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**DEPARTMENT OF PERFORMANCE MANAGEMENT AND QUALITY
DEVELOPMENT**

;

ANKARA 2009

ISBN: 978-975-590-288-3

Cover Design: Erol YALÇIN

2000 copies printed.

PRINTED IN:

LAZER OFSET Matbaa Tesisleri San.Tiç.Ltd.Sti.

Kazımkarabekir Cad. Koyunlu Han. No:95/1-A

İskitler / ANKARA

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INTRODUCTION

What underlies today's health system is the understanding of maintaining the health services so as to renew itself with its internal dynamism according to the expectations of the society.

Departing from this, quality is important in order to provide a better service and financial incentives are important for supporting the quality. Republic of Turkey Ministry of Health, having adopted the contemporary health management approach, is continuing the performance quality implementations since 2003 within the scope of Health Transformation Project.

The performance and quality system, which had been formed considering the feedback from the system, international examples reviewed and the authentic conditions of the country, is introduced in this publication by purifying it from the heavy language of the legislation that shapes it and that is based on its implementation.

Planning the model, not only public hospitals but all healthcare service system of the country is shaped according to the performance and quality principles. This publication shall be a reference book for all who wants to investigate the structuring of the system in details.

Dr. Hasan Güler

**Head of Performance Management and
Quality Development Department**

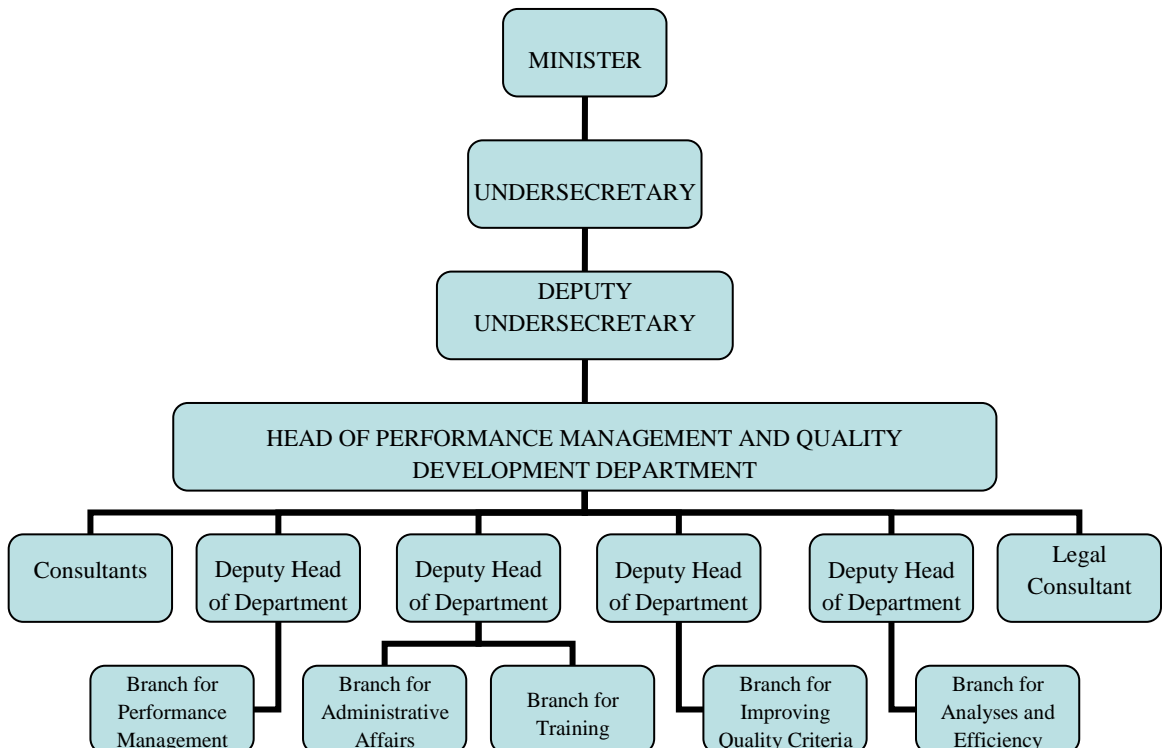
PERFORMANCE MANAGEMENT AND QUALITY DEVELOPMENT DEPARTMENT

Our department had been established within Strategy Development Department at May 2007. In this period, our department served with three branches. Afterwards because of both the quality of the works carried out, and the scope and effects of performance and quality implementations of the Ministry, administration of the department was decided to become an independent department.

At 11/23/2007 with Minister's approbation the department became independent and called "Performance Management and Quality Development Department". As it is in the establishment approbation for the affairs and operations stated, there are five branches established in our department.

Our department is assigned with the tasks of performance implementations at hospitals and primary health care institutions affiliated to the Ministry for quality improvement at health care services. These operations are performance based supplementary payment, institutional performance measurement, patient and staff safety, quality and accreditation, clinical indicator improvement etc.

Organizational Chart of Performance Management and Quality Development Department



Definitions

Periods: Each of the first, second and third periods,

1st Period: January, February, March and April,

2nd Period: May, June, July and August,

3rd Period: September, October, November and December.

Primary Healthcare Institutions: The primary healthcare institutions affiliated to the Ministry of Health

Oral and Dental Healthcare Centers (ODHC): Dental treatment and prosthesis centers as well as independent health institutions that can also open dental polyclinics, which centers and institutions are financially and administratively self-sufficient having at least 10 unit capacity and which are providing protective and therapeutic healthcare services, either ambulatory or in-patient treatment when it is needed, in all branches of dentistry through examination, tests, diagnosis and treatment as well as advanced tests and treatments.

General Hospitals: Healthcare institutions that accept any sort of emergency patients as well as patients related to their existing specialization branches regardless of age or sex, and that provides ambulatory and in-patient examination and treatments.

Special Branch Hospitals: The healthcare institutions where the patients from a particular age and sex, or suffering a particular disease, or having problems with a particular organ or organ group are observed, examined, diagnosed, treated and rehabilitated.

Training and Research Hospitals: General and special branch healthcare institutions where education, training and research activities are conducted and which educates breach specialists and side branch specialists.

Provincial Performance and Quality Coordination Unit: The unit of the Provincial Health Directorate conducting performance and quality studies.

Performance and Quality Unit: The hospital units conducting performance and quality studies.

Assessor: Personnel assigned by the Department for assessing the institutions in terms of the Directive within the framework of service quality standards, and for other works and procedures.

INTRODUCTION

Healthcare system is a field that is always open to renovations and development. All countries strive for bettering their healthcare systems. These works are carried out by direct or indirect intervention of the state regardless of the general characteristics of the healthcare system of the country, and considered as reform works.

Developments in the world in parallel with the technological and social developments in the world in last two decades are foregrounding the reform topics such as improving the accountability in healthcare systems, and disseminating the cost-efficiency and quality improvement strategies. The quantitative increase in healthcare human force for the purpose of providing healthcare services to greater parts of the population, brought along a qualitative increase in the healthcare services. This revived a paradigm shift in the operation of healthcare systems.

There are various factors directing health reforms in each country; financial, technological or the demand of community to the healthcare services. On the other hand, another important reform topic that had been emphasized in recent years is the works for enhancing patient satisfaction. Considering also the effect of global changes, any social development might trigger changes in demand. In parallel with this, the behavior patterns related to healthcare consumption becomes also open to changes. Besides, despite the increase in demand to healthcare service does not display the dynamics of the other consumption goods, the more demand to healthcare services increases the higher quality is demanded. The interest of the population in health reforms can develop mostly in this direction. The efforts the health authorities put for meeting the demand and the objectives they set are due to this pressure of demand.

The reform works in healthcare services intends to the provision of an effective and efficient healthcare. As is known, the reform needs are directly related to the problems of the countries. The content of the problems significantly determines the direction of the reform. The healthcare system reforms in the world mostly display similarities. The healthcare reform efforts, healthcare being actually a culture oriented service, should take these characteristics into account. Since, sometimes the universal solutions cannot solve the problems in local scale or even might makes their solution more difficult. Therefore sound etudes are needed for analyzing the situation of the country and determining the appropriateness of the solutions envisaged by the reform process.

In the pre-reform period, the correct diagnosis of the problems is the most important step. In this context, it will be appropriate to state under which circumstances the reform efforts that is continuing since a long while in the healthcare system of the Republic of Turkey, especially in public healthcare service had arisen. Actually, these problems are seen as almost chronic problems of healthcare system.

Among the major problems of Turkish Republic healthcare system until 2004 are long queues of patients in the hospitals, long waiting periods before receiving a treatment, the low wages of physicians working in public service in comparison to the other healthcare

personnel, lack of an adequate and accurate record system for the services given and the activities undertaken.

In 2003, Turkish Republic Ministry of Health proclaimed a reform program, namely “Health Transformation Program.” This program included rearrangements in many areas such as improving the bureaucratic and organizational structure and service provision in healthcare service, restructuring, improvements in access to healthcare services, health education, education of health human force, economic conditions of healthcare personnel, patient rights, improvement in the quality of healthcare service provision, a certification procedure for the healthcare service provision qualities of the hospitals, unification of public hospitals under a single roof, decentralization in hospital management and many other areas. The program is underway since 2003 and its certain stages had been carried out.

The patients are the direct beneficiaries of the healthcare services and they are especially affected from the areas of access to services of healthcare institutions, and the quality of healthcare service. There are various reasons of inequality in healthcare in global scale, but the rights of the people to receive easily accessible, high quality and sustainable services cannot be violated.

Today, the most important factor that affects almost the all areas of our lives is quality. The sensitivity to healthcare services is day by day increasing and many countries are conducting important works in the issue of healthcare service quality. The quality works in Turkey in public and private sectors dates back to long years ago. The reform works in quality includes the determination of service quality standards, provision of quality service in compliance with the standards and monitoring a quality healthcare service in all institutions. What is important in the implementation and what it follows is the support of personnel with financial incentives. The financial incentives are established by allocating supplementary payments based on performance.

Since the healthcare services have important effects on human lives in terms of their idiosyncratic characteristics and consequences, it is always revived again and again the issue of restructuring the healthcare services in terms of quality and performance. This increases the importance of quality in healthcare services. One of the most fundamental tasks of the health authorities is the provision of accessible, efficient and quality healthcare services. Also it is a must in terms of institutional success that the beneficiaries of healthcare services are satisfied from or trusting in the service provided.

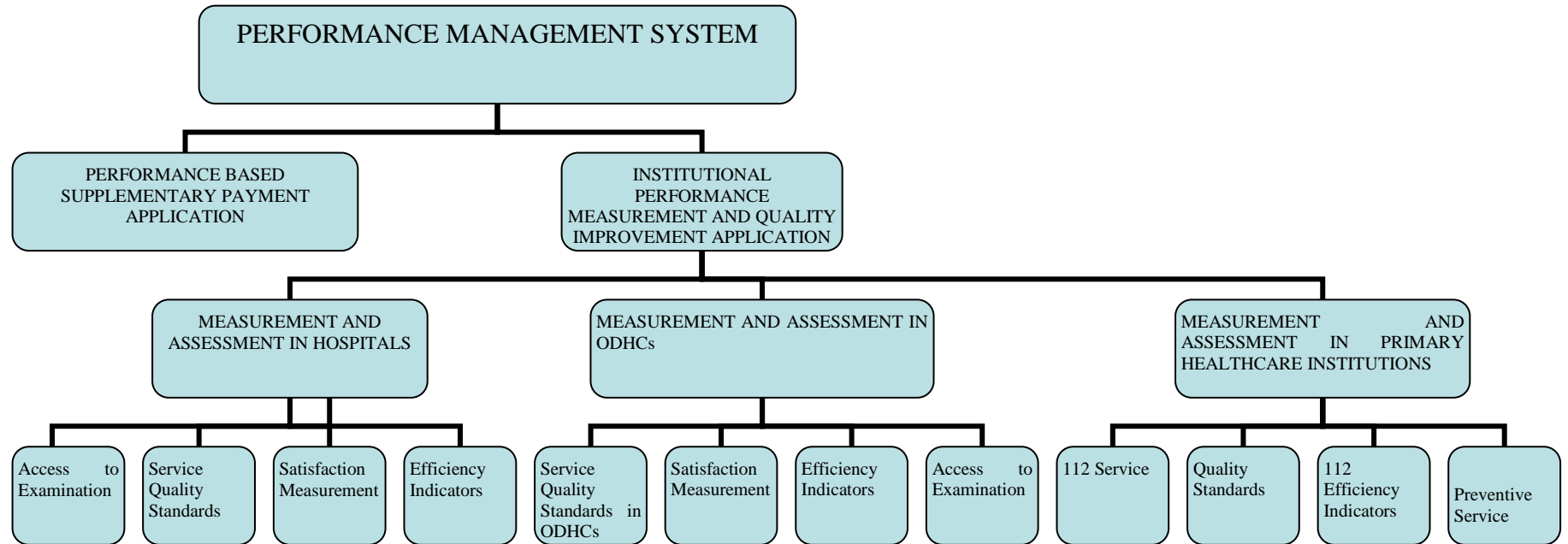
The outlines of the integrated model in healthcare services including also the quality, efficiency, effectiveness, patient satisfaction, financial incentives to employees, employee satisfaction and monitoring of the performance of the system. This integrated model displayed a success since it had been put into operation. This system, having a dynamic structure, is always open to development.

The institutions affiliated to the Ministry of Health are operating in a much more competitive environment than past. In these institutions, we had initiated performance measurement and quality studies for the purpose of meeting the needs, being able to compete, realizing the changes in time, decreasing the costs and increasing the efficiency. The content

and conditions of institutional performance measurement and quality studies bear national and international characteristics.

The content, dimensions and consequences of the model that had been put into operation by the Ministry of Health, is an original one. The institutional performance measurement and quality improvement procedures are implemented in three different areas as shown by Figure 1.

Figure 1: The Integrated Model Implemented by the Ministry of Health



PERFORMANCE BASED SUPPLEMENTARY PAYMENT IMPLEMENTATION

The importance attached by the countries to the health is measured with the resource allocated to healthcare services in proportion to the national income. On the other hand, many countries have scarce resources. The developing countries strive for having the grasp of a rapid change process appropriate to healthcare services and in parallel to the general tendencies in the world. One of the most determinant elements of this process is a search for maximum efficiency in the use of the resources. Performance based implementations are among the products of a search for efficiency.

The increase in the opinions holding that the efficiency has decreased in the provision of the healthcare service and the use of healthcare resources, new ideas had been brought forward for improving the quality and safety of healthcare services and the hospitals throughout the world had undertaken studies for enhancing their administrative autonomy and financial responsibilities.

As a result of the developments in the healthcare sector, it was seen that the payment methods used for waging the healthcare personnel such as payment per service, payment per capita or fixed payment could not accomplish the desired success in healthcare services, and performance based payment methods that increase the efficiency, brings about a higher quality service and achieves good results began to be foregrounded.

In the healthcare sector of our country, since the early 1980s, different incentive mechanisms had been implemented. The incentive mechanisms followed a rather different route in the last decade. Performance based supplementary payment, which had been put into force since 2003 as an incentive component, is a first time implemented procedure in the public sector in Turkey.

Performance based supplementary payment is a payment made to the healthcare personnel in addition to their regular salaries. The main salary is paid from the budget item of the Ministry of Health (under the item of healthcare personnel salaries.) Performance based supplementary payments, on the other hand, are made from the earnings obtained from the services rendered to the citizens from Social Security Institution and from other institutions.

Performance based supplementary payment, which had been developed as an implementation peculiar to our country, had been initiated as pilot applications in 10 provinces in 2003 for the purpose of improving the healthcare services by measuring the individual performance, enhancing the success level and encouraging the provision of a quality and efficient service.

Following the pilot applications, considering the outputs and feedback from 10 provinces, the implementation had been developed and had been put into operation in all healthcare institutions affiliated to the Ministry of Health as of the beginning of 2004.

The main objective of performance based supplementary payment is to encourage the work motivation and productivity of the public sector healthcare personnel. When the Health

Transformation Program had begun, it was understood that the problem of the inadequacy of the human forces in public sector could impede the accomplishment of the objectives of Health Transformation Program. Since the program had started, until today, the ration of the healthcare personnel per population is lower than other middle-income countries and OECD countries. Most of the physicians working in public sector used to prefer to work on a part-time basis. As of 2002, while the ratio of the fulltime employed specialist physicians working in state hospitals were 11%, this had increased to 72% in the first half of 2008. The overcrowded hospitals, and the long waiting periods before being examined used to cause decreases in the patient satisfaction from the healthcare services. The performance based supplementary payment implementation had been considered as a solution within the framework outlined above.

The detailed information on the successful implementation of performance based supplementary payment can be found in the book *Performance Management in Healthcare (Performance Based Supplementary Payment)*

INSTITUTIONAL PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT IMPLEMENTATION

The idea of restructuring the healthcare services had arisen beginning from 1980s and all countries began to undertake new attempts regardless of the sources they allocated to health. The World Health Report 2006 opens with a snapshot: “Think a place in the world, a baby girl is born. Born underweight, and probably will grow up with poor nutrition. She will probably marry in adolescence, will not go to school, and go on to give birth to many children. Most of her children will not survive. This baby girl will possibly live in a country with around a few thousand dollars of national income. There are many countries in the world spending less than yearly 50 dollars to health; she will be possibly one of them. Since the country is rather underdeveloped in the issues such as immunization, vaccination etc. she will be probably condemned to an infectious disease. The examples can be multiplied, but very probably, she will have died because of a preventable disease. And think of another place in the world, another baby girl is born. A country with a national income over ten thousand dollars, average personal health expenditures is close to two thousand dollars. Adequate nutrition, good schooling, a healthy maternity after an appropriate marriage. Her average life expectation will be probably near to 80.”

The health authorities should aim at a high quality healthcare service and a high quality life not only for the girl born in good conditions, but considering the general conditions of the country. In this regard, consideration of the concept quality or the quality implementations in health, the target should always be getting to a better position than the current one.

The “Health Transformation Program” is the last link of the chain of reforms in our country and it is prepared based on the questions, “How we can render service to our people, how we can provide the best service to our people” for the purpose of easing the access to healthcare by setting the self-resources into motion, increasing quality, efficiency and effectiveness in the healthcare service, and bettering the economic conditions of the healthcare personnel.

This integrated model is composed of the performance-based supplementary payment and the institutional performance. It encompasses incentive mechanisms and ensures the achievement of performance and quality targets as set by the ministry. This model is being implemented in 699 hospitals and 117 ODHCs affiliated to the Ministry of Health and in 6000 primary healthcare institutions affiliated to 81 Provincial Directorate of Health.

As is known, the universe is not composed of whites and blacks, there are plenty of intermediary colors and one needs to mix and use all colors to cover the distance between black and white. Therefore, the institutions cannot be classified as only white and only black ones.

The measurement of institutional performance and the quality improvement implementation is created by reviewing the approach and priorities of World Health

Organization (WHO) in this field, investigating the implementations in other countries, using all colors rather than classifying the institutions as white and black ones, with a grading system between 0 and 1, envisaging a continuous improvement and amelioration according to our needs and strategic targets, without ignoring the facts of our country, without causing serious costs and in a manner to make things easier but not harder; it is designed in a process- and result-based way so as to make it possible to assess the system from various angles.

Furthermore, the standards involved in this implementation shall reinforce the systematic and objective assessment in the institutions.

Measurement of institutional performance and quality improvement implementation is a resultant of the implementations shaped by the needs of our country's healthcare system as well as an implementation having a system identity that paves the way for general issues such as patient safety, laboratory safety, the establishment and safety of patient rights that will carry our healthcare services in a higher position within the scale of countries.

The ministry, with this implementation, succeeded to keep both the strategic and operational targets alive in the healthcare institutions within the framework of performance measurement and quality improvement.

Measurement of institutional performance and quality improvement implementation is the assessment of a health institution according to the pre-defined standards in terms of service quality, efficiency, effectiveness and appropriateness. This implementation allows the healthcare institutions to see if they met the targets set by the Ministry. The system also allows the comparison of healthcare institutions among each other in all times. Another benefit of this process for the institutions is that they can implement the best practices they observed in the other institutions to their own institutions.

As a result of integrating the performance-based supplementary payment implementation and the measurement of institutional performance and quality improvement implementation to each other, the quality studies became the main agenda in the institutions of the Ministry of Health. The individual performance in the institutions and organizations having higher institutional performance is rewarded more highly. Thus, the magnitude of the award given to the quantity is set by the quality.

Therefore, the health institutions began to be interested in the satisfaction level of such standards, and they tended to solve the problems arising within this framework in a more readily manner. Thus they contribute to the level of the satisfaction of quality standards.

This implementation also includes the institutions within a process of external assessment/inspection. The institutions are being assessed in terms of the effective use of the resources, efficiency, patient safety, patient satisfaction, access to service and of many other points.

The assessment results are followed by the coordination offices over a web based database. The data are analysed and reported. This also contributes to the projections for future.

This implementation establishes Provincial Performance and Quality Coordination in Health Directorates and “Performance and Quality Units” in hospitals thereby establishing an institutional structure in the institutions affiliated to our Ministry. Also the hospitals might be assessed by independent teams formed by the Ministry. The report given by the teams assigned by the Ministry is taken into account. Thus the assessors designated by the Ministry assumes the role of second party inspectors.

The institutional performance assessment of the institutions affiliated to our Ministry is carried out by Provincial Performance and Quality Coordination Offices or by the Ministry Assessors over three periods each composed of four months. The assessments result in a coefficient between (0) and (1).

MEASUREMENT AND ASSESSMENT IN HOSPITALS

The measurements/assessments in hospitals are carried out based on four parameters (figure 2). The arithmetic mean of such four parameters gives the institutional performance coefficient for the related term.

Figure 2: The Measurement and Assessment in Hospitals

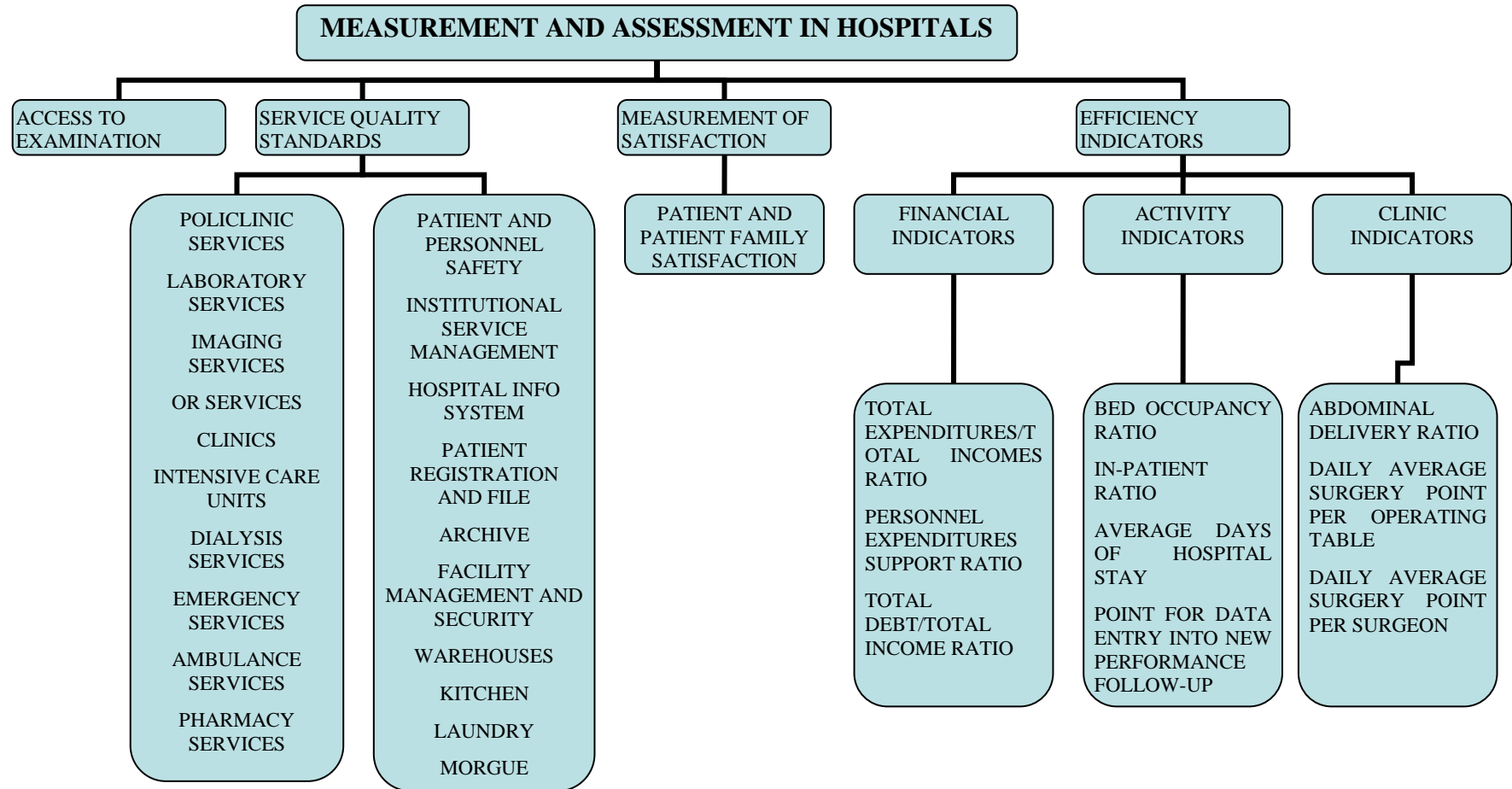


Table 1 indicates the periods and conductors of measurement/assessment. These performance parameters to be used forms a measurement set for the hospital performance.

