

STANDARDS FOR PEOPLE OF DETERMINATION



Health Regulation Sector – Health Policies and Standards

Department (2019)

BACKGROUND

Health Regulation Sector (HRS) of Dubai Health Authority (DHA) is the responsible entity for regulating, licensing and monitoring health facilities and healthcare professionals in the Emirate of Dubai. People of determination are an integral part of Dubai population. Around 19% of Dubai's geriatric population live with some degree of disability and around 30% of total population in the emirate of Dubai are dependent on others. To meet these diverse needs, adapting a social model approach can be seen as an effective strategy among various countries and institutions. A major challenge in adopting a social model resides in service interaction with infrastructure, processes and management can be extensively diverse at various levels. The service integration requirements are set out in the Dubai Universal Code. In addition, Dubai Civil Defence Fire and Life Safety Code of Practice for buildings and facilities, Human Resource Law No. (8) 2018, Article No. 18 and 111, NCEMA (National Crisis Emergency Management Agency) regulations, and Dubai health Authority Facility guidelines. To meet the needs of the people of determination, the Primary Healthcare and Health Regulation Sector have developed a comprehensive set of healthcare service delivery standards for facilities that provide services to people of determination. These standards are applicable to private and public health facilities in order to enhance and provide a uniform level of care across the Emirate of Dubai. The standards aim to guide health facilities to improve the quality and safety of patient care by adhering to the elements arranged under various categories that extend over major healthcare dimensions.

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EXECUTIVE SUMMARY

People of Determination (POD) are those with one of the following disability types according to the Centres for Disease Control and Prevention:

- Vision (serious difficulty seeing)
- Cognition (serious difficulty concentrating, remembering, or making decisions)
- Mobility (serious difficulty walking or climbing stairs)
- Self-care (difficulty dressing or bathing)
- Independent living (difficulty doing errands alone)
- Hearing (serious difficulty hearing)

These patients often face significant obstacles in accessing essential healthcare services. The inaccessibility of provider offices and medical facilities is an important contributing factor to the wide healthcare disparities experienced by POD. Structural difficulties, inaccessible medical equipment, and restrictive policies and procedures can render basic and specialty health services inaccessible and can result in undesirable care experiences and/or delays in seeking necessary care. Emirate of Dubai laws and antidiscrimination provisions, set standards for healthcare professionals to ensure unbiased access to services for POD. However, healthcare professionals may not have the knowledge, resources, or incentives to remove accessibility barriers.

Raising the level of awareness among healthcare professionals on this issue and providing potential solutions is a critical first step toward increasing physical accessibility of healthcare services. Furthermore, this will help achieve the promise of equal access to care and contribute toward a reduction of health disparities for POD.

DEFINITIONS

Clinical Service Indicators: Are measures of elements of clinical care that may, when assessed over time, provide a method of assessing the quality and safety of care at a system level.

Disability: refers to inability or limitation in performing socially defined activity and roles expected of patients within a social and physical environment.

Discrimination: Any segregation, exclusion or restriction due to special needs leading to the damage or denial of recognition of any rights granted by the prevailing legislation in the country or its practice or enjoyment on an equal footing.

Hazard: Any situation, that causes a risk for occurrence of an adverse event/ harm/ injury or fatality. It can be a natural or human-made event.

Managerial Service Indicators: Are measures of elements of operational/ high level services that provides a method of assessing the quality and safety of care at a managerial level.

People of Determination (POD): under the UAE National Policy for Empowering People with Special Needs, or disabilities will be referred to as 'People Of Determination' to recognize their achievements in different fields.

Vulnerability: Is the predisposition to suffer damage due to external event Susceptibility

INTRODUCTION

Disability is complex, and the interventions to overcome the disadvantages associated with disability are multiple and systemic – varying with the context. People of Determination (POD) face widespread barriers in accessing services in health, education, employment, and transport as well as information. Across the world, POD have poorer health, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. Many of the barriers POD face are avoidable and the disadvantage associated with disability can be significantly reduced to improve the quality of their life. POD faces multifaceted challenges in availing the healthcare services like lack of appropriate access, discrimination, abuse, marginalization and inadequate support in terms of medical assistance, assistive technologies and lack of policy and regulations.

