. Administrative conditions and resources. The medical organization creates the basic conditions for the provision of medical services in oncology		
1)	The activity of a medical organization is licensed, there are all types of necessary licenses for the provision of oncological care to patients ***	I
2)	The list of services provided by the medical organization for oncology, taking into account the level of medical care provided, has been approved in the medical organization. *	II
3)	The medical organization is provided with the necessary medications and medical supplies in accordance with the established requirements for the provision of medical care in oncology and (or) radiation therapy	I
4)	The medical organization is provided with the necessary equipment in accordance with the established requirements for the provision of medical care in oncology and (or) radiation therapy	I
5)	The leadership creates the necessary conditions for effective treatment of cancer patients	I
147. Continuity. The continuity of medical care is followed		
1)	Medical organization with an oncological profile carries out organizational and methodological work on the principle of direct and feedback with primary care and regional oncologists. Monitors the timeliness of prophylactic medical examination of cancer patients (2,3,4 clinical groups). The process is documented (reports, forms 30-у\Ф, 90-у\Ф)	I
2)	Responsible persons have been identified in the oncological dispensary / center / department who interact with medical organizations that provide primary health care *	II
3)	On a regular basis, an analysis of the neglect of oncopathology is carried out with an analysis of each case. The process is documented with the identification of root causes and measures to improve the quality of timely diagnosis of malignant tumor. On a regular basis, compliance with the timeframes of examination of patients with suspected malignant tumor and the timing of the start of treatment from the moment of diagnosis verification is carried out	I
4)	A system of referral of patients with malignant tumor for examination and treatment in the medical organizations of republican level or to medical organizations with oncological profile of other regional departments (at the request or needs of the patient) is being implemented.	III
5)	There is a relationship with high-tech centers of radiation oncology and "Kazakh Research Institute of Oncology and Radiology" of the Ministry of Health of the Republic of Kazakhstan (hereinafter - KazRIOR) or similar organizations of the republican level **	II
Subsection 2. Oncological care at the level of regional, city, regional oncological dispensaries, centers and oncological departments of multidisciplinary medical organizations		
148. Dispensary department of an oncological dispensary / oncological center		
1)	A multidisciplinary group (hereinafter - MDG) has been created and is functioning in a medical organization. There is a Regulation on the work of MDG with an indication of the mode of operation, a list of group members depending on nosology *. The MDG protocol meets the requirements (the diagnosis is indicated in full, the treatment plan is defined in accordance with the requirements of the clinical protocols, the number of MDG members is not an odd number)	I
2)	In the medical organization, there is a room for pain therapy to provide assistance and advice to patients with chronic pain syndrome (if any). The nursing staff keeps the "Pain Assessment" sheet	I

№	Standard and measurable criteria	Rank
3)	Chemo-hormone therapy of patients with oncological pathology at the outpatient level is carried out in the outpatient chemotherapy office (hereinafter - OCO) of the oncological dispensary	I
4)	The OCO maintains a strict record of the arrival and consumption of anticancer and hormonal medications and the patients served. To adjust applications, quarterly reports on medications and patients are compiled	I
5)	The medical organization has offices of a social worker and a psychologist	II
149. Preparation of cytostatic medications.		
1)	To ensure the safety of medical personnel from the toxic effects of anticancer drugs and the rational use of drugs, rooms for the centralized preparation of cytostatic drugs (hereinafter referred to as RCDC) are being created.	
2)	The work in the RCDC for diluting anticancer drugs is organized in shifts.	
3)	RCDC is equipped in accordance with the requirements regulated by the legislation of the Republic of Kazakhstan (medical organization has an approved list of equipment for RCDC)	
4)	A procedure for filing an application and obtaining a ready-to-use chemotherapy medication has been developed and is being implemented. * The leadership of the medical organization approved procedures describing the activities of the office for the centralized preparation of cytostatic drugs or the centralized clinical and pharmacological department (if any), ensuring the safety of personnel *	
5)	Prepared drugs are packaged in disposable sterile containers (vials, syringes), labeled and have patient identifiers (see the standard 55). The second copy of the application is attached to the container. The prepared anticancer drugs are received and transported by the nurse of the clinical unit in containers.	