Table 1: Main Parameters Used in Hospitals

Hospital Parameters	Assessor	Implementation Period	Result (Coefficient)
Access to Examination	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1
Service Quality Standards	Provincial Performance and Quality Coordination Unit or Ministry Assessors	Once in every 4 months	0-1
Satisfaction Measurement	Provincial Performance and Quality Coordination Unit or Ministry Assessors	Monthly	0-1
Efficiency Indicators	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1
Institutional Performance Coefficient	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1

Each parameter has the same significance in the system in terms of effectiveness. However, since the current system has a dynamic structure open to continuous improvement, some new standards might be added while some might be abolished.

The measurement/assessment classification according to the service type of the hospitals where they will be conducted is shown by Table 2.

Table 2: Hospitals According to Their Type of Service

Group	Type of Service	Number	
Training and Research Hospitals (Tertiary)	General	33	
	Training Hospital, cardiology, cardiovascular surgery	5	
	Training Hospital, rendering service in breast and breast surgery	4	
	Training Hospital, rendering service in gynecology and pediatric	10	
	Training Hospital, rendering service in physiotherapy and rehabilitation	2	
	Training Hospital, rendering service in bone diseases	1	
	Training Hospital, rendering service in psychiatry	2	
	Training Hospital, rendering service in eye diseases	2	
	Training Hospital, rendering service in oncology	1	
Service Hospitals (Secondary)	General	Inpatient Institutions, #of beds less than 49	163
		Inpatient Institutions, #of beds 50-99	160
		Inpatient Institutions, #of beds 10-499	195
		Inpatient Institutions, #of beds 500 and above	30
	Inpatient Institutions, rendering service in gynecology and pediatric	56	
	Inpatient Institutions, rendering service in physiotherapy and rehabilitation	6	
	Inpatient Institutions, rendering service in bone diseases	2	
	Inpatient Institutions, cardiology, cardiovascular surgery	1	
	Inpatient Institutions, rendering service in breast and breast surgery	16	
	Inpatient Institutions, rendering service in psychiatry	5	
	Inpatient Institutions, rendering service in emergency aid and traumatology	3	
	Oral and Dental Health Center	117	
	Total	814	

The implementations allow comparison between hospitals having the same qualities in terms of their results.

ACCESS TO EXAMINATION

The place of our country in terms of the number of physicians is second before last among the countries existing in WHO Europe Region, that is to say, the number of the physicians is rather inadequate. In this context, the effective use of insufficient number of physicians is an important standard for ensuring the simultaneous service of clinicians in a hospital and for allowing the citizens to choose the physician they desire due to an office given to the physicians. Thus, a parameter peculiar to our country, namely criterion of access to examination, is being used in the measurement of institutional performance for the purpose of eliminating the long queues in health institutions.

It will be possible to allow our citizens to receive healthcare services more easily, to ease the accessibility of healthcare services and thereby to meet the healthcare service demand by allocating one office to each clinician physician.

The access to examination is very important for the accessibility to healthcare considering the conditions of our country.

One office is allocated to each clinician and that office should have the following features.

- a) The office door should bear the name-surname, and specialization, if any, of the physician.
- b) There should be an info in front of the examination room including the work plan (operation day- hour, leave days etc.)
- c) All equipments for examination should be available (examination table, folding screen, examination tablecloth, examination chair, otoscope, light source, stethoscope, sphygmomanometer etc.)
- d) Hand antiseptics should be available in the examination room (e.g. alcohol based solution etc.)

Despite this standard had not been proposed by WHO as a method for measuring the performances of the hospitals, it is accepted as an appropriate standard for our country in the beginning phase. This standard intends to eliminate the polyclinic service understanding involving ground floor spaces where all patients stand in long queues and physicians take turn and to replace it with the physician rooms with sufficient comfort, where physicians can spend their free times outside areas such as service, OR and laboratories, conduct scientific studies, researches and investigations and meet their patients.

Creating a structure where all existing physicians in our country assume active roles and where the demand load is equally shared will allow physicians to allocate more time to each patient. This will also ease the patients' choosing their physicians. So, such a standard is used for setting up an environment where physicians can make use of their times in the best possible way, and almost each physician will carry out her/his tasks and render service simultaneously.

Coefficient of Access to Examination is determined by the performance and quality unit in the last week of a period. However, Provincial Performance and Quality Coordination or the ministry assessors may also make this evaluation, in which case the calculation by the highest office in the hierarchy will be valid. To calculate the coefficients, sum of the number of the rooms used actively in polyclinic services and allocated to each physician and the number of the dental units in active use is divided to the number of physicians.

Number of the physicians is the total number of physicians except “clinic chief and assistant chiefs, physicians conducting the administrative services as well as services of anesthesia, laboratory, and emergency/polyclinic, and physicians and basic medicine specialists working in medical departments such as intensive care, newborn, burn, dialysis, cancer early diagnosis and training center on a fulltime basis.”

To determine the number of the physician rooms, the rooms used by the physicians that had been excluded from the calculation of the number of physicians shall be excluded from the evaluation. Table 3 provides an example about this issue:

Table 3: Calculation Example Table

Physician	Number of Physicians	Number of Rooms-Units
Specialist Physicians	27	20
General Practitioners	3	3
Dentists	17	11
TOTAL	47	34

Coefficient of Access to Examination: $\frac{\text{Number of Rooms} + \text{Number of Dental Units}}{\text{Number of Physicians}}$

$$\text{Coefficient of Access to Examination} = \frac{20 + 3 + 11}{27 + 3 + 17} = \frac{34}{47} = 0.72 < 1$$

If the coefficient of access to examination is greater than (1), it is considered as (1).

SERVICE QUALITY STANDARDS

“Service Quality Standards” are composed of 383 standards involving the service procedures provided in a hospital and the physical and technical investigation of the hospital. Service Quality Standards aim at improving the service provision in our hospitals, which display differentiations in terms of service provision.

The standards in question envisages an investigation including all processes beginning from a patient’s application to the hospital and ended in recovery or decease. The investigation processes include both service provision to the patient and support service part.

These standards include the standards for making arrangements in patient rooms, intensive care units, operation rooms, laboratories, dialysis department and other department in the clinic (Figure 3). In the same time, there are standards regarding information management in it, an issue determines the service planning significantly. Standards also include significantly the standards for infection control and patient and personnel safety, which are the most important part of healthcare service provision.

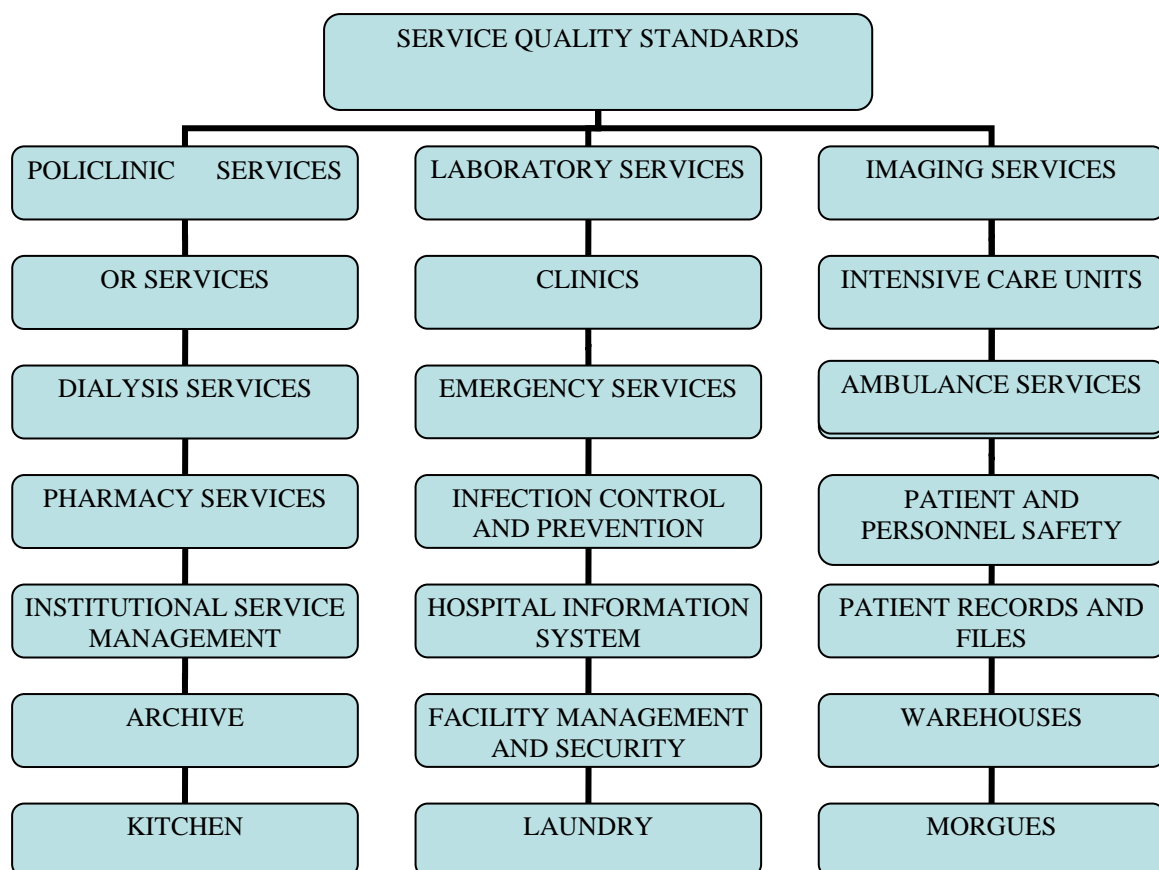


Figure 3: Service Quality Standards

With such an evaluation, the hospitals can see to what extent they meet the standards in national scale. Standards can be functional also in terms of the classification of the hospitals.

This topic including the standards regarding all service provision processes of the hospitals is carried out by Provincial Performance and Quality Coordination Offices or by Ministry assessors in all hospitals affiliated to the ministry once in every 4 months. When the ministry assessors carry out the assessment, this assessment will be taken as valid. Ministry had published Service Quality Standards Guide for guiding the assessors in assessing the Service Quality Standards. The guide had been published in the web site www.performans.saglik.gov.tr for easing the access of assessors.

Annex-1 Service Quality Standards

SATISFACTION MEASUREMENT

It is very important to base the performance measurement of the hospital and the healthcare personnel on the opinions and satisfaction of our citizens using healthcare services. In this framework, the patient satisfaction, which gradually gains importance in healthcare services today, has an important place in the assessment of the service.

Within the framework of our Ministry's "patient centered" healthcare service provision policies based on "patient satisfaction" we are conducting "Patient Satisfaction Surveys" for assessing the healthcare services provided from the viewpoint of patients.

It is clear that the provision of healthcare services can be only assessed according to the opinions of our citizens, who are service receivers. For this reason, these surveys are made for including the opinions of the citizens within the service process and for improving the quality of healthcare services.

Two survey sets and survey implementation principles had been determined for in-patients and ambulatory patients. The surveys include the patients and patient families within the process. The objective is to put forward what the public opinion and patients value and how the healthcare results are perceived by the patients and their families.

The satisfaction measurement is carried out regularly, once in a month; however the results are evaluated one in every four months. These studies shall be carried out by the hospitals under the responsibility of the performance and quality unit. However the provincial performance and quality coordination or the Ministry may also make or have made the surveys. In this case, the calculations will be based on the satisfaction measurement of the highest office in the hierarchy. The detailed information on satisfaction surveys are provided in Annex-2.

Annex-2 Satisfaction Surveys and Implementation Principles

EFFICIENCY INDICATORS

The basic purposes are to meet the needs of the hospitals in terms of quantity, quality and service especially in a sector as competitive as the hospital sector, to carry out right works appropriate to the main objectives of the hospital in a correct way, to achieve simultaneously development and renewal, enhancing the professional satisfaction of the patients and making the management an orienting one rather than a controlling one.

The assessment and measurement of the institutional efficiencies is an important means for meeting all these expectations. The new performance management approach expresses the enterprise performance as the total result of the interaction among all components forming the enterprise. To measure the performance by various models and techniques is a must for a contemporary management understanding in an institution.

Under the light of all said, our Ministry aims at measuring the efficiencies of the institutions according to the indicators. These indicators can be replaced by others in certain

periods, and our Ministry is continuing to evaluate and develop such indicators. Main characteristic of these indicators is that they assess the hospitals among their own classes and according to their improvement over time. The information entry into the databases prepared by the Ministry is encouraged within this framework. There are medical and administrative indicators set for our institutions as targets in parallel with the targets and policies of the Ministry.

In the direction of such targets, we are using 10 institutional efficiency indicator including the financial and clinic indicators (Figure 4). Our Ministry is continuing the studies for an evidence-based guideline for the purpose of standardizing the diagnosis and therapy as soon as possible, to enhance the quality in healthcare services and implementations and realizing the performance assessment from a clinical viewpoint.

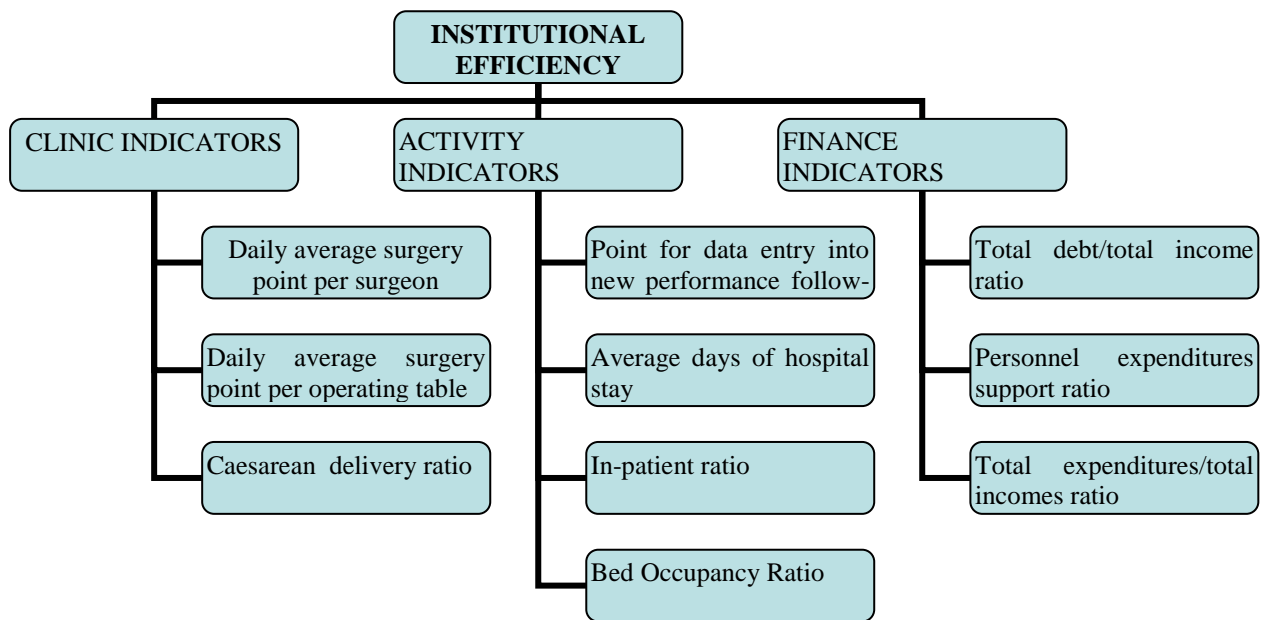


Figure 4: Efficiency indicators uses in hospitals

MEASUREMENT AND ASSESSMENT IN PRIMARY HEALTHCARE INSTITUTIONS

They are formed taking into account the therapeutic and protective healthcare services according to the characteristics and structuring of Primary Healthcare Services and the service provided by them in rural areas. The institutional performance measurement for primary healthcare services has a structure of 4 parameters (Figure 5).

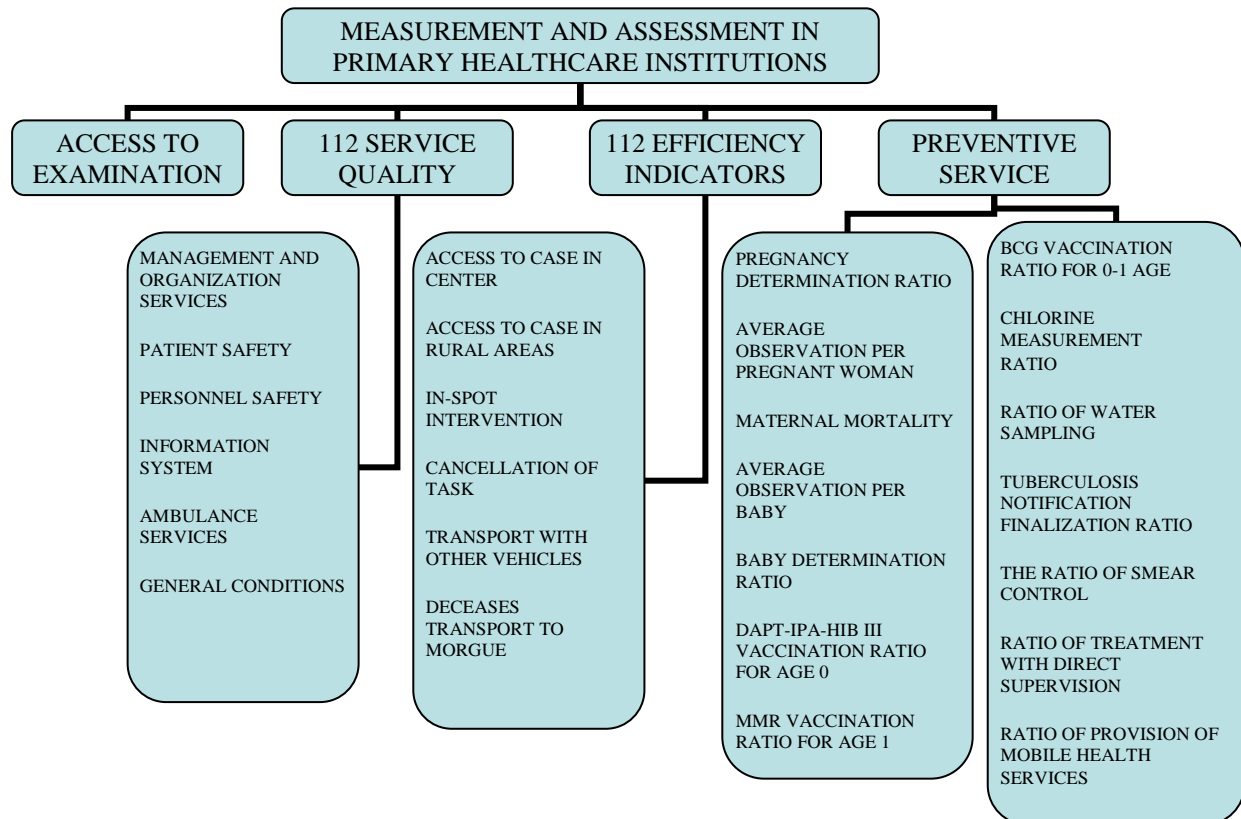


Figure 5: Measurement and Assessment in Primary Healthcare Institutions

Table 4 indicates who and with which frequency the measurement/assessment shall be carried out in primary healthcare services.

Table 4: Institutional Performance Parameters Used in Primary Healthcare Facilities

Hospital Parameters	Assessor	Implementation Period	Result (Coefficient)
Access to Examination	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1
112 Service Quality Standards	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1
112 Efficiency Indicators	Provincial Performance and Quality Coordination Unit	Monthly	0-1
Protective Service Indicators	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1
Institutional Performance Coefficient	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1

As seen on Table 4, there are 4 performance parameters determined for primary healthcare services. The arithmetic mean of such four parameters produces the institutional performance coefficient for the related term. These parameters forms a measurement set for primary healthcare services.

The basic purpose of creating such parameters is to improve the healthcare services provided in primary healthcare institutions and to provide a quality and efficient service. In this structure, where the incentive system is important, the management attaches a greater importance to the issues related to provision of quality service. Since the coefficients to be obtained as a result of the procedures shall have a direct effect on the supplementary payment to be made, both the personnel and managers shall focus more on improving the services and providing quality service. Throughout all studies, the conditions of our country are taken into account.

ACCESS TO EXAMINATION

It is necessary to allocate a room to each physician that provides active polyclinic services in primary healthcare institutions in each province. Since the information regarding Access to Examination had been given in the chapter on the implementation in hospitals, it will not be detailed here. Here, however, while calculating the coefficient for access to examination, the physicians conducting administrative services in the health directorate and in health group departments, the physicians working in 112 emergency health services and physicians providing continuous training and protective health services are not included in the number of the physicians.

112 SERVICE QUALITY STANDARDS

112 Emergency healthcare services are very important in prevention of deaths and reducing the disabilities. In all accidents and injuries, the 10% of all deaths happen in the first 5 minutes, and 50% in the first 30 minutes. Having said this, it is possible to decrease disabilities and deaths by means of emergency intervention to citizens needing emergency aid in the shortest possible time.

112 Service Quality Standards had been prepared for setting up the system necessary for conducting 112 Emergency healthcare services in an efficient and rapid way, and transporting the patients to hospitals with the possible most rapid intervention.

112 Emergency healthcare services, a part of primary healthcare institutions, are affiliated to the Provincial Ambulance Service Head Physician's Office. With a revision in 2008, 112 Service Quality Standards had been included in this implementation as a new study. "112 Service Quality Standards" that investigates the stations had been determined for the services provided in Provincial Ambulance Service Head Physician's Office, command control center, and stations.

The study considered the emergency healthcare service as a whole and standards had been prepared designing all processes from provincial ambulance service Head Physician's office to the stations. All processes had been taken into account; from notification of a case by command control center to the station to station's access to the case and transferring the patient(s) to the closest emergency service, and to an alternative intervention to the case with another ambulance in case of a possible problem.

112 Service Quality Standards as shown in Figure 6 aim at achieving a certain standards in services provided by Provincial Ambulance Service Head Physician's Office. Ministry had published Service Quality Standards Guide for guiding the assessors in assessing the 112 Service Quality Standards. The guide had been published in the web site www.performans.saglik.gov.tr for easing the access of assessors.

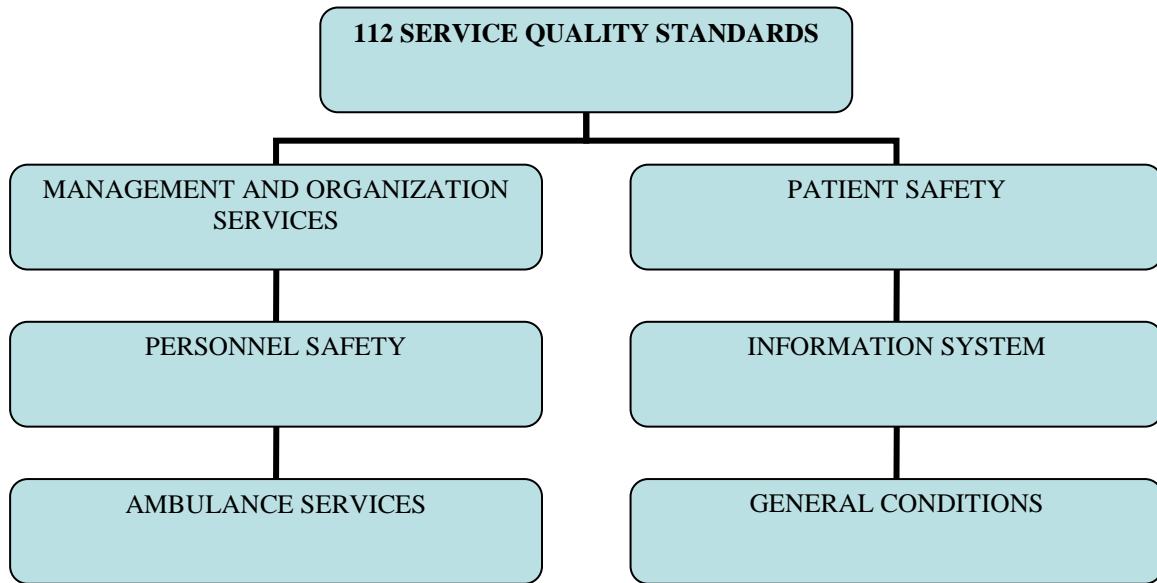


Figure 6: 112 Service Quality Standards

112 EFFICIENCY INDICATORS

Departing from the fact that the emergency healthcare services constitute the showcase of a country’s health system, the main objective is to provide rapid, efficient and quality service to the patients with emergency conditions throughout Turkey, and to direct the non-emergent cases to other healthcare service centers. Our Ministry aims at measuring the efficiencies of the stations and command control center affiliated to Provincial Ambulance Service Head Physician’s Office within the scope of the assessment of 112 Emergency Health Services. To this end, we had prepared 6 indicators as shown in Figure 7 for the purpose of a faster and more effective provision of services in alignment with today’s needs.