Dubai Government released Dubai Disability Strategy (DDS), in 2014 under the slogan “My Community...A City for Everyone”. The strategy aimed at “turning Dubai into a friendly city for People of Determination by 2020 through projects and initiatives that promote their participation and inclusion in the community”. The strategy included five pillars: Health and rehabilitation, Education, Employment, Universal accessibility and Social protection. If there is to be real healthcare inclusion however, POD should receive the same access to care and support as other members of society, with due consideration given to facilitating equality, autonomy, and independence, even if additional measures are required. The Health and Rehabilitation pillar of Dubai’s strategic aim is intended to provide comprehensive high-quality healthcare, which will contribute to expanding health-care programs and services provided for all segments of the community. To meet this need, the government of Dubai has advised a “Health Inclusive Policy”

in accordance with the strategic framework set out by The Executive Council. The framework sets out the procedures and operational standards for the improvement of inclusive health provision and to inform entity specific directives in order to ensure quality inclusive health practices are implemented across the Emirate of Dubai.

1. PURPOSE

To ensure all healthcare professionals under the jurisdiction of Dubai Health Authority standardize and improve the quality and safety of services provided to the people of determination.

2. SCOPE

2.1. People of Determination in DHA licensed Health Facilities.

3. APPLICABILITY

3.1. All DHA licensed Health Facilities.

4. STANDARD ONE: LEADERSHIP COMMITMENT

They are various dimensions of the healthcare service delivery that require effective leadership such as identification and assessment of POD needs service planning, implementation, monitoring and evaluation. Criteria for this is set out below:

4.1. Leadership is actively involved in the development and implementation of a quality and safety management plan in collaboration with other appropriate stakeholders of the health facility.

4.2. The health facility shall establish/develop an ethical framework to ensure that safe ethical practices are followed which aid in sound clinical decision-making and safe patient care by following appropriate regulatory, clinical, financial, ethical, business and

legal norms. The ethical framework recognises a process for identifying, managing and communicating ethical issues, concerns and dilemmas.

5. STANDARD TWO: SERVICE PLANNING CRITERIA

The Medical Director of the health facility shall plan collaboratively with staff and the community to design and render services. This can be through active involvement in data collection, need analysis, collaborating with other entities such as community involvement, and adopting a structural framework by the MD/leaders and then cascading the required information down the line of the health facility. The criteria for this is set out below:

- 5.1. The health facility collaboratively should design its services with the relevant stakeholders.
- 5.2. The services integrate different stages and levels of disability should be as applicable to the health facility scope of service.
- 5.3. Physical, psychological and social needs should be comprehensively assessed for each patient using appropriate tools as applicable.
- 5.4. When a comprehensive approach is not possible or feasible, the health facility should guide/direct/refer the POD and family members to the partner health facilities or other appropriate referral centres to facilitate the continuity of care.
- 5.5. Adequate and appropriate resources should be available and allocated to provide safe, effective, appropriate and timely care to the POD and family members.

6. STANDARD THREE: ORGANIZATIONAL PRACTICE

These standards are intended to guide the health facilities in implementing their day-to-day operational services in their health facility irrespective of their scope.

6.1. Defining the organizational scope.

Organizational practices determines the safety and quality of care rendered for the POD.

One of the key factors in rendering a safe and efficient service is to determine and define an organizational scope aligning with its mission and vision. Criteria for this is set out below:

6.1.1. The health facility shall clearly define and communicate its scope of services to its stakeholders

6.1.2. The health facility scope should be accessible to the organization's stakeholders

6.1.3. The service information should be clearly available, displayed and accessible at the facilities

6.1.4. When communicating the scope of services to their stakeholders, the following minimum information should include:

- a. The organization's range of services.
- b. Location and timings for all of its services.
- c. The intended stakeholders/ target population.

