



# IMPLEMENTATION OF HEALTHCARE QUALITY AND PATIENT SAFETY STANDARDS IN HEALTHCARE FACILITIES

Secretariat Issue Paper #30

Issue Paper Theme: **Medical**

## BACKGROUND

The Special Committee on Peacekeeping Operations (C-34) has urged “the Secretariat and troop and police contributing countries to standardize medical support and delivery of healthcare across all missions.”

Troop Contributing Countries (TCC), Police Contributing Countries (PCC) and commercial vendors have their own healthcare standards, processes, and systems that are customary and acceptable and most likely, subject to regulation and oversight in their home countries. It does not automatically follow that these same standards will be faithfully implemented in the peacekeeping environment, where domestic or even host-country regulators have no jurisdiction, and both operations and oversight face the challenges of distance and diversity. Hence, it was important for the United Nations to define the Healthcare Quality and Patient Safety Standards which all Healthcare facilities should comply with.

These standards are part of the United Nations Manual for Healthcare Quality and Patient Safety for Hospitals and need to be highlighted in the COE Manual.

The United Nations is committed to providing a consistent level of high-quality care to all mission personnel, regardless of the country, situation or environment in which they receive medical treatment.

Standards and accreditation are a core pillar of modern healthcare management. In the absence of standards, the quality of care delivered is “luck of the draw”. The duration of UN operations means that our hospital facilities are more likely to be fixed facilities, and less likely to be true “field” hospitals. There is hence a need to ensure that the UN healthcare system implements best-practice methods to standardize and improve the quality of healthcare.

Recognizing the central importance of standards and to reduce ambiguity regarding which standards are applicable in UN settings, the Division of Health Management and Occupational Safety and Health (DHMOSH), developed standards for healthcare quality management and patient safety applicable to all UN healthcare facilities. Many national and international standard regimens were reviewed, and Joint Commission International (JCI) standards were consequently adopted as the basis for development of customized UN standards<sup>1</sup>. Through

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<sup>1</sup> Customized Documentation based on JCI Standards in the *United Nations Manual for Health Care Quality and Patient Safety for Clinics*, is used therein with permission from JCI.



these standards, the mission of DHMOSH is to improve the safety and quality of care in UN healthcare facilities through the provision of education, publications, consultation, and evaluation services.

## PROPOSAL

It is proposed to amend the COE Manual, Chapter 3, annex C, performance standards, with the following additional paragraph (in **bold**) to be added after paragraph 19:

### **Chapter 3, Annex C** (p. 68/250)

**20 bis. United Nations Healthcare Quality and Patient Safety Standards are a core requirement for any troop- or police-contributor medical facility deployed to field missions. All troop and police contributors' medical facilities are encouraged to follow these standards, which will also be assessed for compliance by Division of Healthcare Quality and Patient Safety (DHMOSH) periodically.**

## FINANCIAL IMPLICATIONS

Adding compliance with these standards will not have financial implication, as the standards entail education, publications, consultation, and evaluation services. It will however reduce preventable harm, co-morbidity and mortality; provide consistency in processes and systems in all peacekeeping hospitals with surgical capacity; meet expectations of all mission personnel for trustworthy, consistent and dependable care; create the ability to collect and measure clinical outcomes for quality improvement; and create the ability to measure patient and staff satisfaction.

## PREVIOUS HISTORY

This issue paper has not been previously submitted to the Contingent-Owned Equipment Working Group for its consideration.