National Health Insurance Authority

THE HHCFLB

PRIMARY CARE QUALITY AND SAFETY STANDARDS MANUAL

1st Edition

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INTRODUCTION

Primary and community healthcare services have a critical role in delivering healthcare to people across The Bahamas. Primary Care is generally the first point of contact for healthcare services that provides care as close as possible to where people live and work. It constitutes early intervention, treatment of acute conditions, management of chronic conditions, health promotion and prevention.

In developing the Primary Care Quality and Safety Standards Manual, NHIA has aligned the structure and format to other best practice standards and local laws which include the Joint Commission International, CDC, and the Hospitals & Healthcare Facility Act and Regulations.

To ensure that our facilities consistently remain focus on providing safe, high- quality care, NHIA will from time-to-time conduct unannounced inspections. Unannounced inspections do not require that the medical director of a facility is notified in advance of an inspection. The idea of unannounced inspections is for the team to be able to see how the facility operates on a daily basis.

AIM

These standards aim to improve the quality of healthcare delivered by describing a nationally consistent framework, which all NHI primary care provider practices can apply when delivering services. The standards are designed to mitigate risk relating to the delivery of care thus allowing our goal to standardize, modernize and optimize primary care in The Bahamas to be achieved.

ORGANIZATION OF THE STANDARDS MANUAL

The standards will provide NHI Primary Care Providers practices with a framework that describes the processes and structures that are needed to deliver safe and quality care. This manual will cover standards that fall under the following eight categories:

- **Responsibilities of Management (ROM)**
- **Access, Assessment and Care of Beneficiaries (AAC)**
- **Beneficiary Centered Care (BCC)**
- **Management of Medication (MOM)**
- **Infection Prevention & Control (IPC)**
- **Facility Management & Safety (FMS)**
- **Human Resource Management (HRM)**
- **Information Management System (IMS)**

CONTENTS

CHAPTER 1: Responsibilities of Management (ROM)

Purpose

The management of the facility is aware of and understands the various responsibilities and authority of individuals in the organization and how these individuals work together. The standards require that one or more individuals are accountable for the expectation(s) found in this chapter. The responsibilities of management are defined. Collectively and individually, they are responsible for complying with local laws and regulations and for meeting the organization's responsibility to the beneficiary population served.

Standards

ROM.1 The facility Medical Director is to be present for the inspection.

ROM.2 The facility has a certificate to prove compliance with The Bahamas building code regulation (occupancy certificate, business license).

ROM.3 The facility has posted in a clear and visible location the names and credentials of all professional staff. If unable to be posted, list of Providers, Registered Nurses, and Health Professionals along with their licence(s) are available for review by the Inspector.

ROM.3.1 The Facility has a Medical Practitioner/Registered Nurse/Health Professional (regarding specialty clinic) on duty at all times during the hours of operation.

ROM.3.2 The Facility is staffed with qualified employees, commensurate with the type of services offered.

ROM.4 The facility infrastructure includes an emergency vehicle access (ramp) that is not obstructed to transport wheelchair and stretcher bound beneficiaries.

ROM.5 The facility has legible sign(s) posted on the exterior or door indicating the type of specialty(ies) or services offered.

ROM.5.1 There are "Authorized Personnel Only"/Employees Only" signage in places where appropriate.

ROM.5.2 There is a list of all procedures/tests that are carried out by the facility.

ROM.6 There is an appointment booking system in place for beneficiaries. System can be electronic or manual (paper).

ROM.7 The facility infrastructure includes a functional telephone system

ROM.7.1 Interim measures are implemented when telephone system is damaged, non-functional or need to be repaired.

- Provide emergency/alternative telephone contact(s) to beneficiaries and staff

ROM.8 The facility infrastructure has a designated waiting area(s).

ROM.8.1 No Smoking signs are posted in waiting area or in an area where it is noticeable.

- No smoking includes vapes/vaporizers and e- cigarettes that is used for vaping.

ROM.9 The facility infrastructure includes a nurses' station(s), a work counter, and provisions for charting.

ROM.10 The facility has the necessary ambulatory equipment to meet the needs of the beneficiary.

- There are wheelchair(s) readily available for beneficiaries.

ROM.11 The facility demonstrates that adequate supplies are available to meet beneficiaries' needs.

ROM.12 The facility shall ensure that the quality action plan, listing opportunities for improvement identified during the inspection/reinspection process is updated within 2 weeks of the inspection/reinspection date.