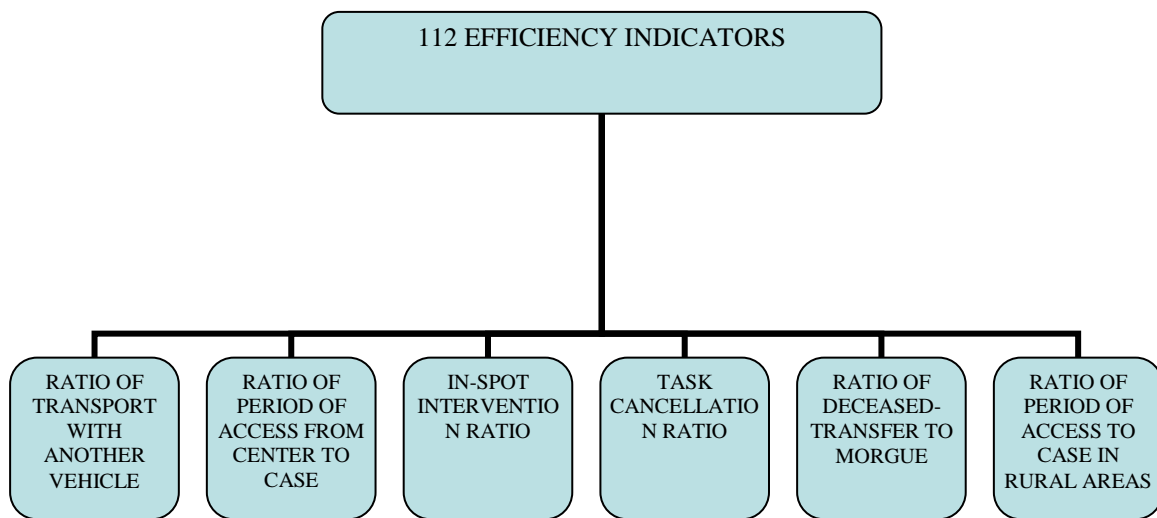


Figure 7: 112 Efficiency Indicators

PREVENTIVE SERVICE INDICATORS

Protective Service Indicators are the most important indicators for the situation of a country’s healthcare system. The most important ones among them, namely the indicators related to the health of baby and mother, had been reviewed. This study aims at improving the quality and accessibility of service in Primary Healthcare Services, and the new indicators for tuberculosis patients, a very important issue today, had been taken into account as well as other indicators. The study scope had been extended so as to include the follow-up of all processes beginning from the determination of a tuberculosis patient and ended in the succeeded treatment (Figure 8). Also the studies for conducting mobile healthcare services had been included as a part of community health services, which is the basis of primary healthcare services.

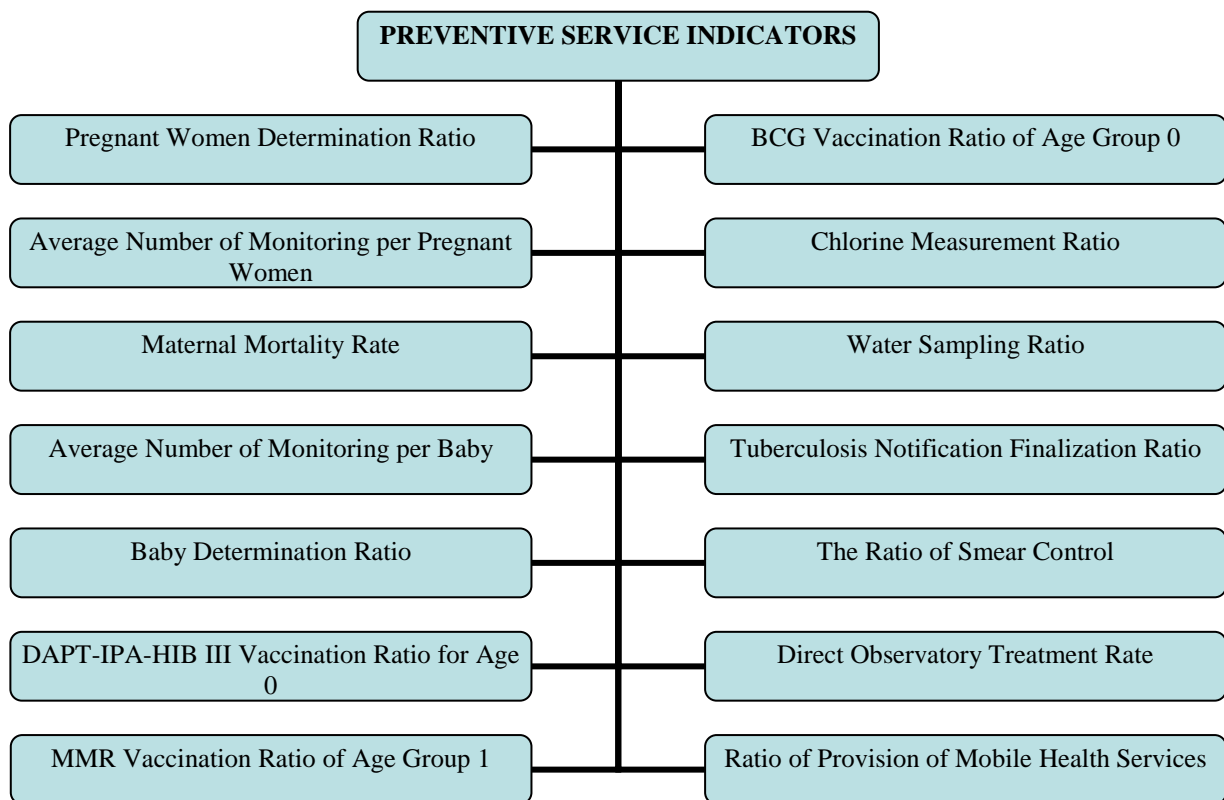


Figure 8: Preventive Service Indicators

MEASUREMENT AND ASSESMENT IN ORAL AND DENTAL HEALTH CENTERS (ODHC)

Dental treatment and prosthesis centers as well as independent health institutions that can also open dental polyclinics, which centers and institutions are financially and administratively self-sufficient having at least 10 unit capacity and which are providing protective and therapeutic healthcare services, either ambulatory or in-patient treatment when it is needed, in all branches of dentistry through examination, tests, diagnosis and treatment as well as advanced tests and treatments. The measurement/assessment parameters in ODHC had been taken within the scope of the work. These parameters are composed of 4 parts (Figure 9). The arithmetic mean of such four parameters gives the institutional performance coefficient for the related term.

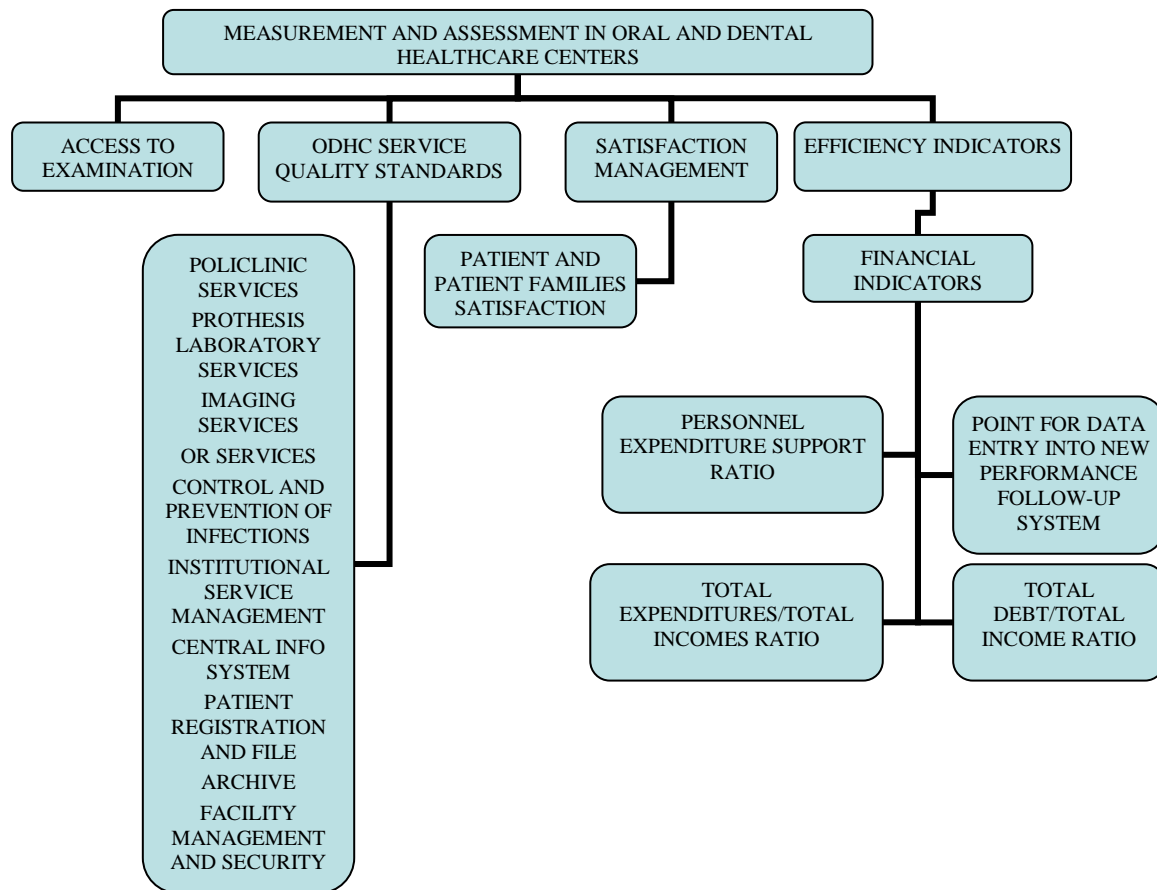


Figure 9: The Measurement and Assessment in Oral and Dental Health Centers

Table 5 indicates the periods and conductors of measurement/assessment.

Table 5: ODHC Institutional Performance Parameters

ODHC Performance Parameters	Assessor	Implementation Period	Result (Coefficient)
Access to Examination	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1
ODHC Service Quality Standards	Provincial Performance and Quality Coordination Unit or Ministry Assessors	Once in every 4 months	0-1
Satisfaction Measurement	Hospital Working Group	Monthly	0-1
Efficiency Indicators	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1
Institutional Performance Coefficient	Provincial Performance and Quality Coordination Unit	Once in every 4 months	0-1

ACCESS TO EXAMINATION

This standard stipulates that a unit should be allocated to each dentist for easing the access of community to oral and dental health centers. Since the detailed information on the issue had been provided in the part Access to Examination in the chapter Measurement and Assessment in Hospitals, we will not go into details here.

ODHC SERVICE QUALITY STANDARDS

“Oral and Dental Health (ODHC) Service Quality Standards” had been described. The standards are composed of 12 main topics, 51 questions and subcomponents of them, which assess the processes of the services provided by oral and dental health center and the centers themselves from physical and technical terms. These standards intend a high quality service provision in ODHCs. In each assessment period, the ODHCs shall be assessed according to such standards. Figure 10 provides ODHC Service Quality Standards

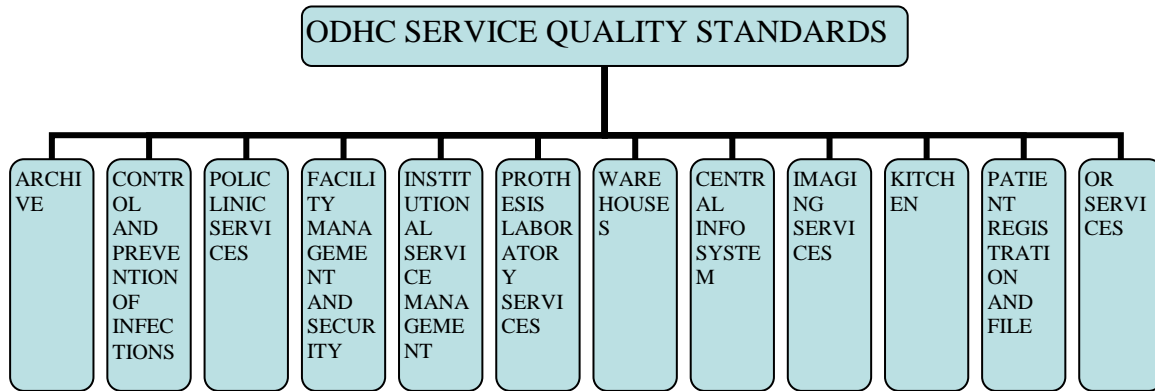


Figure 10: ODHC Service Quality Standards

SATISFACTION MEASUREMENT

Since the satisfaction measurement was dealt with in the chapter on Hospitals, we will cover the issue here only briefly. In this study, the surveys prepared for Oral and Dental Health Centers include physical environment and units, dental examination, other professional groups, clinical evaluation, information provision, general evaluation, demographic data and suggestions. Annex-2 provides detailed information on Satisfaction Surveys.

Annex-2 Procedures and Principles for Satisfaction Surveys

EFFICIENCY INDICATORS

These indicators aim at measuring the efficiencies of ODHCs. Figure 11 depicts the Efficiency Indicators. Since the chapter on Hospitals provides detailed information on the issue, we will cover it here in details.

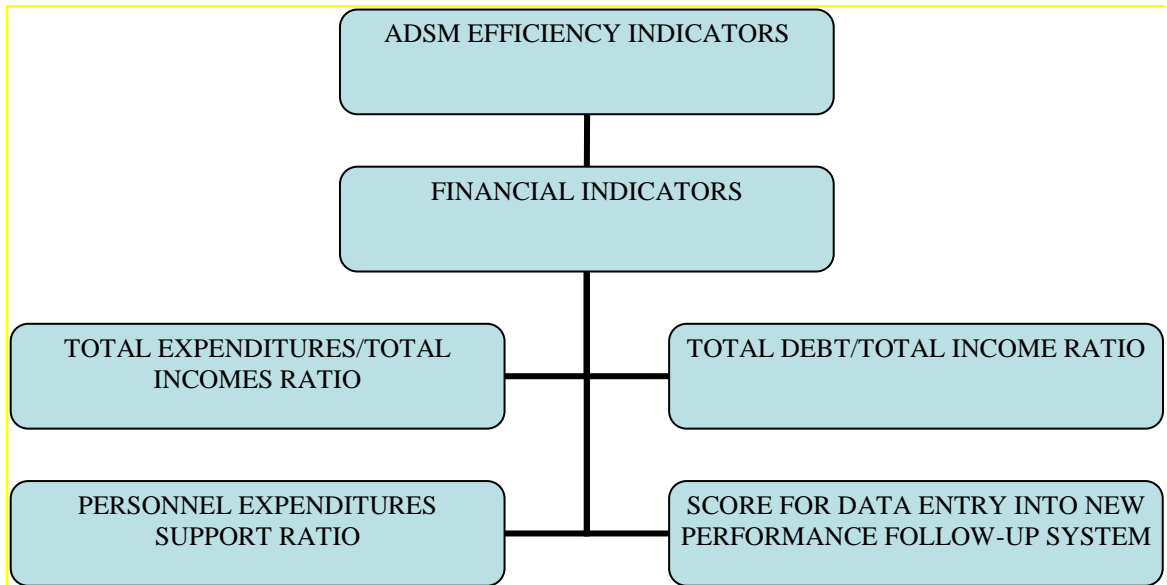


Figure 11: ODHC Efficiency Indicators

INSTITUTIONAL PERFORMANCE COEFFICIENT

Since the institutional performance coefficient determines the supplementary payment to be made to the individuals working in the institution, the managers of the institutions attach quite importance to it.

Institutional performance measurements are assessed over 4 main parameters for all three models. These parameters are access to examination, quality standards, efficiency coefficient and satisfaction measurement.

In Secondary and Tertiary Healthcare Institutions (Hospitals): Access to Examination, Service Quality Standards, Satisfaction Measurement and Efficiency Indicators are used for determining the coefficient.

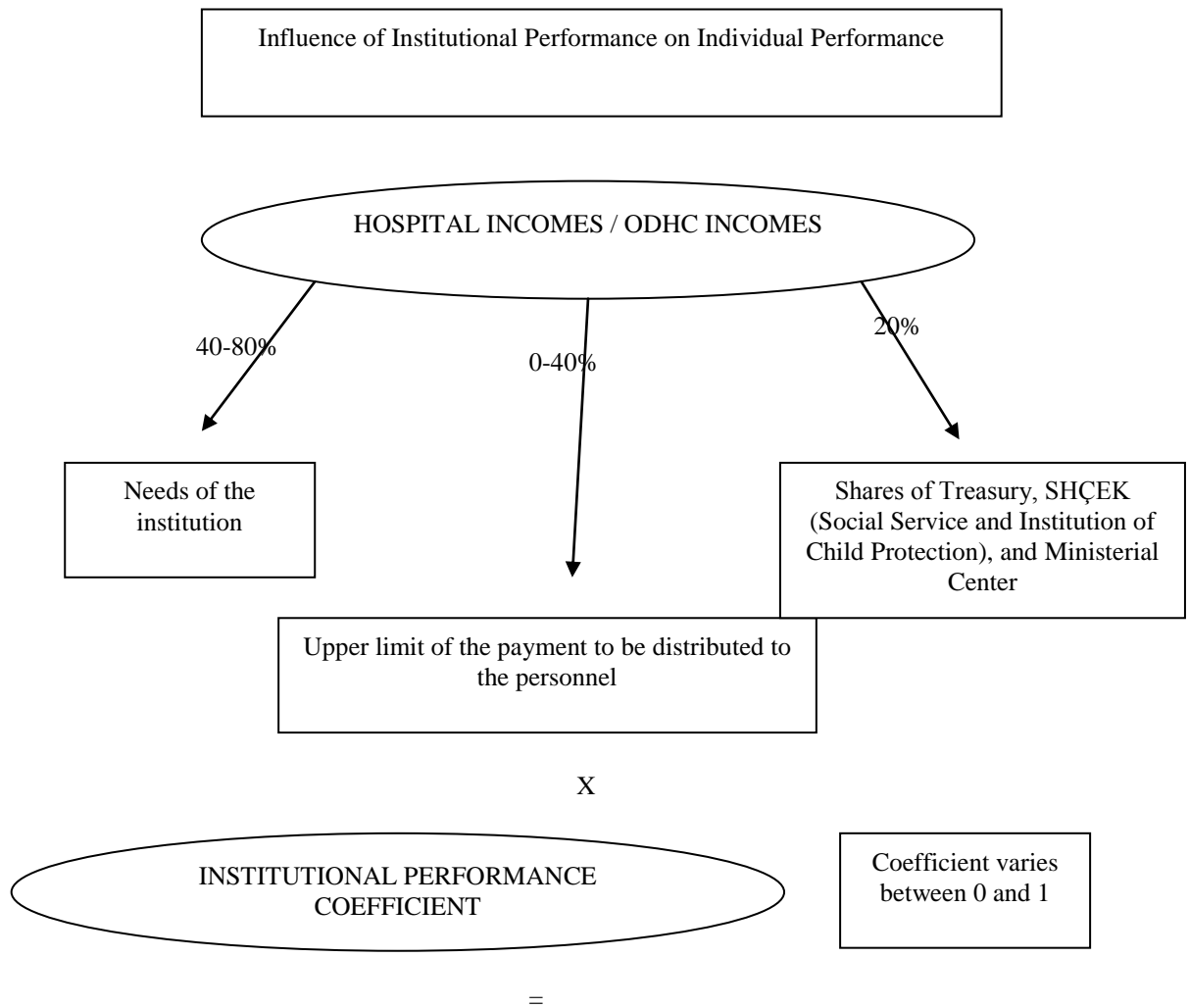
In Primary Healthcare Institutions; the points obtained from Access to Examination, 112 Service Quality Standards, 112 Efficiency Indicators, and Protective Service Standards are used for determining the coefficient.

And **in Oral and Dental Healthcare Centers;** Access to Examination, ODHC Service Quality Standards, Satisfaction Measurement and Efficiency Indicators are used for determining the coefficient.

Thus, determining the criteria for institutions and organizations, a coefficient is obtained for each department. The arithmetic means of the coefficients of the parts produce the “institutional performance coefficient” for the institution for that period.

The institutional performance coefficient measured for each period determines the amount of the supplementary payment to be made to the personnel working in the institutions and organizations in that particular period according to their individual performances.

The institution and organization can distribute up to 40% of its income as supplementary payment for personnel. Along with the institutional performance implementation, in order that an institution can distribute 40% of its income, the institutional performance coefficient should be “1”. The more downwards goes the institutional performance coefficient from “1” to “0”, the more downwards goes from 40% the amount of the supplementary payment. Thus, the institutional performance of the institutions and organizations has an effect on the individual supplementary payments to be made to the employees (Figure 12).



<p>If all institutional performance criteria are met, the coefficient is 1; only in this case the institution can distribute the supplementary payment envisaged by law. The lower is this ratio, the lower is the upper limit of the supplementary payment</p>	<p>Upper limit of the Supplementary Payment that may be Distributed to the Personnel after Institutional Performance Implementation</p>
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Figure 12: Influence of Institutional Performance on Individual Performance in Secondary and Tertiary Healthcare Institutions

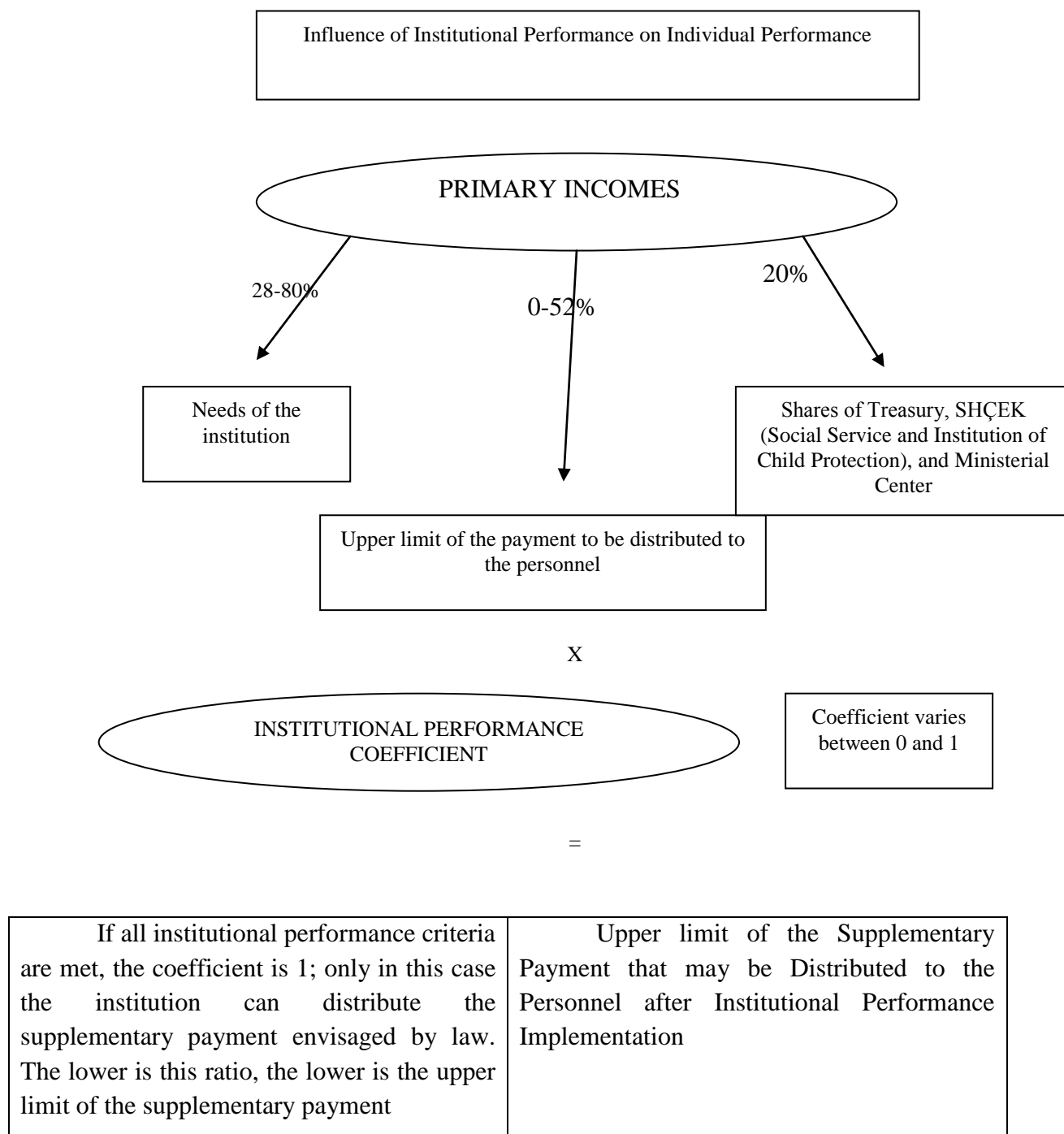


Figure 13: Influence of Institutional Performance on Individual Performance in Primary Healthcare Institutions

Since the provinces implementing family medicine are exempted from paying the share of Center (Ministry), in these places, the 16% of the monthly incomes is allocated as legal share (Treasury and SHÇEK shares). The total of the legal shares for the provinces that are not implementing family medicine is 20%. In Primary Healthcare Institutions, the amount resulting from the multiplication of the maximum 65% of the amount remained after allocating the legal shares from the incomes of that particular month with the Institutional

Performance Coefficient can be distributed to the personnel as supplementary payment (Figure 13).