6.2. Staffing.

Staff working with POD in healthcare services have a major impact on the quality of life of those patients. While having the requisite knowledge and skills is vital, qualities such

as respect, empathy and enthusiasm are equally as important. Criteria for this is set out below:

6.2.1. Staffing levels and skill mix.

- a. The health facility should assure that the right number and skill mix of staff are available to provide high quality and safe patient care. The health facility can decide the required staff numbers based on their scope of service, statistics, and regulatory requirements and other specific needs of the organization.
- b. The health facility should use a multidisciplinary approach to deliver disability services. A Multi-Disciplinary Team (MDT) should consist of members from medical, mental health, developmental, rehabilitation, psycho-social and geriatric specialties as per the clinical needs of the patient and the organizational scope. For example psychiatrists, physiotherapists, specialist physicians, clinical nurses specialist's/community mental health nurses, psychologists, social workers, occupational therapists, medical secretaries, and sometimes other disciplines such as counsellors, advocacy workers, care workers etc.
- c. At all times, a sufficient number of staff should be available to ensure the safety of the patients.
- d. The numbers of staff on duty at any one time should reflect the needs of the patients and the level of support required to implement their personal plans.

- e. Health professional roles and responsibilities should be clearly defined in writing and communicated to the staff.

6.2.2. Recruitment and retention practices.

- a. A clear policy should be developed on values-based recruitment and retention.
- b. A process should be established for ensuring that job descriptions for healthcare professionals are current, clear, regularly reviewed and take account of the needs of people who use services, population demographics and local service models.

6.2.3. Staff qualification, licence, training, development, and competency.

- a. The health facility should follow the Scope of Competent Educational/Experience Requirements as per the Dubai Health Authority and/or Community Development Authority professional licensing criteria.
- b. The health facility should identify the training, competencies and personal attributes required of staff involved in providing support to the patients.
- c. Healthcare professionals shall receive training and skills development in the health facility at all levels. The training should outcome-focused, needs led and easily transferable to everyday practice.
- d. Healthcare professionals contribute to the professional development of staff should across all settings where healthcare is delivered.
- e. A systems shall be implemented to evaluate the impact of training on healthcare outcomes for people with learning disabilities.

6.2.4. This mandatory training could include but is not limited to:

- a. Physical health assessment for POD.
- b. Understanding health problems, physical observations and when to refer the patient for specialist service.
- c. Learning disability awareness training for all acute care and other healthcare staff who are likely to come into contact with people with learning disabilities.
- d. Patient rights in relation to confidentiality.
- e. Recognising and communicating with patients with cognitive impairment, learning disabilities or developmental disabilities.
- f. All staff has received awareness training in how to communicate effectively with people within the context of a person centred approach.

6.2.5. Staff wellbeing.

- a. The health facility shall maintain a safe working environment for the staff and patients.
- b. An evidence based, proactive risk management process shall be implemented to reduce the health, safety and environment hazards and risks.
- c. The identified risks and mitigation measures should discussed with the concerned stakeholders.
- d. A formal documented process should be in place available for the staff to escalate their concerns and worries.

- e. The staff suggestions and feedback should be collected, analysed and used for service improvement.
- f. All staff shall receive their job descriptions in writing and should be updated as needed.

6.3. Prevention and control of infection.

Infection prevention and control is a systematic, scientific and organized practices aimed to prevent the harm caused by the infectious agents to the patients and healthcare professionals. Ensuring safe infection control approaches is vital for any health facility to deliver a safe and high quality care to its patients. The criteria required to achieve this outcome shall include the following:

- 6.3.1. The health facility shall develop and implement infection control policies and procedures.
- 6.3.2. Policies and procedures; shall include but are not limited to:
 - a. Hand hygiene.
 - b. Standard precautions.
 - c. Transmission-based precautions.
 - d. Prevention and management of infection in service providers.
 - e. Antimicrobial usage.
 - f. Outbreak management.
 - g. Cleaning, disinfection, sterilization, and reprocessing of reusable medical.
 - h. Devices (if applicable) and equipment.
 - i. Single use items.

j. Renovations and construction.

6.3.3. The health facility shall develop and implement infection control program as per the international best practice.

6.3.4. The infection control programme should be developed in consultation with relevant key stakeholders, taking into account the risk assessment process, monitoring and surveillance data, trends, and relevant strategies.

6.3.5. The health facility shall clearly define and document the infection control programme which should be reviewed annually.

6.3.6. Reporting lines and frequency shall be clearly defined within the health facility including processes for prompt notification of serious infection control related misuses.