ROM.13 A quality action plan follow-up inspection shall be conducted when opportunities for improvement have been identified during the inspection/reinspection process. The follow-up inspection shall be guided by the updated quality action plan submitted by the medical director.

CHAPTER 2: Access, Assessment and Care of Beneficiaries (AAC)

Purpose

Beneficiaries are to be informed of the services provided by the facility. The goal is to match the beneficiary's health care needs with the services available thus resulting in improved beneficiary care outcomes and more efficient use of resources. Beneficiaries cared for by the organisation undergo an established initial assessment. Assessments consist of collecting data and information on the beneficiaries physical, psychological, and social status, and health history; analysing the data and information, including the results of laboratory testing, diagnostic imaging, and physiologic monitoring, to identify the beneficiary's health care needs and developing a plan of care to meet their identified needs. The facility provides safe and effective care and services to all beneficiaries. When similar care is provided, care delivery is uniform.

Standards

AAC.1 There is a process established and implemented for collecting, identifying, handling and safely transporting specimens.

AAC.1.1 The facility ensures all specimens are labelled by staff with the beneficiary's name, date of birth and date and time of collection before leaving the beneficiary.

AAC.1.2 The facility ensures that urine specimen containers are labelled with beneficiary name, date of birth and the date prior to specimen collection.

AAC.1.3 The facility ensures capillary tubes are placed in a test tube, which is then labelled with the beneficiary's name, date of birth, and date of collection before leaving the beneficiary.

AAC.1.4 The facility ensures there is a process for transporting and preserving all specimens transported to an external laboratory for clinical testing, if applicable.

- Specimen is placed in a biohazard zip lock bag, then placed in a cooler/specimen box with ice packs. Cooler/specimen box is to be sealed.
- Cooler/specimen box is to be label with biohazard sticker or "biohazardous."
- Cooler/specimen box is to be leak proof and puncture resistant

AAC.2 The facility has a diagnostic set (instruments to examine eye, external ear, nose, and throat) present to assess the beneficiary during a physical exam.

- Assessment tools can be mounted on the wall or a part of a kit.

AAC.3 There is a Nebulizer (at least one with a compressed air/oxygen delivery system) or oxygen tank(s) with masks present in the facility.

- Certified inspection conducted annually on the Nebulizer machine.
- Weekly checks are completed on the Nebulizer machine.
- Evidence of weekly checks documented by maintaining a log indicating, date, time, and results of checks, including corrective actions, as necessary.
- Oxygen masks present to meet needs of population served (adult & paediatric, if applicable).

AAC.4 There is an Automated External Defibrillator or Manual Defibrillator present in the facility.

- Certified inspection is conducted annually on a Manual Defibrillator or an Automated External Defibrillator (AED).
- Weekly checks are completed.
- Evidence of weekly checks documented by maintaining a log indicating, date, time, and results of checks, including corrective actions, as necessary.

AAC.5 There is a Glucometer present in the facility.

CHAPTER 3: Beneficiary Centred Care (BCC)

Purpose

This chapter covers standards specific to beneficiary rights and responsibilities, beneficiary and family education, informed consent, and the mechanisms available for addressing grievances, incorporating beneficiary satisfaction and experience. Beneficiary and family education help beneficiaries better understand and participate in their care and make well-informed care decisions. Beneficiary care outcomes can be improved when beneficiaries and, as appropriate, their families and/or those who make decisions on their behalf are well informed and involved in care decisions.

Standards

BCC.1 There is Evidence of informed consent from the beneficiary or family about their care.

- General consent for treatment is obtained from a beneficiary or designee.
- Consent is obtained by having beneficiary or designee sign consent form.
- Consent is obtained for minors receiving treatment.

BCC.2 The facility has a mechanism to capture beneficiary's feedback and to address complaints and/or grievances.

- Beneficiary satisfaction survey/comment card is available for completion.
- A secured suggestion box is present to store completed surveys.
- Written and/or verbal complaints are reviewed, and appropriate responses made to address concerns documented.
- There is Evidence that data from survey/comment card is analysed to improve the beneficiary experience.

BCC.3 The facility implements a patient's rights and responsibilities policy/document that includes but is not limited to: -

- Considerate and respectful care provided at all times and under all circumstances, with due regard to the patient's personal dignity.
- Patient privacy and confidentiality concerning any matter related to the patient's medical history is maintained.
- Appropriate care provided based on the circumstances.
- Patients are informed of the identity and professional status of any person providing for their care.
- The health practitioners responsible for coordinating patient care informed the patient of their diagnosis and current prognosis, if known.
- Patient rights and responsibilities are clearly displayed and visible.
- Policy exists to educate staff of these rights and responsibilities.