PERSONNEL SATISFACTION

In Institutional performance implementations, the satisfaction measurement has begun to be shaped on patient-centeredness. Therefore it exists in and implied by the legislation. In order that the institutions function properly, however, the workforce is an issue as important as being patient-centered.

The biggest share among the sources of the hospitals, certainly, belongs to the employees that constitute the workforce. The employees' attitudes, behaviors, interactions within the institution, and working practices in total determine the performance of the institution. Performance measurement has a very important function for each institution. To tackle the employee satisfaction at institutional level has a direct proportion with the importance attributed to the expectation for realizing the institutional targets. For, actually, the institutional successes are directly related to the personnel management, and thereby, to the satisfaction of the employees. Considering this, the satisfaction of the employees is investigated through a survey. However, the implementation of personnel satisfaction measurement, which allows policy development for the factors affecting the efficiency of the employees, also affects the institutional performance coefficient through being investigated within the scope of service quality standards.

The reason for not including the personnel satisfaction parameter as a main parameter in calculating the current institutional coefficient parameter is that since the negative opinions of personnel might decrease the supplementary payment, realistic results cannot be achieved.

In the current situation, the aim is to measure the level of personnel satisfaction despite it is not affecting the institutional performance through a coefficient. Since, the dissemination of referring to the opinions and ideas of the employees shall ensure the development of the institutional culture. The measurement of the employee satisfaction shall improve the sensitivity of the managers to the ideas of employees and those ideas shall enrich the improvement works.

CONCLUSION

In almost all countries, the reform attempts for reinforcing the healthcare system had focused on some main topics, most important ones of which are basic targets such as efficiency, satisfaction and effectiveness. What needed in the first place is that the access to service should be easy, quality healthcare services should be disseminated throughout the country, the healthcare personnel should be distributed in a balanced way, and an environment which maximizes the moral motivation of the personnel. One must remember that as the service quality increase the benefits obtained tend to approximate the maximum. It is necessary to set up a structure which will improve the quality of healthcare services and which will make this improvement continuous. Healthcare personnel should gain a responsibility of providing quality and secure healthcare service. It is also necessary to keep the records of all services provided in healthcare sector systematically and to share the necessary information with all service providers and public.

Health Transformation Project that has been implemented by our Ministry since 2003 aims at providing equal, accessible, effective, high quality and smiling healthcare service to our people. The performance based supplementary payment system that had begun with a pilot application in 10 provinces had been developed and put into effect in all healthcare institutions affiliated to the Ministry of Health, as from the beginning of 2004.

In 2005, the institutional performance indicators had been included in the system, which used only individual and quantitative performance indicators in 2004, thus it was aimed at a higher quality service. To implement performance-based supplementary payment and institutional performance simultaneously made the quality works the main item on the agenda of our ministry. This original model, which had been formed considering the health needs of our country and the structure of the healthcare institutions, ensured a quantitative comparison among the healthcare institutions existing in the same group and for the similar periods.

Another important component of the aimed policy is the "Service Quality Document" to the institutions and organizations affiliated to the Ministry of Health and to the other public, university and private healthcare institutions that had met the standards set forth by the Ministry. This implementation which is being put into operation for the first time is aiming at increasing the patient satisfaction, raising quality awareness in the personnel of the institutions, ensuring a continuous development and improvement in all processes, increasing the efficiency and effectiveness, ensuring financial sustainability, creating a competitive environment and disseminating the quality implementations.

The Ministry had used performance measurement system as a tool for ensuring the quality, effective and efficient service provision in hospitals. This method had facilitated the access of patients to the healthcare services in equity. When the private hospitals and university hospitals will be taken under the service quality audit, the Ministry of Health shall be able to assess and monitor the performances of all private and public hospitals thereby

shall carry out inspection and coordination activities, and obtain tools having scientific validity for being able to macro planning and policy development.

ANNEX-1 SERVICE QUALITY STANDARDS

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
POLICLINIC SERVICES					
1	Patient registration unit must meet the conditions necessary for service provision.				
1.1	Patient registration unit must be in an easily noticeable and accessible place.	4			
1.2	Patient registration unit must have a sign noticeable and readable from all directions.	4			
1.3	Patient registration unit shall be designed so as to allow a direct communication with the patient, its ceiling and surroundings must be open (without a barrier such as glass partition or similar), there should be a table and chairs allowing to communicate with the patient in a face to face manner.	8			
1.4	In patient registration unit, there must be leaflets and brochures introducing the services provided in the hospital.	2			
1.5	The spaces of patient registration unit should have enough sitting groups.	4			
1.6	There must be arrangements in place to have the elderly and disabled people be seated in the first place.	4			
1.7	The number of the personnel to be employed in the patient registration unit shall be decided according to the principles determined by the Ministry and considering the daily average number of patients applying to the polyclinic.	8			
1.8	Patient registrar must have been received in-service training on compliance training, patient satisfaction, communication skills and interpersonal communication.	4			
1.9	There must be arrangements in place for completing the procedures of elderly and disabled people and the health personnel as a priority.	4			
1.10	Patient registrar should have detailed information about institutional service processes, personnel of the institution and the current implementations (physician preference).	6			
2	Information unit must meet the conditions necessary for service provision.				
2.1	Information desk must be in an easily noticeable and accessible place, and have necessary equipment.	4			
2.2	The number of the personnel to be employed in the information unit shall be decided according to the principles determined by the Ministry and considering the daily average number of patients applying to the polyclinic.	8			
2.3	Information unit functionary must have been received in-service training on compliance training, patient satisfaction, communication skills and interpersonal communication.	4			
2.4	The information unit should have up-to-date institutional information guide (plan of the institution, provided services, unit and employee access information) available.	4			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
2.5	Information officers should wear garments distinguishable from other personnel and carry identification badges.	6			
3	The hospital should provide reception and orientation services adequately.				
3.1	There should be enough number of sitting groups in polyclinic waiting areas according to the principles determined by the Ministry and considering the daily average number of patients applying to the polyclinic.	6			
3.2	There should be sitting groups for the patients and their families in the waiting areas other than polyclinic waiting areas (X-ray, bloodletting unit, services etc.)	4			
3.3	There should be signs (in a readable and noticeable size and in a color distinguishable from the walls) showing directions in the mail building and in all units.	4			
3.4	The direction signs should be functional.	4			
3.5	The number of the personnel to be for reception and orientation shall be decided according to the principles determined by the Ministry and considering the daily average number of patients applying to the polyclinic.	8			
3.6	All officers working in reception and orientation services should have in-service training on compliance training, patient satisfaction, communication skills and interpersonal communication	6			
3.7	All officers working in reception and orientation services should wear garments distinguishable from other personnel and carry identification badges.	6			
3.8	There should be hospital plans in a readable size and distinguishable color at the entries to polyclinic and floors and at the exits from lifts.	4			
3.9	The hospital should provide effective information on the services it provides, working hours and how one can receive service (web site, leaflet, introduction films, boards, info through media etc.)	6			
3.10	There should be arrangements in place for disabled people (elevators, ramps inside and outside hospital, toilets for disabled people, car park etc.)	6			
3.11	The signs indicating the privileges of disabled people should be in easily noticeable places.	4			
3.12	The divisions providing service to patients (laboratory, imaging, floor secretariats, places for sample or result submission etc.) shall be designed without a barrier such as glass partition or similar.	8			
4	Polyclinic services should be given in the determined period.				
4.1	Physicians should comply with the working hours of the polyclinic.	6			
4.2	The time slot when the patient will be examined must be determined by the patient registration unit. The time slot should be arranged hourly (at most 1 hour).	12			
4.3	Elderly and disabled people and health personnel should have examination priority.	6			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
4.4	Patient waiting periods in bloodletting units should be according to the specifications of the Ministry.	8			
5	There should be enough importance attached to the patient privacy, in polyclinics.				
5.1	The place of examination in polyclinic rooms should be designed so that it is completely divided by a folding screen, or the examination stretchers should be in a design allowing to be surrounded with a movable screen.	4			
5.2	Another patient should not be allowed in while there is a patient in the polyclinic room.	2			
5.3	While there is a patient in the polyclinic room, nobody should be allowed in except personnel on duty (and except patient's family).	2			
6	There should be an arrangement in place to allow the patients to choose their physician.				
6.1	Logo indicating right to choose one's physician should be put in the polyclinic floor and in a place noticeable by patients.	2			
6.2	The patient reception/registration units or tables should make available the list of the specialist physician(s) rendering service and their working schedule.	6			
6.3	Each clinician should have at least one examination room.	6			
7	The physician rooms (examination rooms) should meet the necessary conditions.				
7.1	There should be a sign on the doors of the polyclinic rooms indicating name, surname, specialization (if any) and title of the physician.	4			
7.2	They should have appropriate qualities for a physician can receive and examine the patients.	6			
7.3	Necessary measures should be taken for ensuring the patient privacy during the examination.	4			
7.4	Each physician room should have hand hygiene materials available.	8			
7.5	There should be an electronic system in operation outside of each polyclinic for displaying the name or line number of the patients waiting for examination.	10			
7.6	There should be one ultrasound imaging equipment in each gynecology and childbirth room.	8			
7.7	Physician should be able to see the laboratory results of the patients from the polyclinic.	4			
7.8	There should be arrangements in place for allowing the patients to have their laboratory results in written.	4			
7.9	Polyclinic rooms should be arranged so as to allow the physician to sit with the patient in a face to face manner.	4			
8	The hospital should have arrangements regarding baby care and breastfeeding rooms.				
8.1	Polyclinics should have baby care and breastfeeding room.	4			
8.2	There should be table and sitting group in the breastfeeding room.	4			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
8.3	There should be breastfeeding poster and leaflet in breastfeeding	2			
8.4	There should be a place for diapering the baby in the breastfeeding	2			
8.5	In gynecology service and breastfeeding rooms, there should be images showing right and wrong breastfeeding.	2			
8.6	Relevant physicians and nurses should have training on “Breast milk and Breastfeeding” in their yearly in-service training plans.	4			
8.7	There should be a lavatory in breastfeeding rooms.	6			
LABORATORY SERVICES					
9	Laboratories must meet the conditions necessary for service provision.				
9.1	There should be sample reception and rejection criteria defined and implemented.	8			
9.2	Date and time of sampling and date and time of acceptance of the same sample into the laboratory should be recorded.	4			
9.3	All tests should be subject to internal quality control.	6			
9.4	There should be external quality controls (for tests that can be subjected to external quality control)	8			
9.5	External quality control result reports should be evaluated and in case of incompliant results corrective works should be undertaken.	10			
9.6	There should be instruction regarding the collection and secure transfer of the samples.	6			
9.7	There should be proper medical waste containers and plastic bags in bloodletting units and laboratory.	2			
9.8	There should be panic value list for the parameters worked with.	4			
9.9	There should be panic value notification instructions.	6			
9.10	The results of tests/analyses should be submitted within the determined time (urgent tests should be defined and there should be arrangements in place informing the patients of the result submission periods.)	8			
9.11	Kit efficiency calculations should be made.	6			
9.12	There should be instruction regarding the management of lab	8			
9.13	The temperature of fridges should be followed by means of calibrated thermometers.	2			
9.14	There should be instructions for disinfection and sterilization and they should be implemented.	4			
9.15	Personnel working in laboratory divisions (Elisa, Biochemistry, Hormone etc.) should receive training on the devices and tests.	6			
9.16	There should be operation procedures regarding all processes of the labs.	8			
9.17	There should be laboratory security procedure in place.	8			
9.18	The quality control of point-of-care test devices (POCT) should be carried out and the results should be evaluated.	10			
9.19	The expiry dates of the kits and consumable materials used in laboratories should be controlled.	6			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
	IMAGING SERVICES				
10	There should be defined processes for test results (CT, MRI, ultrasound etc.)				
10.1	CT reports should be given within the periods defined by the Ministry.	4			
10.2	MRI reports should be given within the periods defined by the Ministry.	4			
10.3	Ultrasonography reports should be given within the periods defined by the Ministry.	4			
10.4	CT imaging appointments should be given in a period not exceeding the periods defined by the Ministry.	4			
10.5	MRI imaging appointments should be given in a period not exceeding the periods defined by the Ministry.	4			
10.6	ECHO appointments should be given in a period not exceeding the periods defined by the Ministry.	4			
10.7	Ultrasonography appointments should be given in a period not exceeding the periods defined by the Ministry.	4			
10.8	EEG appointments should be given in a period not exceeding the periods defined by the Ministry.	4			
10.9	EMG appointments should be given in a period not exceeding the periods defined by the Ministry.	4			
10.10	For each imaging room there should be changing rooms or a changing area split with curtains/screens	4			
10.11	Patient's consent should be taken for risky invasive procedures.	4			
10.12	The maintenance and calibrations of all imaging devices should be carried out according to a plan.	6			
10.13	Number of repeating imaging should be determined and corrective and preventive measures should be taken.	6			
11	Radiology unit should have the necessary conditions for service provision.				
11.1	The personnel working in radiology unit should be followed by means of dosimeters.	6			
11.2	The personnel working in radiology unit should wear lead vests.	8			
11.3	Lead vests in the radiology unit should have appropriate characteristics.	4			
11.4	Radiology unit should have TAEK (Turkish Atomic Energy Authority)	4			
11.5	Hematologic tests of the personnel working in areas under radiation control should be carried out at least once in a year.	6			
11.6	There should be radiation signs within and in the entries of controlled areas.	2			
12	Catheter laboratories (coronary angiography unit) should have the necessary conditions for service provision				

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
12.1	The personnel working in catheter lab should be followed by means of dosimeters.	4			
12.2	The personnel working in catheter laboratory should wear lead vests.	4			
12.3	Lead vests in the catheter unit should have appropriate characteristics.	8			
12.4	Catheter lab should have TAEK (Turkish Atomic Energy Authority) unit.	4			
12.5	Hematologic tests of the personnel working in areas under radiation control should be carried out at least once in a year.	4			
12.6	There should be radiation signs within and in the entries of controlled areas.	4			
12.7	ID verification should be carried out before invasive procedure.	4			
12.8	The consent of the patient that will undergo an invasive procedure should be taken and the consent form should be in place.	4			
12.9	Instructions should be prepared for the cleaning and sterilizing the catheter laboratory.	4			
12.10	Instructions should be prepared for preparing the materials used in laboratory to maintenance and sterilization after use.	4			
12.11	Entry into catheter labs should be in compliance with sterilization conditions.	4			
12.12	The maintenance and calibration of the devices should be carried out regularly and the records should be kept.	6			
OPERATION ROOM SERVICES					
13	OR must meet the conditions necessary for service provision.				
13.1	In OR, there should be procedures for the operation of all processes.	10			
13.2	IN ORs, the patient and personnel entries should be different.	6			
13.3	Walls, ceiling and grounds of OR should be made from antibacterial material convenient for disinfection and cleaning.	8			
13.4	In the sterile areas of OR and side volumes, the doors and windows should not be opened to the external environment. There must not be toilets in these areas.	8			
13.5	Sterile, semi-sterile and non-sterile areas should be defined.	6			
13.6	There should be ventilation systems such as hepafilter or similar, which can filter and retain the microorganisms so as to ensure the sterilization conditions in ORs.	10			
13.7	Plugs to which all devices in the OR are connected should be fed by (internal or external) UPSs for meeting the energy need in case of an power failure until the generators will work.	8			
13.8	UPSs should be maintained and controlled regularly.	8			
13.9	Medical wastes and garbage should be collected and stored separately in ORs.	4			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
13.10	There should be waiting areas for patient families where they can receive information about the patients in OR.	8			
13.11	Stock levels and expiry dates of all medicines and anesthetic agents used in OR should be followed over the automation system.	1C			
13.12	Critical stock level should be determined for all consumable materials and their expiry dates should be followed.	6			
	CLINICS				
14	Necessary arrangements should be done for Cardio Pulmonary Resuscitation implementation in clinics.	1C			
15	There should be a list for medicines and their respective amounts to be made available in crash carts and they should be controlled regularly.	8			
16	There should be security arrangements for medicines subject to green and red prescriptions.				
16.1	The medicines subject to green and red prescriptions should be	4			
16.2	The handover records for the medicines subject to green and red prescription should be carried out with verification.	6			
17	There should be arrangements in place for the cleaning procedures of Clinics/Services				
17.1	All toilets and baths in clinic should be checked for cleanness regularly and there should be control charts indicating they had been cleaned up.	4			
17.2	There should be materials such as liquid soap, paper towel, toilet paper and garbage bins with plastic bags available in lavatories, toilets and bathrooms.	8			
18	Patient rooms must meet the conditions necessary for service provision.				
18.1	There should be patient bed-head panels connected to medical gas system available for each bed. In rooms without patient bed-head panels, there should be one mobile gas tube available for every two patient beds	8			
18.2	There should be lavatories in patient rooms.	8			
18.3	There should be bathroom and toilet in patient rooms.	10			
18.4	There should be paging system in all bathrooms and toilets used by patients in clinics/services.	8			
18.5	There should be arrangements ensuring patient privacy (curtains, folding screens etc.) in rooms with more than one patient.	4			
18.6	There should be paging system connected to head-bed.	8			
18.7	Unoccupied beds should be ready to use in all times.	4			
18.8	There should be a procedure for the use of hospital beds (hospitalization).	10			
19	There should be necessary arrangements for patient families and attendants in place.				

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
19.1	There should be necessary arrangements allowing the attendants to have rest in patient rooms.	6			
19.2	There should be arrangements for patient visits.	4			
20	A system should be set up for training the patients and patient families.				
20.1	The patients should be informed of the issues of concern such as medicines, nutrition and exercises they will comply with during the treatment and after discharge.	6			
20.2	Teams should be composed for organizing the patient training.	4			
21	For the smoker in-patients in service/clinic, a smoking cessation recommendation training (leaflet, poster, face to face training etc.) should be implemented.	10			
22	The medical devices in clinics (defibrillator, EKG, sphygmomanometer etc.) should be calibrated.	10			
	INTENSIVE CARE UNITS				
23	Intensive care units must meet the conditions necessary for service provision.				
23.1	There should be procedures for the operation of processes regarding intensive care.	10			
23.2	Patient admission criteria for ICUs should be defined.	6			
23.3	Patient bed-head panels connected to head-bed medical gas system should be functional.	6			
23.4	Diagnosis, treatment, intervention, measurement and monitoring devices in ICUs (ventilators, monitors, defibrillators etc.) should be maintained and calibrated.	8			
23.5	ICUs should not have a direct connection with the general use areas for patients, visitors and hospital personnel.	8			
23.6	There should be ventilation systems such as hepafilter or similar, which can filter and retain the microorganisms so as to ensure the sterilization conditions in ICUs.	10			
23.7	All surfaces in ICUs should be in a quality allowing to be wiped and disinfected easily and not retaining bacteria.	8			
23.8	ICUs should be arranged so as to allow the health personnel on duty to observe and monitor the patients on a continuous basis.	6			
23.9	There should be arrangements ensuring patient privacy (curtains, folding screens etc.) in ICUs.	6			
23.10	There should be waiting areas in appropriate conditions for patient families.	6			
23.11	An instruction should be prepared for informing the patient families and information should be given by hanging them to places where they can be easily noticed.	6			
23.12	There should be isolation room(s) in ICUs.	10			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
23.13	Crash set should be easily accessible and the equipment inside should be functional.	6			
24	An organ donation unit should be formed.				
24.1	There should be posters, leaflets and similar studies for encouraging organ donation.	4			
24.2	The patients and families should be trained on organ donation.	6			
25	Brain deaths should be informed to central coordination center (this will be investigated for the hospitals having ICU).	6			
DIALYSIS SERVICES					
26	Dialysis unit must meet the conditions necessary for service provision.				
26.1	Transportation service for dialysis patients should be available.	8			
26.2	Dialysis machines should be disinfected following each dialysis session.	6			
26.3	Personnel should take protective measures prior to contact with each patient.	4			
26.4	There should be divisions and cabinets separate for male and female patients for the purpose of dressing and undressing.	4			
26.5	There should be patient toilets and lavatories arranged separately for female and male patients, and so as to allow the use of disabled persons.	4			
26.6	There should be liquid soap, paper towel, toilet paper and garbage bins with plastic bags available in toilets.	6			
26.7	There should be fully equipped portable crash cart with monitor including electrocardiography device, ambu and airway.	6			
26.8	The patients receiving dialysis treatment should be examined by the Specialist Physician Responsible from Hemodialysis and these medical examinations should be recorded.	8			
26.9	The patients receiving dialysis treatment should be trained on the issues related to the treatment.	4			
26.10	The kt/v or URR values for dialysis patients should be calculated at the beginning of each month.	4			
26.11	The patients should be followed by the responsible physician medically during the treatment and daily observation notes should be entered into the file of patients following each dialysis session.	4			
26.12	The hemodialysis centers should have the sample of waters they use (after water treatment) subjected to bacteriological analysis in every three month and chemical analysis in every six months by a public or private laboratory licensed according to the related legislation, and the it should be documented that the test results are in compliance with EU pharmacopendance.	6			
26.13	Personnel working in dialysis centers should be subjected to HCV antibody, Hbs Ag and Hbs Ab, HIV 1+2 antibody determination tests and to other communicative disease screenings in every six months; necessary protective measures should be taken, they should be treated if necessary and records should be kept.	6			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
26.14	There should be a program in dialysis center for the control and prevention of infections and the personnel should be trained on this issue.	6			
26.15	Hbs Ag(+) patients should receive hemodialysis in separate rooms and from separate machines, and HCV Ab(+) patients in separate machines.	8			
26.16	There should be enough number of equipments such as mask, spectacles, gloves, box shirts etc. available for being used through patient treatment, intervention and care processes.	8			
EMERGENCY SERVICES					
27	Emergency services must meet the conditions necessary for service provision.				
27.1	There should be signs and direction signs outside hospital for easing access to emergency service.	4			
27.2	The emergency service entry sign should be visible outside hospital and the service should have a separate entry for easing the access of ambulance and other vehicles.	4			
27.3	The top of the entry to emergency service should be covered.	4			
27.4	Entry to emergency service should facilitate access of disabled citizens.	4			
27.5	There should be measures in place in the entry to emergency service for easing the patient transfer.	4			
27.6	A procedure should be prepared for the operation of emergency service processes.	10			
27.7	There should be stretchers and wheelchairs fully working in emergency service.	4			
27.8	There should be a separate resuscitation room.	8			
27.9	There should be oxygen and vacuum panel in each bed head; if these conditions cannot be met, there should be one mobile oxygen tubes and vacuum devices for every two beds.	4			
27.10	There should be arrangements for patient privacy in examination (curtains, folding screens etc.)	6			
27.11	There should be enough number of equipments such as mask, spectacles, gloves, box shirts etc. available for being used through patient treatment, intervention and care processes.	4			
27.12	A cart including urgent intervention equipment should be prepared.	4			
27.13	There should be call ring/button at observation beds easily accessible by the patient	4			
27.14	CSR (Cardio Pulmonary Resuscitation) training should be given to the healthcare services personnel working in emergency service and this training should be repeated at least once a year.	8			
27.15	The titles and communication details (title, telephone, address etc.) of the personnel working in emergency should be recorded.	4			
27.16	There should be a file including the contact details of the physician on standby and other specialist physicians in emergency service.	4			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
27.17	Security personnel should be available 24 hours.	4			
27.18	There should be a triage system defined in written and implemented effectively.	4			
27.19	The management system for the poisoned patients (consultancy, treatment etc.) should be defined.	4			
27.20	Patient transfer notes should be given for the patients transferred from emergency service to another center about the medical procedures carried out in emergency service.	4			
27.21	The records about patient occupation periods for the observation rooms should be kept and necessary corrective and preventive activities should be undertaken.	10			
27.22	There should be a monitored area for observing the critical patients during their stay in emergency service.	4			
27.23	The periods of waiting in emergency service should be recorded for the patients who were decided to be hospitalized.	4			
27.24	There should be a list for the medicines to be kept available and critical stock levels and expiry dates should be followed over the automation system.	10			
27.25	Critical stock level should be determined for all consumable materials used in emergency service, and their expiry dates should be followed.	6			
27.26	The calls for medical consultation and the time when the consultant physician came to the emergency service should be recorded.	6			
27.27	Toilets should be kept clean and liquid soap, toilet paper and garbage bins with plastic bags should be available.	6			
27.28	The information desk in the emergency service should be available to render service in terms of its quality and position.	4			
27.29	The periods for finalizing the emergency tests should be determined and posted to the emergency service personnel rooms and emergency service board.	4			
27.30	The results of the patient tests should be sent in electronic environment, those which cannot be sent in this way should be given by the personnel to the physician.	4			
27.31	There should be instructions for examination, treatment and care of patients not having social security.	4			
27.32	For the patients under observation, the following should be written in the Order by physician: name of the medication, dose, time, and implementation instructions. The note should be legible and bear date, time and stamp.	4			
27.33	For the patients under observation, the person who received and shall carry out the Order should write his/her name, surname, date and time of the receipt of the order.	4			
27.34	After each patient, the pillows, bed sheets and cases should be replaced and the beds should be kept clean and in order.	4			
27.35	There should be neck brace(s) in the emergency service.	4			
	AMBULANCE AND AMBULANCE SERVICES				
28	Ambulance services should meet the necessary conditions.				