150. Department of Chemotherapy		
1)	The necessary courses of chemotherapy and other specific methods of treatment are carried out for patients with a verified diagnosis of malignant neoplasm in accordance with clinical protocols for diagnosis and treatment	I
2)	The medical staff consults and monitors patients receiving chemotherapy in related units	I
3)	Medical personnel ensure continuity in the conduct of polychemotherapy for patients with malignant diseases between inpatient units and an outpatient chemotherapy room of an oncological dispensary	I
4)	Procedures are performed to prevent and treat complications of chemotherapy. Critical health indicators have been determined for complications of chemotherapy requiring urgent measures	III
5)	Targeted therapy is carried out taking into account molecular genetic analyzes	I
151. Rehabilitation and palliative care		
1)	The service of rehabilitation treatment is provided according to the profile and level of the medical organization	II
2)	A differential approach is carried out when choosing methods and means of restorative treatment for various contingents of cancer patients	I
3)	A set of measures is being taken for the medical and social rehabilitation of patients with common forms of malignant neoplasms	I
4)	Provides consultation to medical organizations of primary health care on the organization of palliative care for cancer patients at home	I
5)	In the palliative care department, a psychologist or psychotherapist works in accordance with job descriptions	II
152. Radiology department (if any)		
1)	The level of technical equipment of the radiation therapy department with radiotherapy devices, topometric and dosimetric equipment meets the established requirements of sanitary norms and policies of the Republic of Kazakhstan ****	I
2)	The block of physical and technical support of radiation therapy is part of the radiation therapy department (radiological department), or is an independent structural unit with a staff of medical physicists, engineers, radiation laboratory assistants	II
3)	The radiology department has dosimetry and radiation therapy planning rooms	I
4)	The day hospital has radiological beds	I
5)	Keeping the radiological map complies with the established requirements (completeness and correctness of its filling; availability of a patient exposure plan, with the identification of the developer and the person who checked and approved the plan)	I
153. Organization of radiation therapy		
1)	Radiation therapy is carried out according to the principle of "a single doctor - radiation therapist (radiation oncologist)", which provides for the clinical management of the patient, pre-radiation preparation and radiation treatment by one doctor - a radiation therapist (radiation oncologist).	I
2)	Exposure plans are entered into the patient's radiological record, which contains passport data, the signature of the developer and the person who checked and approved the plan. A second medical physicist or department head reviews the exposure plans.	II
3)	In a medical organization that has one unit of radiation equipment, maintenance and repair of the apparatus is carried out by a service organization that has an appropriate license in the field of atomic energy use or an engineer for the maintenance of radiation equipment of the medical physics department - a specialist with a higher technical education, who has a certificate of advanced training in maintenance and repair of beam equipment.	II

№	Standard and measurable criteria	Rank
4)	<p>A nurse of radiation equipment (radiotherapy technologist) is a specialist with secondary or higher medical education, who has a certificate of advanced training in working on radiation therapy devices, the department of medical physics carries out:</p> <ul style="list-style-type: none"> • registration of patients referred for radiation therapy; • input of patient data and parameters of the irradiation plan into the control computer of the radiation equipment; • together with a radiation therapist, he / she arranges the patient for a radiation therapy session with the installation of the device parameters (the size of the irradiation field, the position of the gantry, collimator and treatment table, source surface distance (SSD)); • observation of patients during treatment using a television device, two-way telephone communication; • control over the work of junior medical personnel and the sanitary condition of the radiation therapy room. 	II
5)	Recharging of radiation equipment is carried out in accordance with the recommendations of the equipment manufacturer and within the time frame established by the manufacturer of the radioactive source, as well as in accordance with the policies for organizing the provision of oncological care to the population, regulated by the legislation of the Republic of Kazakhstan	II
154. Cytological laboratory		
1)	Cytological diagnostics of tumor and precancerous diseases is carried out	I
2)	Immunophenotypic, molecular biological studies are carried out using the cell block (for reference centers)	I
3)	A cytological study of the material taken during preventive, medical examinations and medical examinations of the population is carried out	I
4)	Medical personnel involved in the collection of cytological material are instructed on the method of obtaining and delivering the material to the laboratory**	I
5)	Advanced training and practical training (on-the-job training) of laboratory assistants of a medical organization for cytological study is carried out **	I
155. Pathomorphological laboratory and (or) molecular genetic laboratory		
1)	Immunohistochemical (hereinafter - IHC) and reference-expert studies of biopsy and surgical material carried out at the level of pathomorphological laboratories and reference centers of oncological organizations are carried out in accordance with the procedure and list approved by the regulatory legal acts of the Republic of Kazakhstan, protocols for the diagnosis and treatment of oncological diseases *	I
2)	The medical organization develops and implements policies and algorithms for interaction with territorially fixed oncological dispensaries, delivery services for conducting IHC and reference expert studies of histological materials *	II
3)	Expertise of IHC studies carried out in pathomorphological laboratories is carried out by reference centers at least once a year	III
4)	Automated conduct of histological and IHC studies using equipment for wiring, embedding in paraffin, using certified reagents, in compliance with standard procedures is ensured	II
5)	Molecular genetic studies are carried out using polymerase chain reaction and (or) new generation sequencing (NGS) in order to conduct personalized therapy (if available)	I
156. Department of Medical Physics		
1)	In order to ensure uninterrupted operation and control of the operation of radiation therapy equipment, verification of radiation plans using phantom measurements during complex radiation therapy techniques, functions a department of medical physics. For the work of the department of medical physics, it is provided: <ul style="list-style-type: none"> equipment for dosimetric measurements and quality control (electrometers, detectors, phantoms, auxiliary equipment); information management system, including a server for storing and processing information on radiotherapy, computer planning systems and auxiliary devices (printer, scanner, negatoscope for viewing X-ray and magnetic resonance images); workplace for the manufacture of blocks and other accessories, storage of tools and materials. 	