CHAPTER 4: Management of Medication (MOM)

Purpose

Medications are a critical component of the care provided to beneficiaries and are used for diagnostic, symptomatic, preventive, curative, and palliative treatment and management of diseases and conditions. Management of medication system covers the safe and effective use of medication. These standards focus on correct storage (as regards to temperature); high-risk medications including look-alike, sound-alike, expiry dates and documentation requirements.

Standards

MOM.1 Medications are properly and safely stored and/or secured.

- There is Evidence that controlled substances, or "dangerous drugs" are properly secured.
- Medications are stored in a locked cabinet or refrigerator protected from loss or theft.
- Keys for storage area(s) are secured, e.g., kept on the clinician responsible for these medications.

MOM.2 Medications are prepared in a safe and clean environment (if applicable).

- Medications are prepared in a clean, uncluttered, safe, and functionally separate area.

MOM.3 Medications are administered safely.

- Medications are administered by those who are permitted by law to do so.

MOM.4 Multi-dose medications are clearly labelled to ensure safety and efficacy.

- Multi-dose vials are labelled with date opened and/or date of expiration (the last date that the product is to be used).
- Multi-dose medication vials are discarded 28 days after opening.
- Shelves used for storage of clean/sterile medical supplies and devices are at least 25 cm (10 inches) off the floor and 45 cm (18 inches) from the ceiling and sprinkler head.

MOM.4 The facility has a vaccine management policy/protocol, if applicable.

- Vaccines are stored in a separate refrigerator.
- Other items (medications/biological products) stored in the vaccine refrigerator must be clearly marked and stored in separate container/bins from the vaccines.
- Potentially contaminated items (blood, urine, stool) are properly contained and stored below vaccines due to risk of contamination from drips or leaks.
- Ice packs are available in refrigerator to maintain vaccine temperature when transporting.
- Water bottles are placed in the refrigerator on the top shelf, the floor and in the door racks.
- The facility has a back-up power supply (generator) to ensure proper cold chain management**. If no generator exist, vaccines are taken to government clinic for storage.**

CHAPTER 5: Infection Prevention and Control (IPC)

Purpose

The goal is to identify and to reduce or eliminate the risks of acquiring and transmitting infections among beneficiaries, staff, providers, and the community. Infection prevention and control activities can differ from facility to facility but should address infection risks in persons and the environment.

Standards

IPC.1 There is Evidence of at least one sink, with running water for hand washing that is connected to the internal drainage system per beneficiary exam/treatment room.

IPC.1.1 Every facility shall have an adequate number of lavatories to accommodate the volume of patients and employees. E.g., facility should have at least 1 bathroom. Check sink in bathroom to ensure running water is available for hand washing.

IPC.2 There is evidence that vaccines, reagents, specimens, and medications are stored safely to ensure proper cold chain management.

- Evidence that no food or staff personal items stored in fridge.
- Temperature monitoring conducted once a day. Can use digital or manual thermometer.
- Maintain temperature log/checklist to demonstrate temperature recording.
- Documentation of corrective action plan when temperatures are out of range or refrigerator is not operational.
- Evidence of defined contingency plan when fridge is not operational.

IPC.3 The facility stores medical and cleaning supplies/equipment in separate areas.

- Cleaning supplies/chemicals are stored separately.
- Medical supplies are stored in a separate or designated area.
- Medical supplies can be easily accessed and/or retrieved.
- Supplies stored in the clinical environment is removed from cardboard boxes. E.g., if storage area is away from the clinical area cardboard boxes are allowed.
- Supplies used in the care of beneficiaries are not to be stored directly on the floor.

IPC.4 Hand Hygiene guidelines/protocols are implemented.

- Evidence of gloves, gowns, masks, soap, hand sanitizers, etc. are available in the facility.
- Personal Protective Equipment (PPE) are worn at appropriate times while performing beneficiary testing, exams and other procedures involving direct beneficiary contact.

IPC.5 Reduce the risk of facility associated infections.