6.3.7. An infection control team/personnel and/or committee should be organized as per the functional program, the size and the complexity of the health facility

a. The team/personnel and/or committee should be accountable to the governing body/senior management and responsible for monitoring the progress of the infection control programme.

6.3.8. The role of the infection control team/personnel and/or committee shall be clearly identified.

6.3.9. A clear process for early consultation and feedback with the infection control team/personnel and/or committee.

6.3.10. All healthcare professionals and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

6.4. Infection Control Surveillance.

6.4.1. Surveillance for infection should be carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme:

- a. The health facility, through its infection control team/personnel and/or committee, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the health facility.
- b. The surveillance should be appropriate for the health facility, and including but not limited to:
 - i. Size.
 - ii. Type of services provided.
 - iii. Acuity, risk factors, and needs of the consumer.
 - iv. Risk factors to service providers.

6.4.2. The surveillance methods, analyses, and assignment of responsibilities should be described and documented properly.

6.4.3. Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes should be acted upon,

evaluated, and reported to relevant personnel and management in a timely manner.

6.5. Antimicrobial usage.

6.5.1. The health facility has established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines.

- a. The criteria required to achieve this outcome shall include the organization ensuring:
 - i. The health facility, medical practitioner or other prescriber has an antimicrobial policy, which is consistent with the current accepted practice of the treatment of infections.
 - ii. Regular auditing and monitoring of compliance with prophylactic and therapeutic antimicrobial policies shall be a component of the facility's infection control programme.
 - iii. Information on the antimicrobial susceptibility patterns of significant clinical isolates should be fed back to the infection control team/personnel and/or committee and prescriber by the local diagnostic laboratory.

7. STANDARD FOUR: HEALTH FACILITY REQUIREMENTS

7.1. Accessibility of healthcare facility should be as per Dubai Universal Design Code.

7.1.1. Physician room, clinics, and other healthcare facilities.

It is essential in providing medical care to POD, to take into consideration the needs of persons with visual impairments, persons with hearing impairments (deafness, late-onset deafness, hard of hearing) or with motor impairments, and persons using mobility aids and wheelchairs.

7.1.2. Requirements for new construction of and alterations to health facilities buildings and facilities. Criteria for this is set out below:

- a. The facilities shall follow the applicable government rules and regulations in constructing and maintaining the facility.
- b. All the entry and exit points should be clearly designated and visible.
- c. Universal signs and symbols should be used to mark entry and exits.
- d. The health facility should have a written documented plan for utility system failures
- e. Water supply, power supply and Air conditioning systems should be in place.
- f. A formal plan and protocol for reducing and managing fire hazards should be developed and implemented. The fire and safety preparedness plan addresses the following components at a minimum:
 - i. An emergency action plan, which details what to do when a fire occurs.
 - ii. A fire prevention plan, which describes what to do to prevent a fire from occurring.

- iii. The fire detection, firefighting and fire alarm systems are regularly tested and maintained.
- g. The health facility should clearly identify the high-risk areas with designated signage.
- h. The health facility should develop and implement a plan for periodic preventive maintenance of the medical technologies and biomedical equipment.
- i. The health facility should has a formal documented plan for managing (storing, labelling and using) hazardous chemicals and materials.
- j. The health facility should regularly monitor and evaluate all the plans and uses this information to improve these services.

7.2. Security and evacuation procedures.

All health facilities should have in place a written and up to date security and evacuation procedures. Criteria for this is set out below:

- 7.2.1. An evacuation plan should be available in all floors.
- 7.2.2. Pictorial symbols should be included in all fire evacuation areas.
- 7.2.3. Accesses to 'staff only' areas should be clearly identified and designated.
- 7.2.4. Audio and visual emergency alarms should be provided throughout the building.
- 7.2.5. Visual Emergency alarms shall have a rate of 30 flashes per second.
- 7.2.6. Training in techniques to use evacuation devices should be provided to all staffs.
- 7.2.7. Evacuation procedures and training should be developed in conjunction with the Civil Defence Regulations.

7.2.8. Staff should be competent on the fire evacuation programme.

7.2.9. All fire exit signs indicate exits should be suitable for wheelchair users.

7.2.10. Evacuation devices should be available on every floor.

7.2.11. An evacuation device or evacuation chair for persons with activity limitations should be accessible and available.