2)	The head of the department of medical physics is a highly qualified engineer-medical physicist.	
3)	<p>According to the legislation of the Republic of Kazakhstan, the department of medical physics provides the presence of:</p> <ul style="list-style-type: none"> • a sanitary and epidemiological conclusion for the right to work with ionizing radiation sources (hereinafter - IRS); • documentation on accounting for the arrival and consumption of radioactive substances and other radiation sources entering the department, as well as the movement of radioactive sources in accordance with the sanitary policies for working with radiation sources and the legislation of the Republic of Kazakhstan in the field of atomic energy use, • protocols of dosimetric measurements; • protocols of acceptance of newly installed equipment; • logs of maintenance of radiation therapy devices; • quality control protocols for devices; • logbook for registration of patient exposure plans; • logs of registration of patients' exposure on devices; 	

№	Standard and measurable criteria	Rank
	<ul style="list-style-type: none"> • safety instructions when working with radiation sources; • instructions for behavior in emergency situations; • journal of briefing personnel on safety measures; • internal labor regulations. 	
4)	<p>Quality control of radiation therapy equipment is carried out on an ongoing basis and includes:</p> <ul style="list-style-type: none"> • verification of the characteristics of radiation therapy devices that affect the accuracy of dose delivery; • measurement of the characteristics of therapeutic radiation beams: absorbed dose, depth dose distributions, beam profiles, radiation output coefficients, transmission coefficients of forming accessories. 	
5)	<p>An engineer-medical physicist of the department - a specialist with a higher technical education in the specialty "Medical Physics", "Physics", "Technical Physics", having a certificate of advanced training in the direction corresponding to the official duties of the Department of Medical Physics, carries out:</p> <ul style="list-style-type: none"> • planning and participation in the implementation of a radiation therapy program together with a radiation therapist with the calculation of dose distribution and exposure time, assessment and optimization of plans; • development and participation in the implementation of a quality control program for radiation therapy equipment; • measurement of the characteristics of radiation beams, including beam calibration and preparation of a new device for clinical use, at intervals in accordance with the requirements for ensuring the quality of radiation therapy; • processing of dosimetric data and their introduction into computer planning systems; • verification of radiation plans using phantom measurements, when performing complex methods of radiation therapy; • participation, together with the radiation oncologist and the nurse, of the radiation equipment in the first placement of the patient and periodic monitoring of the correctness of the implementation of the radiation treatment plan; • supervision of the maintenance of radiation therapy equipment. 	