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
28.1	The medications and medical materials should be stowed in the vehicle.	2			
28.2	The medications specified by Regulation on Ambulances, Emergency Service Vehicles and Ambulance Services should be available in the vehicle and they should be controlled daily.	4			
28.3	Instructions should be prepared for medication list and provision of	2			
28.4	Critical stock levels for the medicines should be specified.	2			
28.5	The expiry dates of the consumable materials and medications should be followed and the need for medication and consumable material reported by the ambulance should be urgently met.	4			
28.6	All medical equipment should be in service.	6			
28.7	The medical equipments should be calibrated regularly.	4			
28.8	When each shift takes over the duty, the vehicle should be controlled and the control should be recorded.	2			
28.9	Daily cleaning, disinfection and sterilization instructions for the ambulance and medical materials should be defined and be in	2			
28.10	There should be medical waste containers and plastic bags.	2			
28.11	There should be a list of the resuscitation equipment and materials in the ambulance.	2			
28.12	Resuscitation equipment and materials in the ambulance should be appropriate for the procedures for adults, children and babies.	4			
28.13	The resuscitation equipment and materials in the ambulance should be controlled daily.	4			
28.14	The personnel should be trained on the measures to be taken for storage, handling and removal of the dangerous waste and materials in the ambulance in exigencies.	4			
28.15	There should be fire extinguisher in the ambulance and should be controlled in every three months.	2			
28.16	There should be railings in the main stretcher used in the	2			
28.17	The stretcher, its slides and safety belt should be in service and this should be controlled and recorded daily.	4			
28.18	There should be an instruction for fixing the stretcher slides after the patient had been taken into the ambulance.	4			
28.19	In all cases of care of and intervention to patients with blood or body fluid dripping/splashing risk, the personal protective equipment (protective gown, glove, disinfectant and face mask) should be available.	4			
28.20	Ambulance personnel should receive training from Provincial Ambulance Service Head Physician's Office at least once a year related to medical intervention in the issues of fundamental training, advanced cardiac (life), pediatric and trauma life support.	6			
	PHARMACY SERVICES				
29	The medications should be kept in the units under appropriate conditions.				
29.1	The medication storage areas should have appropriate physical	6			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
29.2	There should be shelves and divisions for the medicines to be kept away from light.	4			
29.3	The humidity and temperature of the rooms used for keeping the medications should be controlled.	4			
30	The heat of the fridge should be controlled with calibrated thermometers.	6			
31	Critical stock level should be determined for pharmacy store.				
31.1	Critical stock levels of the medications should be followed over automation system.	10			
31.2	The expiry dates of the medications and consumable material groups should be controlled periodically.	8			
31.3	The expiry dates of the medications sent to the units should be specified (except those having expiry dates on their packages.)	6			
31.4	There should be an instruction for the return and evaluation of the medications remained from discharged patients to the pharmacy.	8			
32	There should be necessary security measures in place for				
32.1	The medicines subject to green and red prescriptions should be	6			
32.2	There should be written instructions in the pharmacies for the preparation and transportation procedures of the medications to be	4			
THE CONTROL AND PROTECTION OF INFECTIONS					
33	There should be an arrangement including the all divisions of the hospital for controlling and preventing the infections.				
33.1	There should be an infection control and prevention program covering the all divisions of the hospital.	10			
33.2	There should be responsible persons for infection control and prevention program.	4			
33.3	There should be personal protective equipment and material (soap, disinfectant etc.) available for the personnel working in the places where they can need those.	4			
33.4	There should be instructions for collecting and transferring the laundry to the laundry room.	4			
33.5	There should be a topic on the infection control and prevention within in-service training program.	6			
33.6	There should be an instruction specifying the patients to be isolated.	6			
33.7	There should be instruction for contact isolation through dripping or air.	6			
33.8	There should be an antibiotic control team within the Infection Control Committee.	8			
33.9	The antibiotic Control Team should prepare "Antibiotic Use Control and Antibiotic Prophylaxis Procedure."	10			
33.10	The hospital should implement "Restricted antibiotic susceptibility test reporting system."	10			
33.11	Cleaning, sterilization and disinfection instructions prepared for the hospital should be approved by the infection control committee.	6			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
33.12	It should be controlled that all areas in the hospitals are cleaned regularly.	6			
33.13	Cleaning instructions for the special areas in the hospitals (operation room, intensive care, laboratory, inside incubator, patient rooms etc.) should be prepared and implemented.	6			
34	Sterilization unit must meet the conditions necessary for service provision.				
34.1	There should be a procedure for the operation of the sterilization unit.	8			
34.2	All procedures carried out in the sterilization unit should be continuously and regularly recorded for all stages.	4			
34.3	In the sterilization unit, the dirty areas, other areas and packaging and storage areas should be separated from each other.	4			
34.4	If the sterilizer ETO (ethylene oxide) is being used, the measures for personnel and environment security should be taken.	6			
34.5	The temperature and humidity ratio of the sterilization unit should be followed and the values should be appropriate.	4			
34.6	The indicators should be completely controlled during the sterilization procedure.	6			
	PATIENT AND PERSONNEL SAFETY				
35	There should be arrangements in place for patient security.				
35.1	There should be a team responsible from patient safety	8			
35.2	Identification procedure should be used for implementing the correct procedure to the correct patient (on the patient identification bracelets used for identification should bear at least three of the following identifiers: protocol number, date of birth, Turkish Republic ID number, place of birth etc.)	10			
35.3	The other medications (if any) used by the patients, who will be hospitalized, should be recorded and reported to the related	6			
35.4	There should be a list of medicines having similar names for preventing the wrong use of those medicines..	6			
35.5	A procedure should be specified for decreasing the falling risks of the patients.	8			
35.6	Blue code implementation should be in place in hospitals.	2			
35.7	Procedures should be specified for the verification of the oral orders.	10			
35.8	Treatment plan should be written by the physician of each patient to his/her signboard legibly and so as to include the name, dose, time and implementation method.	6			
36	Measures should be taken for secure surgery implementations.				
36.1	Before the anesthesia, right region and side to be operated should be marked and this should be verified by the patient.	10			
36.2	In OR, the following verifications should be made out loud: right patient, right side, right procedure.	10			
36.3	Verification according to surgical control list should be made.	2			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
37	Necessary measures should be taken for decreasing the infection list.				
37.1	The hospital infections should be routinely subjected to surveillance and analysis.	8			
37.2	Hospital infection ratios and speeds should be monitored and reported on a departmental base.	8			
38	Information Security Policies should be defined for patients.	1			
39	Medication security instructions should be prepared.				
39.1	There should be a procedure for the secure implementation of the medications.	10			
39.2	The hospital management should specify a policy on the use and management of the medications with similar names and packages, same medications with different doses and medications having different implementation forms.	8			
39.3	Red warning labels should be attached to high risk medications (concentrated electrolyte solutions, intravenous anticoagulants, insulin, antineoplastic agents, opioids, narcotics etc.)	10			
39.4	In the services/units, the drugs with similar names and/or packages and drugs in pediatric does should be stored on different shelves.	8			
39.5	For the medications uses in hospital, lists of drug-drug and drug-food interaction should be composed.	8			
40	Necessary arrangements should be done for Secure Blood and Blood Products Transfusion.				
40.1	While receiving blood samples from the patient to be subjected to blood transfusion, s/he should be identified through identification file, arm strip and himself/herself, and a label should be attached to the sample as soon as it is taken.	6			
40.2	Blood and blood products coming from blood bank, and the cross-match form should be controlled by at least to health personnel.	6			
40.3	A procedure should be prepared for the operation of blood bank/center.	8			
40.4	Appropriate methods should be used for the screening tests conducted in the blood bank.	4			
40.5	The heat of the blood and component storage cabinets and environments (blood storage cabinet, deepfreeze, incubator or cold rooms) should be followed.	8			
40.6	Transfer and return of blood and blood components within the hospital should be carried out under appropriate conditions.	8			
40.7	An instruction including donor selection criteria should be	4			
40.8	The blood center personnel must have been received training for blood banking and transfusion medicine.	4			
41	There should be arrangements in place for personnel security.				
41.1	A team responsible from personnel security plan/program should be set up.	4			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
41.2	An arrangement should be in place against sharp object injuries and the injuries occurred should be followed.	8			
41.3	The personnel working in risky areas should be subjected to health screening regularly.	8			
41.4	There should be measures in place for ensuring the safety of the personnel working in high risk divisions such as chemotherapy preparation and implementation areas.	8			
41.5	In all patient care and intervention areas with blood or body fluid dripping/splashing risk, there should be personal protective equipment (gown with humidity barrier, glove, face mask).	6			
42	Hand hygiene program should be implemented.				
42.1	Hand hygiene program should be prepared.	14			
42.2	There should be hand antiseptic solution available in the areas where healthcare service is being provided.	14			
42.3	There should be information material (signs with images, graphic, inscription, instruction etc.) describing hand hygiene implementation in the areas visible by the personnel.	10			
	INSTITUTIONAL SERVICE MANAGEMENT				
43	Hospital should have an assessment system for the opinions, suggestions and complaints of the patients and patient families.				
43.1	Patient rights unit must be in an easily noticeable and accessible place.	8			
43.2	There should be complaint boxes or similar implementations that will ensure the patients and patient families transmit their complaints and suggestions easily.	6			
43.3	The suggestions and complaints of the patients and patient families should be evaluated and ameliorations should be done.	6			
44	Evaluation meetings should be held for ameliorating the hospital management service provision processes.				
44.1	Hospital administration should hold evaluation meetings with all units in all periods for the purpose of amelioration of the service provision processes; meeting minutes and the ameliorations works undertaken should be recorded.	8			
44.2	Hospital administration should hold monthly evaluation meetings with the responsible persons of emergency service and should record the meeting minutes and the amelioration works undertaken.	8			
45	Personnel should have identification badges.				
45.1	There should be personnel identification badges arranged by the hospital management in a standard design.	4			
45.2	Personnel should carry their identification badges in a clearly visible manner.	4			
46	Patient satisfaction surveys should be carried out in compliance with due procedures.	10			
47	There should be information (specialization and interest areas) about physicians on the website of the hospital.	6			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
48	The committees, boards and other units specified by the legislation should work effectively. (Infection Control Committee, Performance and Quality Unit etc.)				
48.1	There should be approvals indicating that the boards or units had been formed.	2			
48.2	Hospital administration should specify in written the working procedures and principles for such units or boards.	6			
48.3	There should be meeting minutes displaying the works of boards, committees or units that should exist according to the existing legislation and the quality of the hospital.	6			
49	The hospital should have a system for evaluating the opinions and suggestions of its employees.				
49.1	There should be a system (wish boxes, mail address etc.) that will ensure the personnel transmit their wishes and suggestions to the hospital administration.	8			
49.2	There should be periodic reports evaluating the opinions and suggestions.	8			
49.3	There should be records on the works planned according to the reports.	4			
49.4	Personnel satisfaction surveys should be carried out according to the due procedure.	10			
50	In-service trainings should be given for contributing to the professional and personal development of the personnel.				
50.1	There should be a personnel information system including the education level (high school, associate degree, graduate, post-graduate etc.), in-service training certificates, foreign language and other qualifications.	8			
50.2	Personnel trainings should be planned and the organized trainings should be recorded.	6			
50.3	An orientation guide including the compliance training topics should be prepared.	10			
50.4	Compliance trainings should be given for each group started to work.	6			
50.5	Targets should be set at institutional and unit level, and the employees should be informed accordingly.	10			
50.6	There should be hoardings and information board(s) clearly visible by personnel.	6			
51	The toilets in the polyclinic building should be adequately cleaned.				
51.1	Toilets should be maintained always clean.	10			
51.2	There should be liquid soap, toilet paper, garbage bin with plastic bag etc. in the toilets.	10			
HOSPITAL INFORMATION SYSTEM					

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
52	Hospital information system should realize the procedures for patient registration, central hospitalization, polyclinic, cashier's desk, pharmacy, storehouse, laboratory and billing in an integrated way.	4			
53	Hospital Information System should carry out the procedures of information management, statistic and reporting.				
53.1	There should be statistical reporting for examination and invasive procedures.	8			
54	Data processing support services should be uninterrupted (24				
54.1	Hospital information system and support services should be provided without interruption. To this end, the telephone numbers of technical support personnel, who are accessible for 24 hours, should be known by the team on-duty outside the working hours.	4			
55	Stock, purchase and fixture operations should be recorded to the information system actively. (MRMS/Material Resources Management System) (Turkish abb. MKYS)				
55.1	The entry and exit procedures for movables should be recorded to MRMS on time.	4			
56	Revolving fund, accountancy and finance procedure records should be kept regularly and on time. (UAS/Uniform Accounting System) (Turkish abb. TDMS)				
56.1	The financial situation of the hospital should be followed and the financial analyses should be carried out over the system.	6			
56.2	Hospital financial situation evaluation meeting should be held.	6			
57	There should e a read-only and separate database or table which keeps the record of the users logged in the system, their operations, modifications in system settings, system messages and errors; the system should be accessible only when logged in with administrator authorities.	6			
58	There should be an authorization system in the hospital management system which ensures the data be accessible only by those who are supposed to access them; thus the private information about hospitals should be secured against unauthorized access.				
58.1	The software should render the records of the services provided to the patient and the procedures carried out accessible only to pre-determined authorization levels.	4			
59	Personnel procedures should be carried out actively on the appropriate database. (HRMS/Human Resources Management System) (Turkish abb. İKYS)				
59.1	Date regarding personnel procedures should be entered into HRMS on time and the information on the system should be up-to-date.	4			
60	In FM provinces, the appointment system should be used effectively (on-line appointment system)				

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
60.1	In FM provinces, there should be arrangement allowing to take appointment over hospital information system.	8			
61	In FM provinces, there should be a feedback procedure over the appointment system.				
61.1	In FM provinces, there should be an arrangement for transmitting necessary information to the family physicians over the information system of the hospital in question.	6			
62	in the information system of the hospital in question, the pregnancies determined in the hospitals should be informed to the family physician.	6			
63	The data in the hospital information system should be every day backed-up in a non-server environment regularly.	4			
64	Hospital information forms should be filled in regularly every month.	8			
65	Data regarding performance management should be transferred regularly to the web based systems.	14			
66	Hospital management should transmit the information about exiting specializations (ER, ICU and other services) and about the unoccupied beds in such branches to the Provincial Ambulance Service Command Control Center over the automation system (twice a day).	10			
	PATIENT RECORDS AND FILES				
67	The institution should have an arrangement controlling that the patient files are being filled in duly.				
67.1	There should be control instructions in place for ensuring the completeness of the content of the in-patient files (all procedures from the examination to discharge of the patient).	4			
67.2	Operation reports should be recorded by the physician in the same day.	10			
67.3	Information and consent form regarding the disease and treatment of the patient should be filled in.	8			
67.4	While a patient is discharged, a discharge brief should be drafted in two copies so as to include the reason of application, important findings, diagnosis, given treatments, prescribed medications, the status of the patient during discharge, the medications to be used after discharge, telephone numbers to call in emergency and follow-up instructions; one copy should be put into the patient file while the other should be given to the patient.	8			
67.5	There should be necessary arrangements ensuring the patients to access the results of their laboratory tests and analyses over internet securely and in compliance with the privacy rules.	10			
	ARCHIVE				
68	Archive department should meet the legislative conditions for service provision.				

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
68.1	It should meet the protection obligation set forth by the regulation issued on state archive services.	4			
68.2	The admission procedures and supposed content of the file should be specified in written.	6			
68.3	There should be file storage and destruction procedures and principles defined in written.	4			
68.4	Standard file plan should be implemented in filing procedures.	6			
68.5	There should be instructions about measures to be taken in cases of fire, flood etc.	4			
68.6	There should be an archive system based on a fixed file number for each in-patient.	6			
FACILITY MANAGEMENT AND SECURITY					
69	There should be environment arrangement around the hospital				
69.1	There should be banks for sitting in the hospital campus.	4			
69.2	Necessary arrangements should be done for vehicle traffic (park, entry and exit etc.)	4			
69.3	There should be environmental cleaning instructions in place.	4			
70	Hospital should have facility security plan and the responsible persons should be specified.				
70.1	Fire exit signs should be placed in appropriate places in a visible manner.	4			
70.2	Access to fire exits should be easy and without any obstacles.	4			
70.3	Access to fire extinguishers should be easy and they should be controlled regularly.	4			
70.4	Fire exercises should be made periodically (at least once a year) and there should be image records for the exercises.	10			
70.5	Hospital should draft an action plan for the cases of emergency, outbreaks, natural and other disasters within the framework of related legislation and arrangements.	6			
70.6	Compressed gas containers should be fixed.	4			
70.7	Electricity, medical gas and waste water systems should be inspected and maintained regularly.	6			
70.8	There should be an instruction including the measures against unexpected situations (judicial and similar events) in terms of security services.	4			
70.9	There should be a generator to meet the electricity need of the hospital except electricity network.	8			
70.10	The elevators should be maintained regularly within a maintenance plan.	6			
71	There should be necessary arrangements for waste management.				
71.1	There should be medical waste storage.	4			
71.2	Medical waste storage should be cleaned periodically.	4			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
71.3	Medical and other wastes should be collected, carried and stored after parsing (blue, black, red garbage bags, needle waste boxes etc.)	4			
72	There should be hospital building visits.				
72.1	Responsible persons should be specified for building tours/visits.	4			
72.2	There should be arrangements in place for building visit procedures.	4			
72.3	Hospital management should visit buildings for auditing the operation of the hospital.	4			
72.4	An activity plan should be prepared for eliminating the problems determined during the building visits (maintenance, repair etc.)	8			
72.5	The ventilation system of the hospital should be maintained and repaired regularly.	4			
72.6	General cleanness of all units in the hospital should be controlled.	4			
73	There should be arrangements in place for the hazardous materials (chemicals, chemotherapeutic agents, radioactive materials and wastes, hazardous gases and their vapors, medical and contagious wastes).				
73.1	There should be instructions for the use and control of hazardous materials.	6			
73.2	There should be instructions for storing and transferring the hazardous materials.	6			
73.3	There should be inventory for hazardous materials and wastes.	4			
74	There should be necessary arrangements for meeting the water needs of the hospital except the water network.				
74.1	The hospital should have water reservoir.	10			
74.2	Water reservoirs should be maintained regularly.	6			
74.3	Water sample controls should be carried out regularly.	6			
75	Hospital management should control the records indicating that the services they bought from external sources had been inspected according to the current legislation (cleaning, security, catering, laboratory, imaging etc.)				
75.1	"Hospital Cleanliness Committee" should be set up and inspect the cleaning services.	6			
75.2	Hospital administration should set up an inspection system for the services they bought from external sources.	10			
	STORAGES				
76	There should be necessary arrangements in place for main and interval storages.				
76.1	There should be inventory for the materials and devices in the storage places.	4			

No	ANNEX-1 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
76.2	There should be placement plan for the materials in the storages (materials should be checked for being placed according to the	6			
76.3	The placement plan for the medications and materials entering into the storages should be in accordance with “first-in first-out”	4			
76.4	Critical stock levels of the medications in the warehouses should be followed over automation system.	10			
76.5	There should be an arrangement for following and timely procurement of the materials under stock warning level.	4			
76.6	The medications and materials should be kept under conditions specified in usage instructions.	8			
76.7	The materials in the storages should be stacked appropriately.	8			
KITCHEN					
77	There should be arrangement in place for the kitchen.				
77.1	The places for preparing and washing the meals should be separate in the kitchen, and the heat, light and humidity controls should be	6			
77.2	The personnel working in kitchen should use mask, gloves and	6			
77.3	The floor and walls of the kitchen should be suitable to washing and disinfecting under hygienic conditions.	8			
LAUNDRY					
78	There should be arrangement in place for the laundry.				
78.1	The floor and walls of the kitchen should be suitable for washing.	8			
78.2	There should be instructions in place for washing the laundry.	6			
78.3	Dirty laundry should be carried in closed storage containers.	6			
MORGUE					
79	There should be arrangement in place for the morgue.				
79.1	There should be steel, packet type dead body preservation cabinet with cold air system.	6			
79.2	Hot water should be provided.	6			
79.3	The places where the deceased persons are kept and/or washed should be disinfected after each use.	6			
79.4	The exit of the morgue should be different from the main entry and ER entry.	4			

ANNEX 2

SATISFACTION SURVEYS and IMPLEMENTATION PRINCIPLES and PROCEDURES

1. INTRODUCTION

This guidebook has been prepared in order to determine the principles and procedures regarding the measurement of patient satisfaction that will be used in measuring the institutional performance of the Ministry of Health Hospitals.

There exist two dimensions of quality in the process of medical care and treatment within the health system. One of them is technical standards and the other one is service quality both from the perspectives of patient and the patient families. Understanding the experiences of the patients and making arrangement according to these can only be fulfilled through asking certain aspects to patients.

Satisfaction is one of the main objectives of health service provision. The term of patient satisfaction expresses the views determined as a result of questioning in what level the expectations and requirements of the patient are satisfied. This fact is also accepted as an essential indicator of health service quality.

However, the reflection of the views of people receiving service on the implementations in health service is not something new. But while the health service used to be designed in accordance with the approaches of its administrators before, it is designed also in accordance with findings derived from the approaches of beneficiaries of this service now.

The measurement of satisfaction is one of the main instruments of establishing permanent quality in health institutions and determining the perceptions of the people having service. It is necessary to have different viewpoints about all sorts of health services and other services in institutional hospitals. Furthermore, the satisfaction measurement of beneficiaries of service as a low-cost second side inspection provides institutions the opportunity of evaluating themselves from the other's point of view.

On the other hand, it is thought that only one satisfaction survey is not adequate for serving the purpose in terms of hospital implementations. Hence, there is the necessity of differentiating the satisfaction surveys according to the characteristics of the patients. Hospital services differentiate depending on the groups of in-patient and outpatient. In this respect surveys are formed according to these groups.

The aim of survey studies is to confirm the patient satisfaction. Conducting surveys is one of the choices that will serve this with its cyclical inspection system.

As a consequence, there are fundamentally two sections in this guidebook. The satisfaction surveys of inpatients and outpatients and implementation procedures of them take part in the first section; the methods for measuring the results acquired from these surveys and other subjects that take part in the second section. The institutions will determine the related coefficients by paying regard to subjects that take part in this guidebook.

2. THE PRINCIPLES OF SURVEY IMPLEMENTATION

2.1. Objective

The implementation of the question set -that was prepared in order to discover the patient satisfaction that has an important contribution in the development of health services- will be identified in this section.

2.2 Definitions

2.2.1 Satisfaction Coefficient

It is the coefficient achieved by summing the inpatient satisfaction coefficient with the outpatient satisfaction coefficient.

