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United Nations

**Department of Peace Operations
Department of Operational Support**

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Policy

United Nations Standards for Healthcare Quality and Patient Safety

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POLICY ON UNITED NATIONS STANDARDS FOR HEALTHCARE QUALITY AND PATIENT SAFETY

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A. Purpose

1. The over-arching goal of this policy is to introduce standards of Healthcare Quality and Patient Safety. These standards are intended to help reduce preventable harm to all UN Personnel and others treated in UN Health facilities, by standardizing performance, improving safety and quality of the treatment provided in all UN Level 1 +, 2 and 3 healthcare facilities (both UN Owned, contracted and TCC). This goal is actualized through the publication of the United Nations Standards Manual for Healthcare Quality and Patient Safety (“Manual”) and the supporting Implementation Guide for United Nations Standards Manual for Healthcare Quality and Patient Safety (“Guide”). The Manual and Guide complement the UN Medical Support Manual for United Nations Field Missions 3rd Edition and the Contingent Owned Equipment Manual (COE).
 2. The goal of the manual for health care quality and patient safety is to equip UN and TCC medical personnel with the knowledge and guidance to optimize patients’ outcome in every healthcare facility of the UN Peacekeeping Operations.
 3. This Policy has been prepared by the Department of Operational Support (DOS, Office of Support Operations (OSO), Division of Healthcare Management and Occupational Safety and Health (DHMOSH).
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B. Scope

4. This policy applies to all United Nations Healthcare facilities and its personnel in field missions administered by the Departments of Operational Support, Department of Peace Operations (DPO) and Department of Political and Peacebuilding Affairs (DPPA). It covers all medical personnel in the UN Healthcare facilities in the field.
 5. This policy should be read in conjunction with the most current editions of the Medical Support Manual (MSM) for United Nations Field Missions, the Contingent Owned Equipment Manual (COE) and all other relevant documents pertaining to medical care in field missions.
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C. Rationale

6. Due to the increasing demands and challenges, a multiplicity of current and emerging threats and hazards faced by the peacekeepers in field missions it is critical that the UN be able to provide a robust, timely and consistent medical support system for all personnel. To this end, DOS/OSO/DHMOSH has undertaken to standardize the procedures for health care quality management and patient safety through the development of standards of care. These standards will apply to all Level 1+,2 and 3 medical facilities in the field.
 7. This policy through the implementation standards outlined in the UN Healthcare Quality and Patient Safety Manual will ensure that the healthcare provided to patients in UN medical facilities is standardized.
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D. Policy

8. Quality in healthcare is currently described across several domains. The UN's healthcare quality approach broadly adopts the framework put forth by the Institute of Medicine (IOM)¹, which includes the following six aims for the health care system:
 - *Safe*: Avoiding harm to patients from the care that is intended to help them.
 - *Effective*: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
 - *Patient-centered*: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
 - *Timely*: Reducing waits and sometimes harmful delays for both those who

¹ Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001



receive and those who give care.

- *Efficient*: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- *Equitable*: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

9. This policy sets the requirement for all UN field healthcare facilities.

E. Roles and Responsibilities²

10. Member States Contributing Health Facility

All Member States contributing Level 1 +, 2 and 3 medical facilities shall be expected to comply with the Healthcare Quality and Patient Safety Standards. Compliance shall be assessed in an Assessment and Advisory Visit (AAV) and after deployment to the mission.

11. Division of Healthcare Management and Occupational Safety and Health (DHMOSH)

The DHMOSH is responsible for medical standards for the United Nations and subsidiary organs. This role includes the formulation and review of UN medical standards, medical policies and guidelines and ensures coordination and monitoring for their system-wide implementation. DHMOSH will provide overall governance, oversight and advice on the standards and the hospital assessment process, including advise during the Assessment and Advisory visits and pre-deployment visit and the on-site hospital assessment visit.

12. Chief Medical Officer (CMO)

The CMO is the senior ranking civilian medical officer in a field mission. The CMO's authority supersedes the authority of all other medical officers (military and civilian) in the mission. It is the responsibility of the CMO to plan, organize, manage, supervise and coordinate all medical services in missions, in accordance with standards published in the Manual. S/He will be accountable for ensuring that all health facilities in the mission comply with the United Nations Standards Manual for Healthcare Quality and Patient Safety.

13. Force Medical Officer (FMO)

The FMO is the senior ranking military medical officer within the peacekeeping

² See Medical Support Manual for United Nations Field Missions, 3rd Edition, Chapter 1



force. S/He is the medical adviser to the Field Commander on all military and operational tactical medical matters. Under the authority of the CMO, the FMO shall conduct functional inspections, assessments, surveys and exercises in TCC medical facilities to ensure adherence to professional and clinical standards including the standards set forth in the Healthcare Quality and Patient Safety Manual.

14. Commanding Officers of Military Medical Facilities

The Commanding Officer of each medical facilities is responsible and accountable for ensuring that all the UN standards as listed in the Manual are complied with.

F. Abbreviations and Definitions of Terms

15. Abbreviations

MSM	Medical Support Manual
COE	Contingent Owned Equipment Manual

16. Definitions

Compliance with Standards	Demonstrated performance by the hospital that conforms to the Standards in the Manual.
Manual	Set of healthcare standards that require compliance by Level 1+,2, and 3 field hospitals.
Guide	Companion publication to the Manual containing direction and tools for effective implementation of the standards.
Assessment	The process of determining compliance with the standards through on-site clinical observation, staff interviews and document reviews.
On-site visit	A visit by UN staff to the hospital to assess compliance with the standards.



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G. References

17. Joint Commission International Accreditation Standards for Hospitals, 5th Edition Medical Support Manual, Who Health Organization (WHO), Institute of Medicine (IOM)

<http://www.ihi.org/resources/Pages/OtherWebsites/TheInstituteofMedicine.aspx>

H. Monitoring and Compliance

18. DHMOSH has the overall authority for oversight , monitoring and assessment of the compliance with this Policy.
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I. Contact

19. All enquiries about this policy and requests for amendment should be sent to medicaldirector@un.org and clinicalgovernance@un.org .
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J. History

20. This is the first issue of this policy and it has not been amended.



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APPROVAL SIGNATURE:

**Director, Division of
Healthcare Management
And Occupational
Safety and Health**

Date:

20/1/2020

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