7.2.12. Emergency exits should be checked regularly and should not be blocked by equipment or other obstacles.

7.3. Monitoring and evaluation of POD health.

The lack of data and information on disability and the situation of the people of determination at the national level contributes to the invisibility of persons with disabilities in official statistics, presenting an obstacle to achieving health planning development and implementation that is inclusive of persons with determination. Data should be collected in line with international standards.

7.3.1. The health facility should ensure monitoring and evaluating the following clinical measurement domains:

- a. Patient assessment.
- b. Documentation.
- c. Patient care management.
- d. Timeliness of clinical services (e.g. doctor, nurse, lab, radiology).
- e. Medication management.
- f. Infection control practices.
- g. Surgical management.

- h. Clinical care outcome measures.
 - i. Effective use of clinical guidelines and pathways.
- 7.3.2. The health facility should assure monitoring and evaluating the following managerial indicators:
- a. Utility management.
 - b. Management of supplies and equipment's (supply-chain management).
 - c. Customer services and expectations.
 - d. Staff satisfaction and staff wellbeing.
 - e. Financial management.
 - f. Risk management.
 - g. Organizational demographics and statistics.

8. STANDARD FIVE: DOCUMENTATION AND DATA PROTECTION

8.1. Management of information

Documentation, which is kept up to date for each patient. This includes but is not limited to the case history, diagnosis and course of the condition and the prescribed treatments. In addition, the type of the procedure whereby informed consent is obtained from the patient (or authorized representative) shall be documented. The patient's file should also contain information concerning decisions for which the patient was considered to lack capacity and for what reason, and the authorized family member for treatment decisions. The reasons for any failure to comply with an advance directive should be stated in the patient's file. If measures are taken which limit the patient's freedom, these

are also should be recorded in the patient's file. The documentation should contain information on the reasons for and the nature of the measure taken, its purpose, duration and the results of regular reviews. The information plan shall at a minimum addresses the following components:

8.1.1. Health record documentation process:

- a. Only the authorized person can access the health record, time period allotted for documentation and record retention procedures;

8.1.2. The use of electronic systems

- a. Special concerns about the safety and security should be addressed and solved immediately

8.1.3. Only the standardized diagnostic codes for procedures and abbreviations should be used.

8.2. The health facility should use evidence-based approaches, tools and other methods to comply with the requirements. Criteria for this is set out below:

8.2.1. The security, confidentiality and accuracy of patient data should be maintained at all times and at all levels of the service delivery.

8.2.2. An individual medical record for each POD patient that includes adequate information to identify the POD patient should be updated information on diagnosis, data to support diagnosis, details of treatments and results of treatment procedures, investigations performed, management plans and evaluations as applicable.

9. STANDARD SIX: PATIENT ASSESSMENT AND CARE

9.1. Assessment of patients

Diagnosis and assessment of disability is valuable because it can predict the factors that medical diagnosis (assigning a disease label) alone fails to predict; these include:

9.1.1. Patient needs – What are the patient’s needs?

9.1.2. Level of care – Should the patient be in primary care, specialty care, rehabilitation or another setting?

9.1.3. Expected outcomes – What will the prognosis be?

9.1.4. Duration of care – How long will the patient stay in a facility?

9.1.5. Life performance – Will the patient return to life and work/ perform as before?

9.1.6. Social integration – Will the patient return to the community and perform as before?

9.2. Elements of physical health assessment include:

9.2.1. Updated medical and surgical history.

9.2.2. Allergies.

9.2.3. Medication management history.

9.2.4. Present health condition assessment.

9.2.5. Nutritional status and Dietary needs.

9.2.6. Complete physical assessment.

9.3. Elements of psychosocial health.

9.3.1. Functional and emotional status family members and caregiver involvement

9.3.2. Communication and self-care abilities and strengths.

9.3.3. Mental health status, including personality and behavioural characteristics.

9.3.4. Cognitive status.

9.3.5. Social and family members life.

9.3.6. Socio-economic status.

9.3.7. Cultural and spiritual beliefs and needs.

9.3.8. Vocational and/or academic functioning.

- a. The scope and content of the all the initial and re-assessments of patients are identified, documented and communicated to its applicable stakeholders.
- b. The patient assessments and re-assessments should be performed using standardized tools and is completed within a timeframe determined by the health facility.
- c. The assessment findings should include measurable goals/ objectives based on it. This should be documented in the health records of the patient
- d. The health facility should communicate the assessment findings with the patient and family and facilitates further management of the condition.
- e. Only the qualified persons as determined by the health facility (please see legal/regulatory requirements also) performs the patient assessments
- f. The health facility should has a process to monitor the effectiveness of its patient assessment and uses this data for further improvement of the assessment process.