- Implement hand hygiene guidelines to reduce the risk of infections. Use Centres for Disease Control and Prevention (CDC) guideline found on their website. See reference list at the back with link containing free handwashing posters.
- Educate staff on proper hand washing techniques outline on CDC website.
- Wash hand for at least 20 seconds. **E.g., to time washing count to 20, sing happy birthday song from beginning to end twice.**
- Post CDC hand hygiene guideline near washing stations/sinks.
- Ensure supplies such as soap, disinfectant, hand towels, etc. are available and located in areas where hand washing is required.

IPC.6 The facility reduces the risk of infections associated with equipment, instruments, and supplies by ensuring adequate cleaning, disinfection, sterilization, and storage (if applicable).

- Instruments label as single use is not to be used more than once.
- Equipment used for sterilization is checked annually.
- Certified inspection sticker to be affixed to machine indicating date of check.

IPC.7 The facility has a process of managing expired supplies, medications, and vaccines.

- No expired reagents, medications or supplies found on site.
- Reagents, vaccines, and medications are labelled with “use by” or “expiration date” once opened.
- A process for destruction of expired medications exists. E.g., the process outlines how expired items are managed. Process to cover, if applicable, how they are stored & label, (stored separately and labelled “expired” or “not for use” or “for destruction)” or discarded in the sharp container.

IPC.8 The facility reduces the risk of infections by ensuring proper waste disposal and safe handling of sharps and needles, and infectious waste.

- General waste receptacle in each exam room.
- Biohazard container/waste bin in each exam/treatment room.
- Sharp container in treatment and exam rooms, if applicable.
- Small sharp containers are mounted on wall.
- Lid on large sharp containers stored on floor are kept closed.
- Infectious waste is stored in double impervious plastic bags that are: -
  - Secured fastened
  - Conspicuously marked “infectious waste”.
- Infectious waste is transported in large red receptacles/bins that are conspicuously marked “infectious waste”.
- Large red bins that are full are stored in an enclosed area that is secured from unauthorized persons, birds, and animals.
- Infectious waste is incinerated or otherwise processed to render the waste harmless. **When sub-contracting with other facilities for removal of infectious waste, the Inspector is to review a letter from the facility that is disposing the waste and review a copy of the original contract with Bahama Waste.**
- Infectious waste is not to be disposed of using mechanical methods (shredding, grinding, pulping, or compacting).
- Infectious waste is deposited in landfill.

- Broken or leaking bags of infectious waste is re-bagged before it is transported from the facility.
- Compacted trash that constitutes a hazard to any person or thing and the integrity of the container is compromised, the container is handled as infectious waste.

IPC.9 The facility ensures effective environmental cleaning and disinfection practices to maintain environmental cleanliness.

- Environment to be cleaned at least daily.
- Garbage bins are cleaned weekly or as needed.
- Ceiling tiles are intact, none missing or stained.
- Facility has been fumigated at least annually.
- Fans are to clean and dust free.
- Air condition filters/vents are cleaned at least twice a year.

IPC.10 Communicable Diseases are reported within 8 hours to the Director of Public Health. Reporting is mandatory and the Provide is responsible for reporting these diseases. Health Services/Health Rules under rule 46 list diseases that are to be reported.

IPC.11 There is to be no eating in the clinical area. The Inspector looks to see if evidence exist that eating occurs in the clinical area.

IPC.12 Sterile/suture trays and supplies (gauze) are dated and current.

IPC.13 IV poles are clean and functional. Applicable in OB/GYN office.

IPC.14 The facility has respiratory equipment (ambu bags) present to provide respiratory support to patients.

- Ambu bags are cleaned, labelled, and stored covered.
- Daily checks are completed on the Ambu bags.
- Ambu bags present to meet needs of population served (adult, adolescent & pediatric, if applicable).

IPC.15 Patients who present with respiratory illness symptoms (cough, sneezing, runny nose) are given a mask to wear or asked to wait in their vehicle.

CHAPTER 6: Facility Management and Safety (FMS)

Purpose

The standards guide the provision of a safe and secure environment for beneficiaries, their families, staff, and providers. The focus is on the facility, equipment, and internal physical environment for the purpose of 1) reducing and controlling hazards and risks; 2) preventing accidents and injuries and 3) maintaining safe conditions.

Standards

FMS.1 The facility has an exam and/or treatment room(s) that meets the requirement of local laws and the type of services being offered at the facility.