2.2.2 Outpatient satisfaction coefficient

The sum of points that is acquired from each of the outpatient satisfaction survey is divided to the number of people to whom the surveys are implemented. And the result is multiplied with 0.50 for the outpatients.

The outpatient satisfaction coefficient = (the sum of the points acquired from the surveys / the number of people to whom the surveys are implemented) x 0.50

2.2.3 Inpatient satisfaction coefficient

The sum of points that is acquired from the each of the inpatient satisfaction survey is divided to the number of the people to whom the surveys are implemented. And the result is multiplied with 0.50 for the inpatients.

The inpatient satisfaction coefficient = (the sum of the points acquired from the surveys / the number of the people to whom the surveys are implemented) x 0.50

The inpatient satisfaction surveys are not implemented in Oral and Dental Health Centers.

2.2.4 Period

This includes the period of four months. The first period consists of January, February, March and April; the second period consists of May, June, July and August and the third period consists of September, October, November and December define.

2.2.5 Institutional Performance and Quality Unit

The unit of each institution is composed of at least four people; these are hospital manager or deputy manager, head nurse, performance and quality representative under the responsibility of head physician or the assistant of head physician appointed by the head physician.

2.3. The Terms in Current Use

a) Universe: This term includes all of the objects and individuals getting into the area of observation in any type. Here the universe consists of the citizens who receive service from the hospital (families for those who are under 16).

b) Sampling: The part included in the research in order to symbolize the units within the universe is called as sample. The number of the people in the hospital who will get involved in sample is to be equal for both polyclinic and outpatient services. However, in the inpatient services, the number of the people on whom the survey will be implemented is defined according to its proportion to the number of the inpatients.

2.4. Implementation Principles (Identifying the Universe and the Sample)

The number of the people to whom the surveys will be implemented is defined as below:

2.4.1. Inpatient and Outpatient Satisfaction Surveys

Each of the inpatient and outpatient satisfaction surveys should be implemented to people at least equal to the current number of beds in the hospital at that period (four months and equally in every months).

The satisfaction surveys of inpatients in physical therapy and rehabilitation, mental health care, chest diseases, bone diseases, oncology and so forth branch hospitals are implemented to patients equal to 50% number of beds at that period (if the number of beds is 100 or less then it will be implemented to 50 patients) and the outpatient satisfaction survey is implemented to the patients at least equal to number of beds.

The number of the patients to whom the survey has been implemented in each period in the hospitals shall not be less than 50 for each survey set. If the number of the inpatients is less than 50 or there is no inpatient during that period, only the outpatient satisfaction survey will be implemented.

The number of the patients to whom the outpatient satisfaction survey implemented is at least ten times more than the number of the current dental units in Oral and Dental Health Centers.

The sample units that the question sets to be implemented are going to be chosen from the patients who had consulted to the hospital in that period.

How the people, who will have the surveys (question set), are chosen should be written in detail to the survey report. There will not be any point designated for him/her near the questions in the questionnaire during the implementation. The institutions will carry it over in different types of printed forms without changing the questions and content.

2.5. Determination of Satisfaction Coefficient

The points acquired from the responses given to the outpatient and inpatient questions are summed and the total result of the related section is found by dividing the number people filling the survey for each. After that, it is multiplied with the proportion defined for acquired total points of each survey set. The “satisfaction coefficient” is determined by summing the coefficients acquired.

According to this, the proportion of each survey coefficient within the “satisfaction coefficient” is as follows:

The determined proportion for inpatient: 0.50

The determined proportion for outpatient: 0.50

The satisfaction coefficient is calculated as below:

Satisfaction Coefficient = (The point of inpatient survey X **0.50**)+(The point of outpatient survey X **0.50**)

For Example:

The coefficient of inpatient survey: $95 \times 0.50 = 47.5$

The coefficient of outpatient survey: $87 \times 0.50 = 43.5$

Satisfaction Coefficient= $(47.5+43.5) = 91$

2.6. The techniques of survey implementation

2.6.1. Objective

It is the presentation of criteria regarding how the surveys, which will be implemented in hospitals, are performed.

Through these criteria, the hospital can decide on how the surveys will be implemented by taking advantages and disadvantages into consideration.

2.6.2 Implementation techniques

Each of them is scientifically approved and commonly used techniques. Neither of these techniques is superior to others.

Processes carried out, decisions, minutes and reports are approved and recorded by the head physician.

In institutions, the calculated coefficients of satisfaction surveys are determined with minutes by head physician, assistant of head physician, hospital manager, head nurse and performance and quality representative.

The hospitals should record the implementation technique they preferred by filling the minute form in attachment.

The techniques to be preferred in implementations:

1-Face to face interview

- a) By Human Sources of the Hospitals
- b) By interviewer (service procurement)

2- Mail survey

3- Telephone survey

2.6.2.1 Face to face interview

This survey implementation technique has the highest proportion of obtaining responses. It is known that this technique is increasing the proportion of correct responses. The bigger the sample gets, the higher the cost becomes.

2.6.2.1.1 Points to pay attention in case of implementation

The interviewer should clarify the points that the respondent doesn't understand.

He/she should reassure about privacy by explaining the importance of the survey.

He/she should have control on the response period of the questions.

He/she should pay attention that there is no question left blank.

He/she should pay attention that the questions are responded objectively.

He/she should pay attention to the issue of bias in responses.

The employee should introduce himself/herself and avoid behaviors that will direct the patient.

In a state of having the interviewers or the personnel implement the surveys, short-period training should be given. The trainings giving information about the characteristics and implementation principles of these surveys should be recorded.

Inpatient satisfaction survey should be implemented on the day that the patient is discharged.

The implementation of outpatient satisfaction survey should be performed after the conclusion of the processes of the patient.

2.6.2.2. Mail Survey

In mail surveys, question papers are filled by the target group and these are the kind of surveys that require minimum source.

2.6.2.2.1 Points to pay attention in a state of implementation

A cover page should be prepared for the surveys that are sent via mail. On the cover page, the name of the hospital and the survey, short information about how the survey is to be filled and delivered, the delivery date and address should be implied. And also the information that the envelope will be sent without cost should be emphasized. The name of the head physician should also be written. Furthermore, if the respondent is illiterate, he/she should be warned to avoid interventions (by drawing attention to the importance of getting correct response).

In identifying the sample, the person, to whom the surveys will be implemented, should be contacted from the registers of the hospital.

It might be necessary to put the illiterates out of scope.

It should be necessary to call the person's (to whom the question set had been sent) attention to fill and send the form.

The person to whom the survey had been sent should be reminded by phone. Reminding should be performed by phone in necessary situations (at least two times for sending on time) or by letter. For this reason, the standard reminder letter form (letterhead) should be prepared for this aim.

The survey (question set) shall be given on the discharge day and it is requested from the patient to fill it at home.

The survey (question set) should be given to patient in a closed envelope.

The hospitals should provide the opportunity of posting the question set with the envelope without any charge.

2.6.2.2.2 A sample of reminder letter

If surveys are implemented via mail, it will be useful to send a reminder letter implying the importance of the survey and the responding period.

<p>Dear</p> <p>.....</p> <p>We had sent you a questionnaire concerning the medical care and services of our hospital approximately.....weeks ago. We had not got any response from you by the date we had sent this letter to you.</p> <p>Responding our survey is not compulsory and also not responding our survey will never affect the services you will have from us. However, we want to learn your ideas about this matter because your viewpoint is significant for us. (You can send the survey that you filled with the envelope without paying any charge.)</p> <p>If you have any inquiries about the survey, please contact us from the point of contact below during the office hours. (08:00-16:00/ from Monday to Friday).</p> <p>Do not take into consideration this letter if you had sent the survey.</p> <p>Yours Sincerely</p> <p>Contact Point: Head physician</p> <p>Address:</p>
--

2.6.3.3 Telephone survey

It is a kind of implementation technique that has low response proportion and higher cost. Apart from the low possibility of getting correct responses, as there are so many questions, it has the possibility of interruptions during the responding period.

2.6.3.3.1 Points to pay attention in a state of implementation

Such kind of a technique can be expensive for the hospitals. And the reliability of responses will decrease due to the number of the questions.

The educational status of the patient and the relatives of patient will affect the course of interview negatively or positively.

The patients without phone will be out of scope. And also interviewers should be trained.

2.7 The people to whom the surveys will not be implemented

2.7.1 The people to whom the inpatient and outpatient surveys will not be implemented.

Patients younger than 16 years (implemented to the relatives).

Patients in terminal period

People who don't want to respond

Psychiatric Patients

Dialysis patients

2.8 Follow-Up Surveys and Responsibilities

The performance and quality units of hospitals are in charge of following up the implementation of the survey and conducting the matters and processes arisen from it. According to this:

Tasks

Ensure the implementation of the surveys,

Be in charge of following-up,

Produce solutions for possible problems that will occur during the implementation,

Ensure the collection of the surveys in a centre,

- Maintain the privacy of the surveys,
- Transfer data to digital environment,
- Evaluate the results of the surveys,
- Prepare a file including activities performed in the period,
- Evaluate the data acquired from the survey through a statically analysis program,
- Determine current problem areas in line with findings acquired from the surveys,
- Suggest reformatory measures to administration for the negative situations identified according to the results acquired.
- Convey the results of the surveys to the competent authorities.
- Publish the results by getting permission from the administration of the hospital.
- Report the results of the surveys.

3. PATIENT SATISFACTION

3.1. Outpatient Satisfaction

3.1.1. Objective

With outpatient surveys, it is aimed to determine the views of the citizens having service from the polyclinic sections of health institutions.

The survey was formed as questioning the perception related with the services given during the period between the first contact point of polyclinic treatment process and the decision of hospitalization. It was designated in order to evaluate the complicated process systematically.

3.1.2. Implementation Method

The method used in implementation can be determined by relevant central authority or relevant administration. However, the implementation method should be determined in the most proper way. The method of implementing the surveys to the patients and the families shall be in three ways: Face to face interview (By Human Sources of the institution, by interviewer) by mail or by telephone

The patients to whom the survey had been implemented should be less than the number of beds in hospital. According to this, if the number of beds is less than 250, the survey should be implemented to at least 250 outpatients. The valid number of surveys shall not be less than this number.

3.1.3. Outpatient Satisfaction Surveys

The outpatient satisfaction survey is composed of two question sets. The first set will be implemented in the hospitals and the second set will be implemented in oral and dental health centers. The surveys in question are prepared for the outpatients who had service from polyclinics and the relatives of them. A special attention is paid for surveys' embodying all service processes. The point of each question within the total will be identified. There will be no designated point near the questions in the implementation of surveys.

3.1.4. Conclusion

The sum of points that is acquired from each of the outpatient satisfaction survey is divided to the number of people to whom the surveys are implemented. And the result is multiplied with the determined rate (%50) and the coefficient for outpatient is acquired.

3.1.5. Questions of Outpatient Surveys

3.1.5.1 THE QUESTION SET IMPLEMENTED IN HOSPITALS

**THE REPUBLIC OF TURKEY
THE MINISTRY OF HEALTH
DIRECTORATE OF PERFORMANCE MANAGEMENT AND QUALITY
DEVELOPMENT DEPARTMENT**

THE EVALUATION SURVEY OF POLYCLINIC SERVICES

Dear Sir or Madam;

It is crucially important that you respond the following questions in order to guide the forthcoming works of our hospital that aims to provide you high quality service. Thank you in advance for your interest and help. Get well soon.

Head physician

Please check the box that is appropriate for you (;)

Implementation Date of Survey:

...../...../.....

1. The name of the polyclinic that you have service
 1. Cardiology
 2. Echo.....
 3. Effort.....
 4. Holter.....
 5. Control of Cardiac Pacing
 6. Child Cardiology.....
 7. Cardiovascular Surgery
 8. Gastroenterology.....
 9. Ultrasound.....
 10. ERCP.....
 11. Endoscopy.....

- 12. Rectoscopy.....
- 13. Colonoscopy.....
- 14. Endosonography.....
- 15. Therapeutic Endoscopy.....
- 16. Hepatology Group.....
- 17. IBD Group.....
- 18. Transplantation.....
- 19. Pancreas.....
- 20. Motility.....
- 21. Gastroenterology Surgery.....
- 22. Urology.....
- 23. ESWL.....
- 24. Biopsy.....
- 25. Nephrology.....
- 26. Chest Disease.....
- 27. Internal Disease and Geriatrics.....
- 28. Endocrinology.....
- 29. Neurology.....
- 30. Hematology.....
- 31. Psychiatry.....
- 32. Infection.....
- 33. Dental Unit.....
- 34. Pediatrics.....
- 35. Other (State please).....
-

PHYSICAL ENVIRONMENTS AND UNITS

- 2. Are examination rooms and the polyclinic easily accessible (Is there any signs?)
 - 1. Yes, it is easily accessible.....
 - 2. No directions.....
 - 3. No, it is hard to access.....

3. What is your opinion about the cleanliness of the hospital?
 1. Very Clean.....
 2. Clean.....
 3. Not too bad.....
 4. Dirty.....

4. What is your opinion about the cleanliness of the toilets in the hospitals?
 1. Very Clean.....
 2. Clean.....
 3. Not too bad.....
 4. Dirty.....

PHYSICIAN TREATMENT

Please response the questions related with the services you had.

5. How much time in total did you spend for the bureaucratic procedures (patient admittance, registration etc....) in order to have the examination after coming to the hospital?
 1. 1-20 minutes.....
 2. 21-40 minutes.....
 3. 41-60 minutes.....
 4. One hour and more than one hour.....

6. How long lasted the medical examination?
 1. About 5 minutes.....
 2. 6-10 minutes.....
 3. 11-15 minutes.....
 4. 16-20 minutes.....

7. Did your physician make any explanation in layman’s terms about your situation or the treatment or the exercises that you are going to do?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

8. Did your physician listen to your complaints, and respond your questions about your disease in layman's terms?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

9. Do you think to be examined by a different physician for the same disease?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

10. Were the physicians concerned and polite enough to you?

1. Yes.....
2. To some extent.....
3. No.....

OTHER PROFESSIONAL GROUPS

11. Which medical staff below concerned with your care?

1. Nurse.....
2. Physiotherapist.....
3. Radiography Technician.....
4. Psychologist.....
5. Social Service Specialist.....
6. Other.....

INSTITUTIONAL IMPLEMENTATIONS IN HEALTH

12. Did the medical staff responsible for your care reply your questions that you think as important in layman's terms?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

13. Were the medical staff responsible for your care polite and concerned enough to you?

1. Yes.....
2. To some extent.....
3. No.....

POLYCLINIC EVALUATION

Please response the questions related with the services you had in the polyclinics.

14. Was the sufficient information given to you concerning your situation and treatment in the polyclinic?

1. The information given was sufficient
2. The information given wasn't sufficient.....
3. No information was given.....

15. Did they pay attention to the privacy during the interviews about your disease?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

16. Did the medical staff responsible for your care have an identification card during your examination?

1. All of them had.....
2. Some of them had.....
3. None of them had.....

17. Did you have chance to choose your own physician?

1. Yes.....
2. No.....

INFORMATION

18. Was any information given by your physician concerning the situation that you would confront during your treatment after going your home (leaving the hospital)?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

19. Was any telephone number- contact address given to you in order to contact with hospital in the event that your health deteriorates or you become anxious?

1. Yes.....
2. No.....

GENERAL EVALUATION

20. How do you evaluate the service you received in polyclinics?

1. Excellent.....
2. Very Good.....
3. Good.....
4. Medium
5. Bad.....

DEMOGRAPHIC DATA

21. Your gender:

1. Female.....
2. Male.....

22. Your age.....

23. Educational Status

- 1. Illiterate.....
- 2. Literate.....
- 3. Elementary School.....
- 4. Secondary School.....
- 5. High School.....
- 6. College.....
- 7. University.....

24. Your occupation.....

25. Your social security.....

- 1. Civil Servant (still working).....
- 2. State Retirement Fund.....
- 3. Social Insurance Institution.....
- 4. Bag- Kur.....
- 5. Green Card.....
- 6. No security.....
- 7. Other.....

RECOMMENDATIONS

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3.1.5.2 THE QUESTION SET IMPLEMENTED IN ORAL AND DENTAL HEALTH CENTERS

**THE REPUBLIC OF TURKEY
THE MINISTRY OF HEALTH
DIRECTORATE OF PERFORMANCE MANAGEMENT AND QUALITY
DEVELOPMENT DEPARTMENT**

THE EVALUATION SURVEY OF ORAL AND DENTAL HEALTH CENTERS

Dear Sir or Madam;

It is crucially that you respond the following questions in order to guide the forthcoming works of our hospital / oral and dental health center that aims to provide you high quality service. Thank you in advance for your interest and help. Get well soon.

Head physician

Please check the box that is appropriate for you (;

Implementation Date of Survey:

...../...../.....

PHYSICAL ENVIRONMENTS AND UNITS

1. Are the clinics, your dentists or the unit you want to go easily accessible (Is there any signs and physician identification cards?)
 1. Yes, it is easily accessible.....
 2. Lack of direction.....
 3. No, it is hard to access.....

2. What is your opinion about the cleanliness of the clinics?
 1. Very Clean.....
 2. Clean.....
 3. Not too bad.....
 4. Dirty.....

3. What is your opinion about the cleanliness of the dental units you had examination (the dental chair that you had examination or treatment)?
 1. Very Clean.....
 2. Clean.....
 3. Not too bad.....
 4. Dirty.....

4. What is your opinion about the cleanliness of the washbasins?
 1. Very Clean.....
 2. Clean.....
 3. Not too bad.....
 4. Dirty.....

DENTIST TREATMENT

Please response the questions related with the services you had.

5. How much time in total did you spend for the bureaucratic procedures (patient admittance, registration etc....) in order to have examination after coming to the hospital/center?
 1. 1-20 minutes.....
 2. 21-40 minutes.....
 3. 41-60 minutes.....
 4. One hour and more than one hour.....

6. Did your dentist make any explanation in layman's terms about the things you should do after the treatment?
 1. Yes, absolutely.....
 2. Yes, to some extent.....
 3. No.....

7. Are you satisfied with the information given to you about the oral and dental health-oriented operations?
 1. Yes, absolutely.....
 2. Yes, to some extent.....
 3. No.....
 4. No information was given

8. Did your dentist listen to your complaints and reply to your questions about your disease in the manner that you can understand?
 1. Yes, absolutely.....
 2. Yes, to some extent.....
 3. No.....

9. Did you repose confidence in the dentist who examined or treated you?
 1. Yes, absolutely.....
 2. Yes, to some extent.....
 3. No.....

**INSTITUTIONAL
OTHER PROFESSIONAL GROUPS**

10. How were the behaviors of other medical staff except from the dentist that you came across when you were in the hospital/ center?
 1. Very Good.....
 2. Good.....
 3. Medium
 4. Bad.....

11. Did the medical staff responsible for your care except from the dentist respond your questions in layman's terms?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

12. Were the medical staff responsible for your care polite and concerned enough to you?

1. Yes.....
2. To some extent.....
3. No.....

CLINIC EVALUATION

Please response the questions related with the services you had in the polyclinics.

13. Did they take your views about the treatment and other implementations proposed to you?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

14. Did the medical staff responsible for your care have an identification card during your examination?

8. All of them had.....
9. Some of them had.....
10. None of them had.....

15. Did you have chance to choose your own dentist?

11. Yes.....
12. No.....

INFORMATION

16. Was any information concerning the situation that you would confront during your treatment after going your home (leaving the hospital) given by your dentist?

- 1. Yes, absolutely.....
- 2. Yes, to some extent.....
- 3. No.....

17. Was any telephone number - contact address given to you in order to contact with hospital in the event that your health deteriorates or you get anxious?

- 13. Yes.....
- 14. No.....

GENERAL EVALUATION

18. How do you evaluate the service you received in polyclinics?

- 15. Excellent.....
- 16. Very Good.....
- 17. Good.....
- 18. Medium.....
- 19. Bad.....

DEMOGRAPHIC DATA

19. Your gender:

- 20. Female.....
- 21. Male.....

20. Your age.....

21. Educational Status

- 22. Illiterate.....
- 23. Literate.....
- 24. Elementary School.....
- 25. Secondary School.....
- 26. High School.....
- 27. College.....
- 28. University.....

22. Your occupation.....

23. Your social security.....

- 29. Civil Servant (still working).....
- 30. State Retirement Fund.....
- 31. Social Insurance Institution.....
- 32. Bag- Kur.....
- 33. Green Card
- 34. No security.....
- 35. Other.....

RECOMMENDATIONS

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3.2. Inpatient Satisfaction Surveys

3.2.1. Objective

With the outpatient satisfaction survey, it aims for determining the views of the citizens, having service from the hospitals providing hospitalization services, concerning the medical care and services processes provided during time period between the dates of hospitalization and discharging from the hospital.

Regarding the survey, a systematic of questions was prepared in the form of drawing inferences from almost all steps of hospitalization starting from the decision of hospitalization and the hospitalization staff at the basic level. These questions are formed as questioning the perceptions of the patient about the behaviors of the medical staff and the services provided in the hospitalization unit of the hospital till the date of discharging from the hospital.

3.2.2. Implementation Method

The method used in implementation can be determined by relevant central authority or relevant administration. However, it is important to implement the survey on the discharge date of the inpatient in order to get correct responses and provide beneficial inpatient surveys. The method of implementation the surveys to the patients and the relatives shall be in three ways as is the case in outpatient surveys: Face to face interview (By Human Sources of the institution, by interviewer) by mail or by telephone

3.2.3. Inpatient Satisfaction Surveys

The survey in question was prepared for the inpatients having service from hospitalization units and the relatives of them. A special attention was paid for surveys' embodying all service processes starting from the decision of hospitalization. The point of each question within the total will be identified. There will be no designated point near the questions in the implementation of surveys.

3.2.4. Conclusion

The sum of points that is acquired from each of the outpatient satisfaction survey is divided to the number of people to whom the surveys are implemented. And the result is multiplied with the determined rate (%50) and the coefficient for outpatient is acquired.

3.2.5 Questions of Inpatient Surveys

3.2.5. THE QUESTION SET IMPLEMENTED TO OUTPATIENTS

THE REPUBLIC OF TURKEY
THE MINISTRY OF HEALTH
DIRECTORATE OF PERFORMANCE MANAGEMENT AND QUALITY
DEVELOPMENT DEPARTMENT

THE EVALUATION SURVEY OF HOSPITALIZATION SERVICES

Dear Sir or Madam;

It is crucially important that you respond the following questions in order to guide the forthcoming works of our hospital that aims to provide you high quality service. Thank you in advance for your interest and help. Get well soon.

Head physician

Please check the box that is appropriate for you (;

Implementation Date of Survey:

...../...../.....

1. The name of the unit(s) that you received service

1. Urology.....

2. Gastroenterology Surgery.....

3. Cardiovascular surgery.....

4. Gastroenterology.....

5. Cardiology

6. Pediatric Cardiology.....

7. Other (State please).....

.....

PATIENT ADMITTANCE

Respond the questions below related with hospitalization processes.

2. Were the medical staff responsible for hospitalization processes polite and concerned enough?
 1. Yes, absolutely.....
 2. Yes, to some extent.....
 3. No.....

3. Was sufficient information about the rules of the hospital (visiting hours, prohibition of smoking etc...) given to you before the hospitalization processes performed?
 1. Yes, absolutely.....
 2. Yes, to some extent.....
 3. No.....

4. How much time did you wait for accomplishment of your hospitalization processes?
 1. I didn't wait.....
 2. Less than one hour.....
 3. 1-4 hours.....
 4. More than 4 hours.....

SERVICES

Respond the questions below related with service you received in the hospitalization unit

5. Were you exposed to noise in your room?
 1. Yes
 2. Yes, to some extent.....
 3. No.....

6. What is your opinion about the cleanliness of the service and the room that you stayed?
 1. Very clean.....
 2. Clean.....
 3. Medium.....
 4. Not actually clean.....
 5. Not clean.....

7. Were the heating and ventilation systems of your room sufficient?
 1. Yes
 2. Yes, to some extent.....
 3. No.....

8. Were the toilets and the bathroom that you used clean?
 1. Very clean.....
 2. Clean.....
 3. Medium.....
 4. Not actually clean.....
 5. Not clean.....

9. What is your opinion about the food in the hospital?
 1. Very good.....
 2. Good.....
 3. Medium.....
 4. Bad.....

PHYSICIANS

Respond the questions below related with the behaviors of the physicians towards you.

10. Did the physicians reply your questions that you think as important in layman's terms?

1. Yes, always.....
2. Yes, sometimes.....
3. No.....

11. Did you repose confidence in the physician who treated you?

1. Yes, always.....
2. Yes, sometimes.....
3. No.....

12. Were the physicians concerned and polite enough to you?

1. Yes.....
2. To some extent.....
3. No.....

NURSES

Respond the questions below related with the behaviors of the nurses towards you.