157. Specialized Consultative and Diagnostic Department / Unit (SCDD)		
1)	SCDD is carrying out organizational and methodological work to introduce screening programs aimed at reducing mortality from cancer	II
2)	Coordination work is carried out with specialized physicians and main freelance specialists in specialties involved in screening tests	II
3)	Archiving of screening mammograms and cytological micropreparations is carried out	II
4)	Coordination of work plans is carried out with the timely provision of analytical information on screening to the republican SCDD	II
5)	The medical organization carries out activities to improve the qualifications of SCDD physicians, to plan and guide sanitary and educational work within the framework of screening programs **	II
Subsection 3. Oncological care at the national level		
158. Coordination and methodological activities		
1)	Research, scientific and practical and organizational and methodological work is carried out in the field of oncology, radiation diagnostics and radiation therapy, nuclear medicine with experimental, clinical and statistical studies	II
2)	Organizational, methodological and advisory assistance to healthcare organizations on medical, diagnostic and organizational issues, the introduction of new technologies in the field of oncology, radiation diagnostics and radiation therapy, nuclear medicine is provided	II
3)	The activities of the oncological service of the Republic of Kazakhstan are coordinated: monitoring and analysis of the annual reporting of regional, regional, city oncological dispensaries and centers	II
4)	Improvement of existing and development of new methods of diagnosis, treatment, prevention of malignant oncological diseases is carried out	II
5)	The development, implementation, monitoring of screening programs for the early diagnosis of oncological diseases in the Republic of Kazakhstan is being carried out	II
Section 5. Accreditation Standards for Trauma Care		
159. Administrative conditions and resources. The medical organization creates the basic conditions for the provision of medical services in traumatology and orthopedics		
1)	The activity of a medical organization is licensed, there are all types of necessary licenses for the provision of traumatological and orthopedic care to patients	I
2)	The leadership of the medical organization approved the list of traumatological and orthopedic services, taking into account the level of medical care provided	I
3)	The medical organization is provided with the necessary medications and medical supplies in accordance with the requirements for the provision of medical care in traumatology and orthopedics, taking into account the level of medical care provided	I

№	Standard and measurable criteria	Rank
4)	The medical organization is provided with the necessary equipment and instruments in accordance with the requirements for the provision of medical care in traumatology and orthopedics, taking into account the level of medical care provided	I
5)	The medical organization creates the necessary and safe conditions of stay and treatment for traumatological and orthopedic patients	I
160. Organizational structure. The organizational structure of the medical organization provides traumatological and orthopedic treatment of patients		
1)	The organizational structure of a medical organization defines the presence of a unit providing the provision of traumatological and (or) orthopedic care to patients	I
2)	The medical organization has established the presence of a trauma center that provides round-the-clock outpatient reception of patients with acute trauma	I
3)	The medical organization has an approved regulation on the unit (s) providing traumatological and (or) orthopedic care to patients	I
4)	The unit providing trauma and (or) orthopedic care to patients is staffed in accordance with the staffing table of the medical organization and job descriptions	I
5)	The medical organization appoints the head of the traumatological and (or) orthopedic unit, who meets the established qualification requirements of the job description for the position held	I
161. Resources. The material and technical base of the medical organization corresponds to the volume and level of medical care provided to traumatological and orthopedic patients		
1)	The medical organization has the necessary and serviceable medical equipment to provide high-quality and effective trauma and orthopedic care to patients	I
2)	The medical organization has the necessary and serviceable tools to provide high-quality and effective trauma and orthopedic care to patients	I
3)	Medical equipment undergoes periodic technical checks, calibration and, if necessary, repairs	I
4)	A medical organization annually compiles a list of necessary medical equipment, medical devices, instruments and medications for the provision of traumatological and (or) orthopedic care to patients, based on applications from the head of the trauma and (or) orthopedic unit	I
5)	The medical organization provides the necessary irreducible stock of medical supplies and medications for the provision of a full volume of medical care in case of acute trauma or diseases of the musculoskeletal system	I
6)	The medical organization plans and allocates from the budget of the organization the necessary financial resources for the maintenance and development of trauma and orthopedic services	I
162. Admission of the patient. The initial examination of a patient with an injury or disease of the musculoskeletal system meets the requirements for availability, timeliness and volume		
1)	The medical organization provides: timely admission / examination of patients with mild trauma or with exacerbation of chronic diseases of the musculoskeletal system in the office of an orthopedic traumatologist; timely admission and examination in the admission department with acute trauma with independent treatment of patients, with admission through an ambulance, with the direction of other medical organizations timely admission and examination of patients with acute trauma at the trauma center	I
2)	During the initial admission / examination of a patient with an injury or a disease of the musculoskeletal system, complaints and anamnesis of life, injury or disease, hereditary, allergic, objective and local status are collected with the determination of a preliminary diagnosis	I
3)	Patients with severe trauma are evaluated for vital functions, neurological examination, assessment of the local status of the patient, taking into account the score of the degree of anatomical damage, assessment of the degree of physiological disorders with the participation of resuscitators	II