- General purpose exam room(s) – for medical, obstetrical, and similar examinations, rooms shall have a minimum floor area of 86 square feet with the ideal size being at least 100 square feet (9.29 square meters), excluding vestibules, toilets, and closets. Room arrangement should permit at least 2 feet 8 inches (812.8 millimeters) clearance at each side and at the foot of the exam table. A hand washing station and a counter or shelf for writing shall be provided.
- Treatment room(s) for minor surgical and cast procedures (if provided) shall have a minimum floor area of 120 square feet (11.15 square meters), excluding vestibule, toilet, and closets. Room arrangements should permit at least 2 feet 8 inches (812.8 millimeters) clearance at each side and at the foot of the examination table. A hand washing station and a counter or shelf for writing shall be provided.
- Room(s) signs reflect the actual use of the room.
- Room doors are operational and can open and close properly.

FMS.2.1 Oxygen tanks are properly secured and stored.

- Ensure oxygen tanks are stored securely (in a stand or cart). Tanks can also be attached to an emergency cart. Oxygen tanks are not stored directly on the floor.
- Oxygen tanks are stored upright to prevent falling or being knocked over.
- Place “full” or “empty” tags on oxygen tanks to determine the status of the cylinder/tank. E.g., green tags for “full” and red tags for “empty” or create “full” and “empty” tags to attach to tank(s). **<u>OR</u> the oxygen tank has a regulator with a gauge that shows when the tank is full (green area) and when it needs to be refilled (red area).**

FMS.2.2 Adequate lighting installed throughout the facility.

- Adequate lighting provided at stairs and other hazardous areas (sluice/dirty room, medication room/pharmacy, lab).

FMS.2.3 Safe flooring and walkways exist throughout the facility.

- Free from protruding nails, holes, and loose tiles.
  - Grates or similar types of covers over floor openings designed that foot traffic or equipment will not be affected by the grate spacing.
  - Walking paths are free of electrical cords.

FMS.2.4 Stairway/stairs safety measures are implemented (if applicable).

- All stairways with four or more risers have a railing.
- Steps on stairs sand stairways designed or provided with surface treads that render them slip resistant.

FMS.2.5 Electrical Panel safety measures are implemented.

- Electrical panel is labeled appropriate.
- Electrical panel have functional latches and power switches (on/off).
- Electrical panel is not obstructed/blocked.

FMS.3 The facility has a process for medical equipment management. The process includes inspection, testing, preventative maintenance and documenting the results.

- Maintain an equipment inventory list of all equipment used for the delivery of care to beneficiaries. Inventory equipment list includes date of last service.
- Evidence that equipment/devices used in the delivery of care are checked weekly & checks documented. **If the equipment/ device is used daily in the delivery of care, the first time it is used for the day can be documented as a daily check.**
- Evidence that equipment/devices were checked annually. Affix PM sticker indicating month and year maintenance was done and signature of person completing same.
- Ensure clinical equipment/devices are kept out of waiting areas.

FMS.4.1 Fire extinguisher safety measures implemented.

- There is at least one fire extinguisher for every 2,000 feet of floor area.
- Evidence that fire extinguisher is serviced annually. E.g., PM sticker affixed indicating month and year of check.

FMS.4.2 Smoke Detector safety measures implemented.

- Adequate number of smoke detectors are installed throughout the facility.
- Smoke detectors are checked at least once a year. E.g., check batteries and change, as necessary.
- Smoke detectors and sprinkler heads are free of paint and dust.

FMS.4.3 A process exists to ensure safe exit when fire and non- fire (smoke) emergencies occur.

- The emergency door(s) are free from obstruction. **E.g., door(s) are not blocked.**
- The emergency door(s) are unlocked from the inside. It is acceptable to keep key in the door.
- Emergency exit lights are lit and visible above emergency door.
- There are adequate number and distribution of exits to allow prompt escape, in compliance with the local building code.
- Emergency exit path/corridor is free from obstruction/easily passable to ensure easy egress when fire or non-fire emergencies occur.
- Fire evacuation routes are posted at appropriate places in facilities that have 3 or more emergency exits.

FMS.4.4 Staff are educated/orientated on fire and non-fire (smoke) safety practices.

- The facility involves staff in regular exercises to evaluate fire safety process. E. g. conduct fire drills or simulate drill process, determine frequency of drills/simulation.
- Maintain a "sign in" sheet to document who was present during drill/simulation.

FMS.5 Electrical safety measures implemented.

- Extension cords are not used. E.g., cords can be used for computers only.
- Extension cords are free of splices or tapes.
- The clinical areas are free of toaster, microwaves, tea kettles, coffee machines, etc.
- Medical equipment flexible cords and cables are free of splices or tapes.
- Sockets have safety covers in facilities providing services to children.