13. Did the nurses reply your questions that you think as important in layman's terms?

1. Yes, always.....
2. Yes, sometimes.....
3. No.....

14. Did you repose confidence in the nurses who take part in your treatment?

1. Yes, always.....
2. Yes, sometimes.....
3. No.....

15. Were the nurses concerned and polite enough to you?

1. Yes.....
2. To some extent.....

3. No.....

TREATMENT AND CARE

Respond the questions below related with the services you received during the treatment period?

16. During your treatment processes, did the physicians take your opinions in the treatment decisions given for you?

1. Yes, always.....
2. Yes, sometimes.....
3. No.....

17. During your treatment processes, did the nurses take your opinions in the care decisions given for you?

1. Yes.....
2. To some extent.....
3. No.....

18. Were your relatives or one of your friends given the opportunity to speak with the physician?

1. Yes, always.....
2. Yes, in some situations.....
3. No.....

19. Was the sufficient privacy provided for you during your treatment?

1. Yes.....
2. To some extent.....
3. No.....

20. When you need help and call the nurse or the physician, were the answers given to your calls?

1. Yes, immediately (in 5-10 minutes)
2. Yes but a little bit late (in 15-20 minutes)
3. Yes but late (in 20-30 minutes)
4. More than 30 minutes
5. No

DISCHARGING FROM THE HOSPITAL

21. Did any nurse or physician explain the problems you would confront when you went home?

1. Yes, absolutely.....
2. Yes, to some extent.....
3. No.....

22. Was any telephone number given to you by your service unit that you had treatment in order to contact in case of need?

1. Yes.....
2. No.....

GENERAL EVALUATION

23. How do you evaluate the treatment and care you had?

1. Excellent.....
2. Very Good.....
3. Good.....
4. Medium
5. Bad.....

24. Do you think that the physicians and the nurses did their utmost for you?

1. Yes.....
2. To some extent.....
3. No.....

OTHER ISSUES

25. Were you informed about the rights of the patients?
1. Yes.....
 2. No.....
26. Were you informed about the responsibilities of the patients?
1. Yes.....
 2. No.....
27. What is your opinion about the general quality of the hospital?
1. Excellent.....
 2. Very Good.....
 3. Good.....
 4. Medium
 5. Bad.....
28. Will you choose this hospital again if you are in need of?
1. Yes.....
 2. No.....

DEMOGRAPHIC DATA

24. Your gender:
36. Female.....
 37. Male.....
25. Your age.....
26. Educational Status

- 38. Illiterate.....
- 39. Literate.....
- 40. Elementary School.....
- 41. Secondary School.....
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27. Your occupation.....

28. Your social security.....

- 45. Civil Servant (still working).....
- 46. State Retirement Fund.....
- 47. Social Insurance Institution.....
- 48. Bag- Kur.....
- 49. Green Card
- 50. No security.....
- 51. Other.....

RECOMMENDATIONS

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MINUTES

Subject: The coefficient of satisfaction survey

The procedure / procedures are chosen for the implementation of patient satisfaction survey performed in the Hospital

The coefficient of the outpatient satisfaction is and the coefficient of the inpatient satisfaction is; they are implemented between the dates and Hence, the Satisfaction Survey coefficient is calculated as which is determined as a result of these surveys .

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**Representative of Performance
and Quality Unit**

**Relevant Deputy Chief
Physician**

Manager of Hospital

Head Nurse

HEAD PHYSICIAN

.../.../.....

ANNEX 3
EFFICIENCY INDICATORS USED IN HOSPITALS

Name of the Indicator	Caesarean Delivery Ratio
Objective	To follow and control the caesarean delivery implementations and to keep the caesarean delivery ratio at World Health Organization standards.
Institutional Value	The value calculated in the related period as: Total number of those who had their first caesarean delivery / Total Number of Live-or Stillborn Deliveries in the Related Period
Type of indicator	Clinic
Numerator	Total number of those who had their first caesarean delivery
Denominator	Total Number of Live- or Stillborn Deliveries in the Related Period
Acceptable value	For Training Hospitals: 20% For all other hospitals where delivery is performed: 15%
Calculation of the point	Acceptable Value/ Institutional Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. It is calculated in the institutions having at least one obstetrician in the related period. If there is no delivery in the related period, this indicator should be taken out of the scope of the evaluation. The basis will be the number of those who had their first caesarean delivery.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).

Name of the Indicator	Daily Average Surgery Point Per Surgeon		
Objective	To follow and control the efficiency of the surgeon specialists working in the hospital.		
Institutional Value	The value calculated in the related period as: Total number of points taken from all group operations (A1, A2, A3, B, C, D, E) in surgical branches / Total Number of active working days (excluding official holidays, duty leave, annual leave, secondments and sick leave).		
Type of indicator	Clinic		
Numerator	Total number of points taken from all group operations in surgery branches		
Denominator	Total Number of active working days (excluding official holidays, duty leave, secondments and sick leave).		
Acceptable value	The calculations will be carried out according to the “ACCEPTABLE VALUES” in the following table.		
	CODE	CLASS	Acceptable Value
	E1	Training Hospital, General	600
	E2.1	Training Hospital, cardiology, cardiovascular surgery	1.200
	E2.2	Training Hospital, rendering service in breast and breast surgery	400
	E3	Training Hospital, rendering service in gynecology and pediatric	500
	E4	Training Hospital, rendering service in bone diseases, physiotherapy and rehabilitation	600
	E5	Training Hospital, rendering service in psychiatry	300
	E6	Training Hospital, rendering service in eye diseases	800
	E7	Training Hospital, rendering service in oncology	500
	E8	Training Hospital, other	400
	H3	Inpatient Institutions, #of beds 50-99	250
	H4	Inpatient Institutions, #of beds 100-499	300
	H5	Inpatient Institutions, #of beds 500 and above	400
	H6	Inpatient Institutions, rendering service in gynecology and pediatric	450
	H7	Inpatient Institutions, rendering service in bone diseases and physiotherapy and rehabilitation	400
H8.1	Inpatient Institutions, cardiology, cardiovascular surgery	600	
H8.2	Inpatient Institutions, rendering service in breast and breast surgery	200	
Calculation of the point	Institutional Value / Acceptable Value		
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. This indicator is calculated if the institution has at least one specialist from the surgical branches in the related period. Physicians conducting administrative tasks are not included in the calculation Emergency Aid and Traumatology, Oncology etc. Hospitals shall be evaluated according to the number of beds they have. The following institutions are out of the scope of assessment: Occupational Diseases, Psychiatry, Skin, Venereal and Leprosy hospitals, Oral and Dental health Centers, institutions with “0-49” beds.		
Period of Data	Period: January, February, March and April, Period: May, June, July and August,		

	<p>Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).</p>
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Name of the Indicator	Daily Average Surgery Point Per Operating Table
Objective	To measure the capacity use of the OR in the hospital.
Institutional Value	The value calculated in the related period as: Total number of points taken from all group operations (A1, A2, A3, B, C, D, E) in surgical branches in that particular period / Total Number of active working days x Number of Operating Tables (excluding official holidays).
Type of indicator	Clinic
Numerator	Total number of points taken from A1, A2, A3, B, C, D, E group operations
Denominator	Total Number of active working days (excluding official holidays).
Acceptable value	110% of the value of the previous period
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. Previous period: The last period before the related period. This indicator is calculated if the institution has at least one specialist from the surgical branches in the related period. Physicians conducting administrative tasks are not included in the calculation. If daily average surgery point per operating table is 2500 or over, the point is accepted "1". The following institutions are out of the scope of assessment: Occupational Diseases, Psychiatry, Skin, Venereal and Leprosy hospitals, Oral and Dental health Centers, institutions with "0-49" beds.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).

Name of the Indicator	Total Debt/Total Income Ratio																																																									
Objective	To determine whether the hospital has a financially sustainable financial structure.																																																									
Institutional Value	The value calculated in the related period as: Total Debt / Total Income.																																																									
Type of indicator	Financial																																																									
Numerator	Total Debt <i>On Uniform Accounting System, enter to page "Mizan" (Balance) with your hospital's password and select the date range of the related period (for 1st Period: 01 January-30 April, for 2nd Period 01 May-31 August, for 3rd Period 01 September-31 December.)</i> <i>In this part, the accounts with code 300 will be summed up and the amount of "Total Debt" will be found.</i>																																																									
Denominator	Total Income <i>On Uniform Accounting System, enter to page "Mizan" with your hospital's password and select the date range of the related period (for 1st Period: 01 January-30 April, for 2nd Period 01 May-31 August, for 3rd Period 01 September-31 December.)</i> <i>In this part, the accounts with code range 600-680 will be summed up and the amount of "Total Income" will be found.</i>																																																									
Acceptable value	The calculations will be carried out according to the "ACCEPTABLE VALUES" in the following table.																																																									
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INSTITUTIONAL PERFORMANCE AND QUALITY APPLICATIONS IN HEALTHCARE

	<p>the number of beds they have.</p> <p>The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, institutions with “0-49” beds.</p>
Period of Data	<p>Period: January, February, March and April,</p> <p>Period: May, June, July and August,</p> <p>Period: September, October, November and December.</p> <p>Calculations are done in the last month of each period (three times in a year).</p>

Name of the Indicator	Total Expenditures /Total Income Ratio																																																									
Objective	To measure the financial efficiency of the hospital and to measure the magnitude of the total expenditures of hospital within the total incomes of hospital, thus to determine the income-expenditures balance.																																																									
Institutional Value	The value calculated in the related period as: Total Expenditures / Total Income.																																																									
Type of indicator	Financial																																																									
Numerator	<p>Total Expenditures <i>On Uniform Accounting System, enter to page "Bütçe Gider Tablosu" (Budget Expenditures Table) with your hospital's password and select the date range of the related period (for 1st Period: 01 January-30 April, for 2nd Period 01 May-31 August, for 3rd Period 01 September-31 December.)</i> <i>In this part, "DEPRECIATION" shall be subtracted from the sum of the accounts with codes 25-26-656-681-740 and 770 the "Total Expenditures" will be found.</i></p>																																																									
Denominator	<p>Total Income <i>On Uniform Accounting System, enter to page "Mizan" with your hospital's password and select the date range of the related period (for 1st Period: 01 January-30 April, for 2nd Period 01 May-31 August, for 3rd Period 01 September-31 December.)</i> <i>In this part, the accounts with code range 600-680 will be summed up and the amount of "Total Income" will be found.</i></p>																																																									
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INSTITUTIONAL PERFORMANCE AND QUALITY APPLICATIONS IN HEALTHCARE

Explanation	<p>If the point is greater than 1, it is accepted 1.</p> <p>Related period: The period for which the calculation had been carried out.</p> <p>Emergency Aid and Traumatology, Oncology etc. Hospitals shall be evaluated according to the number of beds they have.</p> <p>The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, institutions with “0-49” beds.</p>
Period of Data	<p>Period: January, February, March and April,</p> <p>Period: May, June, July and August,</p> <p>Period: September, October, November and December.</p> <p>Calculations are done in the last month of each period (three times in a year).</p>

Name of the Indicator	Personnel Expenditures Support Ratio
Objective	To measure the magnitude of the personnel expenditures within the total incomes of hospital, and to determine the magnitude of the personnel expenditures spent from General Budget within income-expenditures balance.
Institutional Value	The value calculated in the related period as: General Budget Personnel Expenditures / Accrual.
Type of indicator	Financial
Numerator	General Budget Personnel Expenditures (GBPE) Sum of the Personnel Expenditures spent from General Budget in the related period to those who had been employed according to Law No. 657 (including 4A) and Law No. 4924. Examples of such personnel expenditures are: Gross Wage Duty Pays Travel per diem Treatment and Funeral Expenditures,
Denominator	ACCRUAL (A) <i>Total bills made out for the healthcare services provided in the related period.</i>
Acceptable value	95% of the Personnel Expenditures Support Ratio of the previous period.
Calculation of the point	Acceptable Value / Institutional Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. Previous period: The last period before the related period. The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, institutions with "0-49" beds.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).

Name of the Indicator	Bed Occupancy Rate																																																								
Objective	Bed occupancy rate is used as the expression of the actual capacity of a hospital. The actual capacity, which also indicates to what extent the service provision capacity of a hospital is exploited, indicates the amount of service produced in a certain time in the hospital beds. It, as one of the physical capacity use indicators of the hospital, aims at helping the measurement of the efficiency.																																																								
Institutional Value	The value calculated in the related period as: Total Number of Days in Bed/ (Bed Number X Total Number of Days in the Related Period).																																																								
Type of indicator	Activity																																																								
Numerator	Total Number of Days in Bed																																																								
Denominator	Bed Number X Total Number of Days in the Related Period																																																								
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Explanation	<p>If the point is greater than 1, it is accepted 1.</p> <p>Related period: The period for which the calculation had been carried out.</p> <p>It shall be calculated in the institutions having inpatients in the related period.</p> <p>Emergency Aid and Traumatology, Oncology etc. Hospitals shall be evaluated according to the number of beds they have.</p> <p>The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, Oral and Dental Health Center, and institutions with “0-49” beds.</p> <p>For the new hospitals put into operation after the directive had come into effect, this</p>																																																								

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	<p>indicator will not be calculated in the current period and the next period. For the hospitals opened after 01st August, 2007, this indicator shall be excluded for 2008 3rd Period.</p>
Period of Data	<p>Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).</p>

Name of the Indicator	Average Days of Hospital Stay		
Objective	To determine the average days of stay for each patient admitted in the hospital.		
Institutional Value	The value calculated in the related period as: Total Number of Days of Stay for the Discharged Patients (included the deceased) / Number of Discharged Patients.		
Type of indicator	Activity		
Numerator	Total Number of Days of Stay for the Discharged Patients (included the deceased)		
Denominator	Number of Discharged Patients (included the deceased).		
Acceptable value	The calculations will be carried out according to the “ACCEPTABLE VALUES” in the following table.		
	CODE	CLASS	Acceptable Value
	E1	Training Hospital, General	72
	E2.1	Training Hospital, cardiology, cardiovascular surgery	74
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H8.2	Inpatient Institutions, rendering service in breast and breast surgery	70	
H9	Inpatient Institutions, rendering service in psychiatry	75	
Calculation of the point	Acceptable Value / Institutional Value		
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. It shall be calculated in the institutions having inpatients in the related period. Emergency Aid and Traumatology, Oncology etc. Hospitals shall be evaluated according to the number of beds they have. The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, Oral and Dental Health Center, and institutions with “0-49” beds.		
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).		

Name of the Indicator	Hospitalization Rate		
Objective	To measure the percentage of the hospitalization decisions in the total number of patients examined		
Institutional Value	The value calculated in the related period as: Number of the Inpatients in the Related Period/ Number of the Polyclinics in the Related Period.		
Type of indicator	Activity		
Numerator	Number of the Inpatients in the Related Period		
Denominator	Number of the Polyclinics in the Related Period		
Acceptable value	The calculations will be carried out according to the “ACCEPTABLE VALUES” in the following table.		
	CODE	CLASS	Acceptable Value
	E1	Training Hospital, General	72
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Calculation of the point	Institutional Value / Acceptable Value		
Explanation	If the point is greater than 1, it is accepted 1. Emergency Aid and Traumatology, Oncology etc. Hospitals shall be evaluated according to the number of beds they have. The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, Oral and Dental Health Center, and institutions with “0-49” beds.		
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).		

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Name of the Indicator	Point for Data Entry into New Performance Follow-Up System
Objective	Database aiming at collecting the data which shall ensure the follow-up and analyses of the supplementary payments to be made to the healthcare personnel working in the institutions.
Institutional Value	The value calculated in the related period. While calculating the institutional performance coefficient at the end of each period, if the data belonging to the previous months of that year had been entered correctly into the new performance follow-up system, the point will be "1", otherwise, it will be "0".
Type of indicator	Activity
Numerator	Acceptable Value
Denominator	Institutional Value
Acceptable value	1
Calculation of the point	Acceptable Value/ Institutional Value
Explanation	While calculating the institutional performance coefficient at the end of each period, if the data belonging to the previous months of that year had been entered correctly into the new performance follow-up system, the point will be "1", otherwise, it will be "0".
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).

ANNEX-4 112 SERVICE QUALITY STANDARDS

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
	MANAGEMENT AND ORGANIZATION SERVICES				
1*	Are task descriptions, responsibilities and activity processes for all personnel working in Provincial Ambulance Service Head Physician's Office defined?				
1.1	There must be an organizational chart.	2			
1.2	The responsibilities of the management should be described in written.	2			
1.3	Task descriptions and responsibilities of all personnel should be defined.	2			
1.4	Personnel should have identification badges.	2			
2*	Is there a cooperation plan between Provincial Ambulance Service Head Physician's Office and other institutions (Municipality, Directorate of Security, Fire Department, Private Ambulances, Red Crescent, Civil Defense and Disasters Department etc.) for meeting the urgent and medical transport needs of the society?				
2.1	There should be plan for meeting the urgent needs of the society.	4			
2.2	Personnel should receive training regarding the plan.	4			
3*	Is there a file where the personal details of the personnel working in Provincial Ambulance Service Head Physician's Office?				
3.1	The personal details of and trainings received by each personnel should exist (Records in digital environment are acceptable.)	2			
3.2	Personnel files should be standard and personnel details should be up-to-date.	2			
3.3	Personnel files should include work experiences of the personnel.	2			
4*	Are there works for improving the service provision considering the opinions and suggestions of personnel?				
4.1	Yearly, at least 3 works should be carried out for improving the service provision (management, command center and stations) considering the opinions and suggestions of personnel.	4			
4.2	The works for improving the service provision should be recorded.	2			
5**	Are there always, direct and effective communication means (wireless, office telephone and cell phone) between command control center and management, citizens and stations?				

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
5.1	There should be always, direct and effective communication between command control center and the management.	2			
5.2	There should be always, direct and effective communication between command control center and the citizens.	2			
5.3	There should be always, direct and effective communication between command control center and the stations.	4			
6*	Is Provincial Ambulance Service Head Physician's Office carrying out improvement works for restricting the impact of physical, technical and other difficulties, which can impede the service provision, on the service provision?				
6.1	Provincial Ambulance Service Head Physician's Office the physical, technical and other difficulties.	4			
6.2	Provincial Ambulance Service Head Physician's Office should undertake corrective and preventive works related to the issue.	4			
7*	Are there instructions in place for transferring the patient to the health institution for applying necessary treatment after the in-spot intervention?				
7.1	Instructions should be put into place for transferring the patient from the scene of case to the health institution.	4			
7.2	.Transports should be based on the treatment needs of the patient.	2			
7.3	In cases where there is no medical need for transportation, the necessary procedure to follow should be determined.	2			
7.4	The procedures for delivering the patient to the receiving health institution should be defined.	4			
8**	Is there coordination among hospitals for operating the patient referral system in a regular way?				
8.1	Coordination among hospitals for operating the patient referral system in a regular way should be ensured?	4			
8.2	The specialization branches, which are vacant because of leaves, should be followed and known.	4			
8.3	An instruction should be prepared for the hospitals not admitting the patient.	4			
8.4	Command Control Center should receive the information about the existing branches in the hospitals (ER, ICU, and other services) and the number of the unoccupied beds (twice a day) in said units through automation system. (Provincial Directorate of Health shall determine from which hospitals the information will be gathered.)	4			
9*	Is Provincial Ambulance Service Head Physician's Office participating in the implementation of quality works?				

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
9.1	All personnel should be informed of quality targets and implementations.	2			
9.2	The responsible physicians of the stations and other concerned persons should participate in the quality meetings to be held by Provincial Ambulance Service Head Physician's Office.	2			
9.3	Responsible physicians of command control center and stations, and the other concerned persons should inform the personnel of the decisions made during the meeting and the implementations to be	2			
10**	Does the personnel working in call reception (first person who is in touch with the citizens) have adequate information about the services to be provided by Provincial Ambulance Service				
10.1	Any personnel who is new at the office should receive an orientation training about the services provided and the procedures followed by Provincial Ambulance Service Head Physician's Office.	4			
10.2	Personnel should receive periodic in-service training.	2			
10.3	Provincial Ambulance Service Head Physician's Office should arrange facilities, training and time issues for training the personnel.	2			
10.4	During the call, the phone should be verified, the characteristics of the case, the region of call and the identity of the caller should be defined.	4			
11**	Are there personnel guides including details such as address and telephones of the personnel in Command Control Center?				
11.1	In Provincial Ambulance Service Head Physician's Office, Command Control Center and stations, personnel guides including the details such as address and telephone for accessing the personnel should be available.	2			
11.2	Provincial Ambulance Service Head Physician's Office, Command Control Center and stations should update the personnel guides including personnel contact details at least 3 times a year.	2			
12*	Is there a procedure defined for contingencies?				
12.1	Substitute personnel should be planned for contingencies.	4			
12.2	Substitute ambulances should be planned for cases of ambulance breakdowns or accidents.	2			
12.3	24-hour accessible telephone numbers of the places, which can supply technical maintenance in case of breakdowns or extraordinary situations, should be available.	2			
12.4	The wireless and telephone lines should be backed up.	4			
13*	Is the community being informed of the services of Provincial Ambulance Service? (Information through web site/leaflets/posters/introductory films/boards or press)				

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
13.1	Provincial Ambulance Service Head Physician's Office should inform the community of the services it is providing through web site/leaflets/posters/introductory films/boards, press or trainings).	4			
13.2	Provincial Ambulance Service Head Physician's Office should inform the community about in which cases the office could be applied through web site/leaflets/posters/introductory films/boards or media).	4			
13.3	Provincial Ambulance Service Head Physician's Office should arrange trainings for informing the society about the services it is providing.	4			
PATIENT SAFETY					
14*	Did Provincial Ambulance Service Head Physician's Office prepare a training program about patient rights and patient safety?				
14.1	Provincial Ambulance Service Head Physician's Office should prepare a training program for its employees about patient rights and patient safety.	6			
14.2	Provincial Ambulance Service Head Physician's Office should give periodical trainings to its employees about patient rights and patient safety.	6			
15***	Is the privacy of the patient considered during examination and transport?				
15.1	Each vehicle should make available enough numbers of materials such as sheets and blankets.	4			
15.2	Pains should be taken for the privacy of the patient during the intervention.	2			
15.3	Patient families should be allowed to accompany the patient during the intervention and transport so as not to prevent the procedures.	2			
15.4	There should be arrangements about to whom and how the personnel will provide information about the case.	2			
16***	.Is the personnel of Provincial Ambulance Service Head Physician's Office taking the measures against the steal and loss of patients' belongings?				
16.1	Provincial Ambulance Service Head Physician's Office should define the level of responsibility of the personnel regarding the patients' belongings.	2			
16.2	Patients' belongings should be kept until a patient shall be delivered to a health institution.	2			
16.3	When the patient is transported to a health institution, his/her belongings should be delivered to police, security officer or his/her family/friends with a minute.	2			
16.4	Patient families should be informed about the responsibility of the institution for protecting the personal belongings.	2			

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
17***	Is Provincial Ambulance Service Head Physician's Office informing the patients and their families about how they can participate in the first intervention and intervention decisions, and their rights and responsibilities about in case that the intervention is interrupted or rejected?				
17.1	The institution should prepare an instruction about informing the patients and their family about the medical situation.	4			
17.2	Personnel should inform the patients and their families to refuse or interrupt the treatment when there is no life threatening situation.	2			
17.3	Personnel should inform the patients of the results that can arise from their decisions.	2			
17.4	Following in-spot intervention, patients or their family should be informed about the post-intervention period and necessary recommendations should be made.	2			
17.5	Where there is no life-threatening situation and if the intervention is refused, the intervention shall be stopped and the patient or his/her family shall be made sign the field "refusal of intervention" and the identity information of the patient shall be taken.	4			
18*	Are there improvement works in place considering the complaints and suggestions of the patients and their families?				
18.1	There should be improvement works in place considering the complaints and suggestions of the patients and their families.	2			
18.2	Planned improvement works should be recorded.	2			
18.3	Patients and their families should be able to submit their opinions and recommendations on phone or over internet.	2			
19***	Are there security measures for preventing the patients to fall down?				
19.1	There should be railings in the main stretcher used in the ambulance.	4			
19.2	The stretcher slides and should be controlled and recorded daily.	4			
19.3	The stretcher safety belts should be in service.	4			
PERSONNEL SAFETY					
20*	Did Provincial Ambulance Service Head Physician's Office prepare a training program about personnel safety?				
20.1	There should be a training program regarding the personnel safety.	2			
20.2	All personnel should receive periodic (at least once in every six months) training on personnel safety.	2			

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
20.3	All personnel that will begin to work in Ambulance services should receive compliance training.	2			
21***	In all cases of care of and intervention to patients with blood or body fluid dripping/splashing risk, is the personal protective equipment (protective gown, glove, disinfectant and face mask) available?				
21.1	In all cases of care of and intervention to patients with blood or body fluid dripping/splashing risk, the personal protective equipment (protective gown, glove, disinfectant and face mask) should be available.	8			
22*	Does Provincial Ambulance Service Head Physician's Office have a control program against biologic and chemical agents?				
22.1	Provincial Ambulance Service Head Physician's Office should have a control program against biologic and chemical agents.	4			
22.2	Provincial Ambulance Service Head Physician's Office should train al personnel about control implementations against biological and chemical agents.	4			
23*	Does Provincial Ambulance Service Head Physician's Office give orientation and personal support trainings to its personnel?				
23.1	Provincial Ambulance Service Head Physician's Office should give orientation training to its personnel.	4			
23.2	Provincial Ambulance Service Head Physician's Office should give periodical personal support training to its personnel.	2			
23.2	The trainings should be recorded.	2			
INFORMATION SYSTEM					
24*	Are the date obtained from stations (on a daily and monthly basis, number of patients, diagnoses, interventions, in-spot interventions, cancellation of task, transport by different vehicles, deceased and transport to morgue, time of access to case etc.) collected and analyzed regularly?				
24.1	Provincial Ambulance Service Head Physician's Office should collect data from stations on a daily basis.	2			
24.2	Provincial Ambulance Service Head Physician's Office should analyze the collected data.	4			
24.3	Provincial Ambulance Service Head Physician's Office should analyze the data analyses regularly and share the results with the stations' personnel.	4			
24.4	Provincial Ambulance Service Head Physician's Office should compare the monthly working records filled in by the stations and the records of command control center, and close the gaps in case of differences.	2			
25**	In command control center, is it specified by whom and when each datum had been entered?				
25.1	It should be seen who enters each datum.	2			
25.2	The date and time of each datum entry should be specified.	2			

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
26*	Is there an authorization for accessing the records?				
26.1	There should be authorization procedure in place for accessing the records.	2			
26.2	The records should include all information defining a case.	4			
26.3	The patient records should include information about the intervention made and its course.	4			
AMBULANCE AND AMBULANCE SERVICES					
27***	Are the medicines stacked in ambulances and stations regularly.				
27.1	The medicines should be stored in a clean and safe way.	4			
27.2	The medications and medical materials should be stowed in the vehicle.	6			
28***	Are the medications specified by Regulation on Ambulances, Emergency Service Vehicles and Ambulance Services available in the vehicle? Is there a procedure for distributing the medicines to the stations? Are the use and stock follow-up of consumable materials recorded into the information system?				
28.1	There should be an instruction in place for medication list and medication distribution.	4			
28.2	The use and stock follow-up of consumable materials should be recorded into the information system.	4			
28.3	The medications in the specified list should completely exist in the vehicle and daily controls should be carried out.	6			
28.4	Critical stock levels for the medicines should be specified.	4			
28.5	The expiry dates of the consumable materials and their expiry dates should be followed.	4			
28.6	There should be an instruction in place for meeting the medication and consumable material demands of the center and the stations (period, amount etc.)	2			
29***	Are the medical equipments in ambulances controlled, calibrated and maintained? Are there instructions in place for daily disinfection and sterilization.				
29.1	The medical equipments should be calibrated regularly.	6			
29.2	There should be medical waste containers and plastic bags.	2			
29.3	All medical equipment should be in service.	6			
29.4	Vehicles should be controlled in each turn of duty for their in-service status.	2			
29.5	Daily clean-up, disinfection and sterilization instructions for the ambulance and medical materials should be defined.	2			
30***	Are the resuscitation equipment and materials in the ambulance appropriate for the procedures for children and babies?				