4)	The medical organization ensures the timely conduct of laboratory and instrumental research methods for patients with trauma or disease of the musculoskeletal system	II
5)	The beginning and timeliness of providing medical care to patients with trauma and (or) with diseases of the musculoskeletal system comply with the requirements of the diagnostic and treatment protocols approved by the leadership of the medical organization	II
163. Specialized medical care. Traumatological and orthopedic care meets the requirements of high-quality and effective medical care for patients		
1)	Medical care for traumatological and orthopedic patients is provided in accordance with the diagnostic and treatment protocols approved by the leadership of the medical organization, taking into account the level of medical care	II
2)	A special informed voluntary consent of the patient for surgery is issued (the patient is informed about the benefits, risks, possible complications and alternatives of the proposed treatment method)**	I
3)	In a medical organization, an analysis (investigation) of lethal cases of patients with trauma or diseases of the musculoskeletal system is carried out	I

№	Standard and measurable criteria	Rank
4)	In a medical organization, in case of difficulty in making a diagnosis, ineffectiveness of the treatment being carried out, as well as for other indications, a concilium is organized in order to establish a diagnosis and determine a more effective treatment plan in accordance with the requirements of the diagnostic and treatment protocols *	I
5)	A medical organization has introduced the principle of "not refusing medical care" in case of acute trauma of any nature, regardless of the patient's place of residence *	I
164. Trauma and Orthopedic Care Resources and Plan. Traumatological and orthopedic care meets the requirements of high-quality and effective medical care for patients		
1)	Medical personnel providing medical care to patients with trauma and diseases of the musculoskeletal system undergo training and advanced training on an ongoing basis	I
2)	The medical organization has introduced technologies and methods of treating injuries and diseases of the musculoskeletal system, corresponding to professionally recognized sources, based on evidence-based medicine	I
3)	The medical organization coordinates the interaction of the organization's trauma service and emergency medical care, with an analysis of the level and quality of medical care for trauma at the prehospital stage	II
4)	The medical organization has an emergency preparedness plan that provides for the provision of trauma care, including in case of mass admissions of patients *	II
5)	Conditions are created to prevent the patient falls (for example, toilets are equipped with handrails, the first and last steps of the stairs are visually marked, the stairs are equipped with handrails, there are no sharp protrusions)	II
165. Intensive care. Anesthesia, resuscitation and intensive care service meets the clinical needs of patients		
1)	The personnel of the intensive care service is staffed in accordance with the regulatory requirements, staffing and organizational structure of the medical organization *	I
2)	The medical organization conducts training of personnel of the anesthesia, resuscitation and intensive care service on the provision of intensive care and anesthesia to patients with injuries, including multiple and concomitant trauma	I
3)	The intensive care service is equipped in accordance with the established requirements (medical supplies, medications, medical equipment, furniture) in accordance with professional requirements and according to the level of medical care provided	I
4)	In case of admission to the admission department of a medical organization of critical patients with acute trauma, including multiple and concomitant trauma, a timely examination by a resuscitator is provided.	I
5)	The medical organization has approved the criteria for transferring patients to / from the intensive care and resuscitation unit (s). Assessment of the patient's condition for compliance with these criteria is carried out by a resuscitator *	I
166. Surgical unit. The conditions of the surgical unit ensure the surgical treatment of patients with trauma or diseases of the musculoskeletal system		
1)	The medical organization has an approved staff and personnel of the surgical unit to ensure the conduct of surgical treatment, taking into account the level of medical care provided. The personnel of the intensive care service is staffed in accordance with the requirements, staffing and organizational structure of the medical organization *	I
2)	The medical organization operates surgical unit that provides a full and safe surgical intervention for injuries or diseases of the musculoskeletal system	I
3)	The medical organization provides the surgical unit with the necessary and serviceable equipment, instruments, medical products and consumables for performing surgical interventions in patients with trauma and diseases of the musculoskeletal system, taking into account the level of medical care provided	I
4)	The medical organization conducts training of the surgical unit personnel on the organization and conduct of surgical interventions in patients with trauma and diseases of the musculoskeletal system	I
5)	A medical organization has implemented a system for patient identification and verification of the operating area in patients with trauma or disease of the musculoskeletal system before the immediate surgery	I
167. Rehabilitation services. Rehabilitation services meet the timely and comprehensive requirements for the recovery and improvement of the quality of life of trauma and orthopedic patients		
1)	In the structure of the medical organization, the presence of a rehabilitation department has been established or beds for rehabilitation have been identified as part of the trauma and (or) orthopedic department	II
2)	The medical organization has the necessary conditions and a list of medical equipment for early and (or) late rehabilitation assistance to traumatological or orthopedic patients	II
3)	The medical organization conducts training of medical personnel on modern technologies for the provision of rehabilitation care to traumatological and orthopedic patients	II
4)	The medical organization provides an individual comprehensive rehabilitation plan for patients with trauma and musculoskeletal diseases	II
5)	The medical organization monitors the implementation of the rehabilitation plan and makes the necessary adjustments to increase and improve the quality of life of patients	II

№	Standard and measurable criteria	Rank
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CHAPTER 6: PROVIDING EMERGENCY MEDICAL CARE TO THE ATTACHED PATIENT POPULATION