FMS.6 Spills, trash, debris, and water are cleaned up immediately.

FMS.7 Elevator safety measures implemented.

- Elevators are serviced at least twice a year or every 6 months**. E.g., up-to-date inspection certificate is posted in each elevator.**
- Elevator floors are slip resistant and level with landing.

FMS.8 Exterior lights illuminate the facility adequately.

FMS.9 Sidewalks, curbs, and driveways are in good condition. If damages to these areas affects patient safety, defects are to be resolved.

CHAPTER 7: Human Resource Management (HRM)

Purpose

The most important resource of the organisation is its human resource. Human resources are an asset for the effective and efficient functioning of the organisation. The facility provider identifies the right number and skill mix of staff required to render safe care to the beneficiaries. The facility must orient the staff to its environment and orient them to specific duties and responsibilities related to their position.

HRM.1 All staff (clinical and nonclinical) are oriented to the facility, to the area to which they are assigned and to their specific job responsibilities.

- Evidence that orientation was completed at the time of joining the facility.
- Staff is aware of NHIA program benefits and information technology requirements.
- Orientation checklist covers key information included in the orientation process.
- Have new staff member along with the preceptor sign and date each topic on checklist, indicating it was covered.
- Keep orientation checklist in the staff personnel file.
- Have a copy of staff orientation checklist or other documents to meet requirement, available for review by the Inspector during inspections.

HRM.2 Staff who provide direct beneficiary care are trained in resuscitative techniques.

- Evidence that staff providing direct beneficiary care are trained in basic resuscitative techniques. E.g., CPR/BLS – recertified every 2 years (covers how to use AED)
- Facility identifies the level of training (basic or advanced life support) appropriate to role of staff.
- If applicable, other staff who do not provide direct beneficiary care is trained in basic life support.
- Evidence that the appropriate level of training is repeated based on requirements and/or time frames established by a recognized training program.
- Have staff certification available for review by the Inspector during inspections.

CHAPTER 8: Information Management System (IMS)

Purpose

The goal of information management is to ensure that the right information is available to the right person at the right time. The organisation maintains a complete and accurate medical record for every beneficiary. Various aspects of the medical record like contents, staff authorised to make entries and retention of records are addressed effectively by the facility.

Standards

IMS.1 The beneficiaries cared for by the facility have a complete and accurate medical record.

- Minimum requirements for a "complete" medical note entry are chief complaint, history of present illness (HPI), current medications, past medical history, allergies, vital signs, exam, assessment (diagnosis code), treatment consistent with chief complaint, CPT code (charge code), Office visit code (E&M code) and follow up appointment/visit.
- The provider is required to document each beneficiary visit using the EHR solution provided by NH**I.**
- Entries are documented within 72 hours.
- Entries are dated and time to reflect when documentation was done and signed by provider. This constitutes "locked."
- All visits are "coded" to comply with the NHI EHR policy.
- All medical record is to be "locked" and "coded" by the last day of each month.
- Data will be analysed to determine your monthly lock rate. Target: 100%

IMS.2 The facility maintains confidentiality, privacy and security of records, data, and information to protect against loss, theft, damage, and destruction. Process covers paper and/or electronic records.

- Paper records are kept in a secure area where only authorized agents have access to them.
- With electronic medical records, screens are minimized as appropriate.
- Beneficiary records, data, and information are destroyed in a manner that does not compromise confidentiality.

IMS.3 The facility determines the retention time of medical records to comply with local laws and regulations.

- Retention time based on local law that states a beneficiary's medical record or a copy of it shall be retained for at least 7 years following the beneficiary's last visit to the facility.

IMS.4 The facility educates beneficiaries on how they can receive access to these medical records.

Reference List

1) **Joint Commission International Accreditation Standards for Hospitals – 7th Edition.**
https://www.jointcommissioninternational.org/-/media/jci/jci-documents/accreditation/hospital-and-amc/jci-errata-standards-only_7th-ed-hospital.pdf

2) **Centers for Disease Control and Prevention – When & How to Wash Your Hands**
https://www.cdc.gov/handwashing/when-how-handwashing.html

3) **Hospitals and Health Care Facilities (General) Regulations, 2000**
http://laws.bahamas.gov.bs/cms/images/LEGISLATION/SUBORDINATE/2000/2000-0098/HospitalsandHealthCareFacilitiesGeneralRegulations_1.pdf