- g. During the formulation of the measurable goals/objectives, patient's family members/ caregivers are included in the process and their needs should be determined to ensure a comprehensive and effective care planning process.

9.4. Care of Patients.

9.4.1. Care-planning process.

A safe and effective delivery of patient care is the most important aspect of patient management for any health facility irrespective of caste, creed, financial status, social status, nationality or religion. The health facility shall ensure that the even care is practiced across the health facility through:

- a. Even access to disabled patients.
- b. Standardized care by staffing.
- c. Care is determined by patient's condition and not by religion, caste, monetary abilities etc.
- d. Consistent level of care is provided at all levels, at all sites and all times (day or day of the week).

Criteria for this is set out below:

- a. An individual care plan/management plan should be formulated for each patient based on their identified needs.
- b. The care plan should be documented in an even standardized location and is reviewed by the team members and modified regularly based on patient's condition.

- c. For children with developmental disabilities, a dedicated and focused school integration management plan and resources should be identified and documented.
- d. High-risk patients should be identified as per the health facility definition and managed accordingly as per the condition demands.
- e. The health facility should be aware of the cultural sensitivity about the patient and adopts appropriate strategies and measures to meet the cultural and social needs of the patient at all levels of care.

9.5. Admission and Discharge.

9.5.1. The health facility shall have in place an admission and discharge process that is documented for all patients. Criteria for this is set out below:

- a. A clear criteria should be followed by the health facility in the time of the admissions.
- b. Adequate physical and organizational infrastructure should be available to support patient management during admissions.
- c. A clear discharge and transfer criteria should be available to discharge or transfer the patient from the health facility.
- d. A documented discharge summary should be provided to the patient in the time of discharge.
- e. The discharge summary should contain at a minimum:
 - i. Patient identification.
 - ii. The condition of the patient at discharge.

- iii. Medical and surgical history.
- iv. Diagnosis.
- v. Brief description of the management, procedures and treatment provided.
- vi. Any lab or imaging studies performed.
- vii. Medications.
- viii. Follow up instructions.
- ix. Clear and documented discharge and follow-up instructions are provided and family members.

9.6. Multidisciplinary team.

- 9.6.1. A multidisciplinary team should be constituted to manage the patient condition when patients seek care from the health facility.
- 9.6.2. The multidisciplinary team members should discuss patient progress at least monthly and make the necessary adjustments to the treatment plan.
- 9.6.3. The health facility should monitor and evaluate the effectiveness of the multidisciplinary team and communicate these results with the team members and leadership to improve the process.

9.7. Outpatient and Support Centre Management.

These services are for those patients who visit any outpatient clinic or support center for an acute or follow up clinical management or supportive therapies. Criteria for this is set out below:

- 9.7.1. Patient service areas should be designed safely to maintain the patient privacy and confidentiality at all time and all levels of care.
 - 9.7.2. When the services are provided outside the health facility premises, the multidisciplinary team should collaborate and coordinate with patient and family members to ensure safety and privacy.
 - 9.7.3. A designated person (coordinator/ facilitator/ navigator) should be responsible for the overall care coordination and relevant communication to the patient and family members.
 - 9.7.4. The patient service areas should be designed safely to maintain patient privacy and confidentiality at all time and all levels of care
 - a. The health facility should implement and monitor evidence based clinical guidelines and/or protocols/programs to manage its patients in a safe manner.
- 9.8. Support services requirement.