Chapter 6. Providing emergency medical care to the attached patient population		
168. Ambulance / emergency PHC services meet the needs of patients.		
1)	The standards for the provision of emergency medical care in PHC in terms of response time comply with the legislation of the Republic of Kazakhstan, are controlled and verified by response time	III
2)	Ambulance vehicles are equipped with the necessary equipment for the provision of first and emergency medical aid	I
3)	The ambulance team (brigade) is equipped with the necessary medications and medical supplies for the provision of first and emergency medical aid	I
4)	Paramedic and specialized (medical) teams are formed, providing medical assistance to the attached population and persons in the primary health care service area around the clock	I
5)	The volume of medical care is provided in accordance with the standards of medical care (clinical protocols, clinical guidelines, algorithms)	I
169. Availability of navigation, ambulance vehicles and staff. Navigation, the number of ambulance transport and responsible staff ensure the provision of emergency medical care to the assigned population		
1)	The emergency medical dispatch at PHC is equipped with communication resources with the ambulance station, as well as with paramedic and specialized (medical) teams	II
2)	Radio communications and digital mapping are used in the uninterrupted exchange of information	II
3)	One ambulance transport is introduced for the population of 10 thousand or less, taking into account the referring of the population***	II
4)	Medical vehicles are equipped with radio communication and navigation system	II
5)	The staffing number of dispatchers, doctors and paramedics and their actual presence ensures round-the-clock work of ambulance at PHC	I
170. The readiness of the brigade to provide emergency medical care. The ambulance team is trained to provide different levels and types of emergency care ***		
1)	Doctors and paramedics are trained according to internationally recognized standards of urgent and emergency care: "Basic resuscitation" - Basic Life Support (BLS)	I
2)	Doctors and paramedics are trained according to internationally recognized standards for the provision of emergency and urgent care: "Advanced Cardiopulmonary Resuscitation" - Advanced Cardiac Life Support (ACLS)	I
3)	Doctors and paramedics are trained according to internationally recognized standards of emergency and urgent care: "Extended cardiopulmonary resuscitation in pediatrics" - Pediatric Advanced Life Support (PALS), "Providing medical care at the prehospital stage for trauma" - Prehospital Trauma Life Support (PHTLS)	I
4)	The driver is trained in the transport of critically ill patients; the peculiarities of driving in extreme weather conditions and during rush hours	III
5)	The driver is trained in first aid measures (basic cardiopulmonary resuscitation) and transportation, patient transfer	III
171. Safe Care Basics. The leadership and members of the ambulance team (brigade) ensure safe patient care		
1)	The members of the ambulance team are trained in algorithms for the safe escort and transportation of the patient to reduce the risk of falling. There are working stretchers for transporting the patient.	II

№	Standard and measurable criteria	Rank
2)	The provided treatment and other data is reflected in the call record card in accordance with the legislation of the Republic of Kazakhstan. The patient becomes familiar with the treatment provided and receives a copy of the call record card	III
3)	The leadership and (or) an expert doctor audits the call record cards for compliance with the diagnostic and treatment protocols, as well as their correct filling	II
4)	High-alert medications, as well as look-alike and sound-alike medications are marked. The staff follows algorithms for verbal prescription of medications.	II
5)	Staff is trained to ensure patient confidentiality in on-site health care (when talking to neighbors, escorts and other activities)	III
172. Driver check, maintenance and cleaning of vehicles. Driver checks, maintenance and cleaning of vehicles ensure the safe transportation of medical vehicles		
1)	The physical and alcoholic state of the driver is controlled before starting a shift **	I
2)	Medical vehicles undergo timely technical inspection(maintenance) and repair **	II
3)	Medical vehicles are insured, the necessary sets of tires are available and used according to the season	III
4)	According to the established schedule, treatment of surfaces, cleaning the inside of vehicles are carried out	III
5)	Data collection on road traffic accidents and analyzation of each traffic accident is carried out; introductory briefing (instruction) of drivers upon hiring and periodic briefing after each case of a road traffic accident is carried out	III