The health facility based on its scope of service should identify the required support services for their patients. It should collaborate with other agencies to ensure that the following services are available for their patients:

- 9.8.1. Communicating the scope of service of the health facility to its patients
- 9.8.2. A clear documenting agreement, which describes the scope, responsibilities and monitoring parameters when services are outsourced.
- 9.8.3. The health facility leaders are actively involved in the selection, monitoring and evaluation of outsourced and support services

9.8.4. The health facility is clearly develop and implement a criteria for monitoring the outsourced support services

9.9. Medication Management Standards.

9.9.1. The health facility shall follow all the local regulations and requirements in managing and using the medications.

9.9.2. The health facility shall define who can prescribe, dispense and administer the medications.

9.9.3. The health facility shall has a formal process on identifying, managing and communicating any adverse drug events.

9.9.4. The health facility shall provide appropriate and effective patient education to its patients.

9.9.5. Patients should be given adequate clear information on medications use, its therapeutic effects, side effects and other safety measures by the healthcare team.

9.9.6. The health facility should has a formal process and equipment to manage any emergency medical conditions resulting from medication use.

9.9.7. While handling and using any high alert medications and high concentrated electrolytes, the health facility shall implement an independent double verification procedure to ensure the patient safety.

9.9.8. Medication errors should be monitored and acted upon.

9.10. Tele-medicine services.

9.10.1. The health facility should have a documented scope for telehealth services. The following elements are defined and documented by the organization while providing the telehealth services:

- a. Range of telehealth services.
- b. The eligibility criteria for selecting the patients.
- c. Duration and frequency of telehealth services.
- d. Staff members involved and their specific roles and privileges.
- e. The objectives of the services.

10. STANDARD SEVEN: PUBLIC AND PATIENT COMMUNICATION

10.1. Communication to the POD patients and their family members.

People with communication disabilities are at risk of not being able to communicate effectively with their healthcare professionals and this might directly compromise their health and their right to participate actively in decisions about their healthcare. Especially patients with cognitive or mental impairments or those with limited communication abilities are very dependent on the way in which they are informed.

10.1.1. A dedicated team member/s should be available at all times to communicate effectively with the patient and their family members using appropriate communication methods (braille, sign language etc.) and strategies.

10.1.2. A documented formal system should be implemented to assess the healthcare literacy and barriers of communication for patients and families who avail the disability healthcare services.

10.2. Communication to the public.

The health facility should identify and communicate the service information to the public to ensure that the needed population are aware of the service options. This should include but not limited to:

- 10.2.1. The scope of service.
- 10.2.2. The location and timings for availing specific services.
- 10.2.3. Dedicated disability service supports systems and priority protocols.
- 10.2.4. Contact information (person, number, email, social media access (if applicable) and other smart services if available).
- 10.2.5. A detailed information of the medical physicians shall be communicated to the patient and family members upon their request.
- 10.2.6. The approximate service waiting times and available other options for service/ treatment
- 10.2.7. The health facility identifies in writing, a dedicated person to communicate to the public on behalf of the health facility as a whole.
- 10.2.8. The health facility review at least annually its communication strategies and methods and updates as needed.

10.3. Complaint management.

The health facility recognizes that POD have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. This includes taking all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive.

- 10.3.1. The Health Facility shall document evidence to demonstrate compliance with Dubai Health Authority Patient`s Right and Responsibility.
- 10.3.2. The Health Facility shall document evidence to demonstrate compliance with Dubai Health Authority requirements for Patient`s Consent.

11. STANDARD EIGHT: EMERGENCY PREPAREDNESS

11.1. The health facility is ready to respond to:

- 11.1.1. The health facility should document risk assessment and risk mitigation strategies.
- 11.1.2. The health facility should demonstrate emergency preparedness through planning, training and exercising.
- 11.1.3. The health facility should document properly the disaster plan which has disability inclusion and comply with local and federal laws and regulations.
 - a. The Disaster plan should describe the procedure for each event, how and who activates the plan and also clearly defines the roles and responsibilities of the staff during disaster.

- 11.1.4. The health facility should identify substitute facilities with universal design standards in case of temporary closure.
- 11.1.5. The health facility should test the plan including people with different types of disabilities at least annually and revise the plan accordingly.
- 11.1.6. The health facility should provide orientation to POD, families or caregivers about the physical setup, exits and assembly points upon registration or admission.
- 11.1.7. The health facility should encourage all emergency staff to receive disability awareness training.

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