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
30.1	There should be a list of the resuscitation equipment and materials in the ambulance.	4			
30.2	The resuscitation equipment and materials in the ambulance should be appropriate for the procedures for children and babies.	6			
30.2	The resuscitation equipment and materials in the ambulance should be controlled daily.	6			
31*	Are the personnel of Provincial Ambulance Service Head Physician's Office, Command Control Center and Stations trained about the fire safety and security for their respective units?				
31.1	Personnel should be aware of the tasks they are going to assume in a possible case of fire.	2			
31.2	The personnel should be aware of the measures to be taken for storage, handling and removal of the dangerous waste and materials in the ambulance in exigencies.	2			
31.3	Command Center and station evacuation plans should be prepared and that plan should be posted on a place visible by the all personnel.	2			
31.4	There should be fire extinguishers in Provincial Ambulance Service Head Physician's Office, Command Control Center and Stations.	2			
31.5	The fire extinguishers should be controlled in every three months and control records should be kept.	2			
GENERAL CONDITIONS					
32***	Is there a station duty book for keeping the records regarding the shift?				
32.1	There should be station duty book for keeping the records of the events happened during the shift.	2			
32.2	There should be daily duty records on the duty book (the events happened during each shift should be recorded on the duty book, if nothing happened, this should also be recorded accordingly.)	2			
32.3	The names, surnames and signatures of on-duty personnel (physician and allied health personnel) should exist on the duty book.	2			
33***	Are the personnel supplied with rooms, toilet, material warehouse, garments, ambulance garage, telephone, radios and other necessary material in compliance with the Emergency Health Services Regulation?				
33.1	The personnel should be supplied with rooms, toilet, material warehouse, garments, ambulance garage, telephone, radios and other necessary material.	4			
33.2	There should be armchairs and relaxing environment for personnel.	4			

No	ANNEX-4 112 SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
34*	Is the all healthcare personnel trained at least once a year related to medical intervention in the issues of fundamental training, advanced cardiac (life), pediatric and trauma life support?				
34.1	Provincial Ambulance Service Head Physician's Office should prepare in-service training and provide training at least once a year.	4			
34.2	The personnel, who will give training on advanced cardiac (life), pediatric and trauma life support, should be designated.	4			
34.3	Trained personnel should be assessed at the beginning and end of the training in terms of the content of the training.	4			
34.4	The training must be implemented and carried out according to an implementation guide.	4			
35*	Are the ambulance drivers being trained?				
35.1	Provincial Ambulance Service Head Physician's Office should prepare in-service training and provide training at least once a year.	4			
35.2	The drivers who newly started to work should receive orientation training.	4			
35.3	The drivers should receive secure ambulance driving techniques and advanced driving techniques training.	4			
35.4	The training must be hands-on and carried out according to an implementation guide.	4			

ANNEX 5

112 EFFICIENCY INDICATORS

Name of the Indicator	Ratio of Access to Case in Center
Objective	Decrease the Period of Access to Case below 10 minutes in centers.
Institutional Value	The value calculated in the related period as: Number of cases accessed in 0-10 minutes in center / Total Number of cases in center
Type of indicator	112 Efficiency
Numerator	Number of cases accessed in 0-10 minutes in center
Denominator	Total Number of cases in center
Acceptable value	Accessing 90% or over of the cases in center within 0-10 minutes (90%)
Calculation of the point	Institutional Value / Acceptable Value
Explanation	<p>If the point is greater than 1, it is accepted 1.</p> <p>Related period: The period for which the calculation had been carried out.</p> <p>While calculating time of access to case, the assignments except emergency calls (transport between hospitals, transport to house, deceased/transport to morgue, protocol, transport for tests, health measures, ceremonies, shows, sports competitions etc.) shall be excluded from the calculation.</p> <p>The borders of the centers shall be defined by Provincial Health Directorates.</p>
Period of Data	<p>Period: January, February, March and April,</p> <p>Period: May, June, July and August,</p> <p>Period: September, October, November and December.</p>

Name of the Indicator	Ratio of Access to Case in Rural Areas
Objective	Decrease the Period of Access to Case below 30 minutes in rural areas.
Institutional Value	The value calculated in the related period as: Number of cases accessed in 0-30 minutes in center / Total Number of cases in rural areas
Type of indicator	112 Efficiency
Numerator	Number of cases accessed in 0-30 minutes in center
Denominator	Total Number of cases in center
Acceptable value	Accessing 90% or over of the cases in center within 0-30 minutes (90%)
Calculation of the point	Institutional Value / Acceptable Value
Explanation	<p>If the point is greater than 1, it is accepted 1.</p> <p>Related period: The period for which the calculation had been carried out.</p> <p>While calculating time of access to case, the assignments except emergency calls (transport between hospitals, transport to house, deceased/transport to morgue, protocol, transport for tests, health measures, ceremonies, shows, sports competitions etc.) shall be excluded from the calculation.</p> <p>The borders of the centers shall be defined by Provincial Health Directorates.</p>
Period of Data	<p>Period: January, February, March and April,</p> <p>Period: May, June, July and August,</p> <p>Period: September, October, November and December.</p>

Name of the Indicator	Ratio of In-Spot Intervention (Percentage)
Objective	To determine the status of Command Control Center consultant physician regarding case analysis and ambulance orientation.
Institutional Value	The value calculated in the related period as: Number of in-spot interventions / Total Number of cases
Type of indicator	112 Efficiency
Numerator	Number of in-spot interventions
Denominator	Total Number of cases
Acceptable value	15%
Calculation of the point	Acceptable Value / Institutional Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Ratio of Cancellation of Tasks (Percentage)
Objective	To determine the ratio of cancellation of tasks after the ambulances had left the station for intervention to patients, and then the command control center had cancelled the task.
Institutional Value	The value calculated in the related period as: Number of cancellation of tasks after leaving the station / Total Number of cases
Type of indicator	112 Efficiency
Numerator	Number of cancellation of tasks after leaving the station
Denominator	Total Number of cases
Acceptable value	1%
Calculation of the point	Acceptable Value / Institutional Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Ratio of Transport with Other Vehicles (Percentage)
Objective	To determine the ratio of the transport of patients that are planned to be intervened with other vehicles after the ambulances had left the station.
Institutional Value	The value calculated in the related period as: Number of transport with other vehicles after leaving the station / Total Number of cases
Type of indicator	112 Efficiency
Numerator	Number of transport with other vehicles after leaving the station
Denominator	Total Number of cases
Acceptable value	3%
Calculation of the point	Acceptable Value / Institutional Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Ratio of Transport with Other Vehicles (Percentage)
Objective	To prevent the ambulances from being used for transporting dead bodies.
Institutional Value	The value calculated in the related period as: Number of dead bodies found in public places and transported to morgue/ Total Number of cases
Type of indicator	112 Efficiency
Numerator	Number of dead bodies found in public places and transported to morgue
Denominator	Total Number of cases
Acceptable value	3%
Calculation of the point	Acceptable Value / Institutional Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. Transport of bodies in traffic accidents and social events (earthquake, flood, terror etc.) shall not be included in the calculation.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

ANNEX 6
PREVENTIVE SERVICE INDICATORS

Name of the Indicator	Pregnancy Determination Ratio (Percentage)
Objective	To determine the number of pregnant women for minimizing the risky situations that can arise during pregnancy.
Institutional Value	The value calculated as: Number of pregnancies determined in the related year / Number of live-deliveries in the related year
Type of indicator	Preventive Service
Numerator	Number of pregnancies determined in the related year
Denominator	Number of live-deliveries in the related year
Acceptable value	90% for 2008 95% for the following years
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. It is calculated in the third period of each year. The calculated point is used for calculating the protective service coefficient of each period in the next year.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Average Monitoring Number Per Pregnant Woman
Objective	To minimize the risky situations that can arise during pregnancy period.
Institutional Value	The value calculated as: Total number of pregnant women monitored in the related period / Number of pregnancies determined in the related period
Type of indicator	Preventive Service
Numerator	Total number of pregnant women monitored in the related year
Denominator	Number of pregnancies determined in the related year
Acceptable value	4
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. If the same pregnant women had been monitored more than 4 times, 4 will be taken as the basis for calculation.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Maternal Mortality Rate (per hundred thousand)
Objective	To measure the general health level and maternal health level in the society and to evaluate the effectiveness of the health services.
Institutional Value	The value calculated as: Number of mothers, who had died during pregnancy, during delivery or within the 42 days after the pregnancy had ceased X 100.000/ Number of live-deliveries in the related year
Type of indicator	Preventive Service
Numerator	Number of mothers, who had died during pregnancy, during delivery or within the 42 days after the pregnancy had ceased X 100.000
Denominator	Number of live-deliveries in the related year
Acceptable value	20 per thousand for 2008 18 per thousand for the following years
Calculation of the point	Institutional Value / Acceptable Value
Explanation	<i>Maternal Mortality: Death of a woman during pregnancy, during delivery or within the 42 days after the pregnancy had ceased, regardless of the period and place of pregnancy, because of non-coincidental reasons aggravated by the status of pregnancy or the process of pregnancy.</i> If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. If the same pregnant women had been observed more than 4 times, 4 will be taken as the basis for calculation.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Average Monitoring Number Per Baby
Objective	To minimize the risky situations that can arise during pregnancy period.
Institutional Value	The value calculated as: Total number of babies monitored in the related period / Number of 0-12 age babies in the related period (according to mid-year population)
Type of indicator	Preventive Service
Numerator	Total number of babies monitored in the related period
Denominator	Number of 0-12 age babies in the related period (according to mid-year population)
Acceptable value	8
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. If the same baby had been monitored more than 8 times, 8 will be taken as the basis for calculation.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Baby Determination Ratio (Percentage)
Objective	To determine the number of babies for minimizing the risky situations that can arise during babyhood period.
Institutional Value	The value calculated as: Number of babies determined in the related year / Number of live-deliveries in the related year
Type of indicator	Preventive Service
Numerator	Number of babies determined in the related year
Denominator	Number of live-deliveries in the related year
Acceptable value	90% for 2008 95% for the following years
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. It is calculated in the third period of each year. The calculated point is used for calculating the protective service coefficient of each period in the next year.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	DaBT-IPA-Hib III Vaccination Ratio for Age 0 (Percentage)
Objective	To immunize 95% and more of age 0 babies against diseases such as diphtheria, Acellular Pertussis, Tetanus, Inactive Polio and Hemophilus Influenza Type B.
Institutional Value	The value calculated as: Number of age 0 (zero) group that had full DaBT-IPA-Hib III vaccination in the related period / Age 0 (zero) target population in the related period.
Type of indicator	Preventive Service
Numerator	Number of age 0 (zero) group that had full DaBT-IPA-Hib III vaccination in the related period
Denominator	Age 0 (zero) target population in the related period
Acceptable value	95%
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	MMR Vaccination Ratio for Age 0 (Percentage)
Objective	To immunize 95% and more of age 1 babies against diseases such as measles, mumps and rubella.
Institutional Value	The value calculated as: Number of age 1 group that had full vaccination in the related period / Age 1 target population in the related period.
Type of indicator	Preventive Service
Numerator	Number of age 1 group that had full vaccination in the related period
Denominator	Age 1 target population in the related period.
Acceptable value	95%
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	BCG Vaccination Ratio for Age 0 (BCG) (Percentage)
Objective	To immunize 95% and more of age 0 babies against tuberculosis.
Institutional Value	The value calculated as: Number of age 0 (zero) group that had full BCG vaccination in the related period / Age 0 (zero) target population in the related period.
Type of indicator	Preventive Service
Numerator	Number of age 0 (zero) group that had full BCG vaccination in the related period
Denominator	Age 0 (zero) target population in the related period
Acceptable value	95%
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Chlorine Measurement Ratio (Percentage)
Objective	To ensure that enough number of chlorine measurement shall be conducted for the purpose of supplying healthy drinking water.
Institutional Value	The value calculated as: Number of measurements made in the related period / Number of measurements that should be made in the related period.
Type of indicator	Preventive Service
Numerator	Number of measurements made in the related period
Denominator	Number of measurements that should be made in the related period
Acceptable value	For each period, acceptable number of chlorine measurement for all provinces shall be published by the ministry.
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. It is out of assessment for integrated district hospitals.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Water Sampling Ratio (Percentage)
Objective	To ensure that envisaged number of analyses in envisaged intervals shall be conducted for the purpose of supplying healthy drinking water.
Institutional Value	The value calculated as: Number of samples taken in the related period / Number of samples that should be taken in the related period.
Type of indicator	Preventive Service
Numerator	Number of samples taken in the related period
Denominator	Number of samples that should be taken in the related period
Acceptable value	For each period, acceptable number of sampling value for all provinces shall be published by the ministry.
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. It is out of assessment for integrated district hospitals.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Tuberculosis Notification Finalization Ratio (Percentage)
Objective	To finalize (being treated-there is a file, under treatment in another place, notification from out of region, death, not tuberculosis) the definite/ suspicious tuberculosis cases notified by the health institutions and organizations (labs, hospitals, pharmacies, private health organizations etc.) to the related dispensary through Provincial Health Directorates and to notify the results to the Provincial Health Directorate and thereby to determine, record, follow-up and treat the definite/ suspicious tuberculosis cases.
Institutional Value	The value calculated as: Number of the finalized notifications among the definite-suspicious cases notified to the dispensary in the related period / Total number of definite-suspicious cases notified to dispensary by the Health Directorate in the related period.
Type of indicator	Preventive Service
Numerator	Number of the finalized notifications among the definite-suspicious cases notified to the dispensary in the related period
Denominator	Total number of definite/suspicious cases notified to dispensary by the Health Directorate in the related period
Acceptable value	90%
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. The dispensary can finalize the cases in the following ways: being treated-there is a file, under treatment in another place, notification from out of region, death, not TB. The options “could not be accessed” and “not showed up” shall not be considered as finalized (except the address/telephone number notified by the Provincial Directorate is wrong.)
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	The Ratio of Smear Control (Percentage)
Objective	To carry out the smearing procedure for definitely diagnosing the lung tuberculosis.
Institutional Value	The value calculated as: Number of the patients with lung tuberculosis checked with first diagnosis microbiological smear in the related period / Number of the recorded patients with lung tuberculosis in the related period.
Type of indicator	Preventive Service
Numerator	Number of the patients with lung tuberculosis checked with first diagnosis microbiological smear in the related period
Denominator	Number of the recorded patients with lung tuberculosis in the related period
Acceptable value	75%
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. Those who cannot give phlegm samples will be excluded from the calculation. Patients with Lung + non-Lung Tuberculosis shall be considered as Lung Tuberculosis patients. It is out of assessment for integrated district hospitals.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Ratio of Treatment with Direct Supervision (Percentage)
Objective	The treatment of tuberculosis lasts long, around 6-8 months. In the first a couple of weeks of the treatment they recuperate fast. Therefore they can interrupt the treatment. Also some patients are not able to take medicines regularly. The patients whose treatments were interrupted and who took medicines irregularly become patients hard and expensive to treat with a resistance to the medicine. The objective is to finalize the treatment by administering medicines to TB patients under direct supervision in order to break the chain of spread,
Institutional Value	The value calculated as: Number of TB patient to whom the medicine had been administered under direct supervision in 1st Month + 2nd Month + 3rd Month + 4th Month / Number of the recorded patients in 1st Month + 2nd Month + 3rd Month + 4th Month.
Type of indicator	Preventive Service
Numerator	Number of TB patient to whom the medicine had been administered under direct supervision in 1st Month + 2nd Month + 3rd Month + 4th Month
Denominator	Number of the recorded patients in 1st Month + 2nd Month + 3rd Month + 4th Month
Acceptable value	For each period, acceptable number of sampling value for all provinces shall be published by the ministry.
Calculation of the point	Institutional Value / Acceptable Value
Explanation	If the point is greater than 1, it is accepted 1. TB patients take each dose of their medicines throughout their treatment under the supervision of an attendant and this is recorded. It is out of assessment for integrated district hospitals.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

Name of the Indicator	Ratio of Provision of Mobile Health Services
Objective	To increase the accessibility of health services and to ensure that all citizens will benefit from primary healthcare services.
Type of indicator	Preventive Service
Institutional Value	Total number of criterion points found in the related period (each criterion has “0.25” point. Each criterion that had been met shall have “0.25” point. Criteria that has not met has point “0”.
Acceptable value	1
Calculation of the point	Institutional Value / Acceptable Value
Criteria	<p>There should be a vehicle meeting the conditions in the Article 25 of the Directive on the Provision of Mobile Health Services.</p> <p>Population and regions to be provided with mobile service should be determined.</p> <p>Services to be given within the scope of mobile service should be defined.</p> <p>Services should be provided at least once a month to determined population and region.</p> <p>It is out of assessment for integrated district hospitals.</p>
Explanation	Each criterion consists of 0.25 point.
Period of Data	<p>Period: January, February, March and April,</p> <p>Period: May, June, July and August,</p> <p>Period: September, October, November and December.</p>

Name of the Indicator	Point for Data Entry into Primary Supplementary Payment Follow-Up System
Objective	Database aiming at collecting the data which shall ensure the follow-up and analyses of the supplementary payments to be made to healthcare personnel working in primary healthcare institutions.
Institutional Value	The value calculated in the related period. While calculating the protective service coefficient, if the data belonging to the previous months of that year had been entered into the supplementary payment follow-up system, the point will be “1”, otherwise, it will be “0”.
Type of indicator	Activity
Numerator	Acceptable Value
Denominator	Institutional Value
Acceptable value	1
Calculation of the point	$\text{Institutional Value} / \text{Acceptable Value}$
Explanation	While calculating the preventive service coefficient, if the data belonging to the previous months of that year had been entered correctly into the supplementary payment follow-up system, the point will be “1”, otherwise, it will be “0”. It is out of assessment for integrated district hospitals.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December.

ANNEX-7
ORAL AND DENTAL HEALTH CENTER
SERVICE QUALITY STANDARDS

No	ANNEX-7 ODHG SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
	POLICLINIC SERVICES				
	POLICLINIC SERVICES				
1	Patient registration unit must meet the conditions necessary for service provision.				
1.1	Patient registration unit must be in an easily noticeable and accessible place.	4			
1.2	Patient registration unit must have a sign noticeable and readable from all directions.	2			
1.3	Patient registration unit shall be designed so as to allow a direct communication with the patient, its ceiling and surroundings must be open (without a barrier such as glass partition or similar), there should be a table and chairs allowing to communicate with the patient in a face to face manner.	8			
1.4	In patient registration unit, there must be leaflets and brochures introducing the services provided in the hospital.	2			
1.5	The spaces of patient registration unit should have enough sitting groups.	4			
1.6	There must be arrangements in place to have the elderly and disabled people be seated in the first place.	2			
1.7	The number of the personnel to be employed in the patient registration unit shall be decided according to the principles determined by the Ministry and considering the daily average number of patients applying to the polyclinic.	8			
1.8	Patient registration unit functionary must have been received in-service training on compliance training, patient satisfaction, communication skills and interpersonal communication.	4			
1.9	There must be arrangements in place for completing the procedures of elderly and disabled people and the health personnel as a priority.	4			
1.10	Patient registrar should have detailed information about institutional service processes, personnel of the institution and the current implementations (physician preference).	6			
2	Information unit must meet the conditions necessary for service provision.				
2.1	Information desk must be in an easily noticeable and accessible place, and have necessary equipment.	4			
2.2	The number of the personnel to be employed in the information unit shall be decided according to the principles determined by the Ministry and considering the daily average number of patients applying to the polyclinic.	8			
2.3	Information unit functionary must have been received in-service training on compliance training, patient satisfaction, communication	4			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
	skills and interpersonal communication.				
2.4	The information unit should have up-to-date institutional information guide (plan of the institution, provided services, unit and employee access information) available.	2			
2.5	Information officers should wear garments distinguishable from other personnel and carry identification badges.	6			
3	The hospital should provide reception and orientation services adequately.				
3.1	There should be enough number of sitting groups in polyclinic waiting areas according to the principles determined by the Ministry and considering the daily average number of patients applying to the polyclinic.	6			
3.2	There should be sitting groups for the patients and their families in the waiting areas other than polyclinic waiting areas (X-ray, bloodletting unit, services etc.)	4			
3.3	There should be signs (in a readable and noticeable size and in a color distinguishable from the walls) showing directions in the main building and in all units.	2			
3.4	The direction signs should be functional.	4			
3.5	The number of the personnel to be for reception and orientation shall be decided according to the principles determined by the Ministry and considering the daily average number of patients applying to the polyclinic.	8			
3.6	All officers working in reception and orientation services should have in-service training on compliance training, patient satisfaction, communication skills and interpersonal communication	6			
3.7	All officers working in reception and orientation services should wear garments distinguishable from other personnel and carry identification badges.	6			
3.8	There should be hospital plans in a readable size and distinguishable color at the entries to polyclinic and floors and at the exits from lifts.	4			
3.9	The hospital should provide an effective information on the services it provides, working hours and how one can receive service (web site, leaflet, introduction films, boards, info through media etc.)	6			
3.10	There should be arrangements in place for disabled people (elevators, ramps inside and outside hospital, toilets for disabled people, car park etc.)	4			
3.11	The signs indicating the privileges of disabled people should be in easily noticeable places.	2			
3.12	The divisions providing service to patients (laboratory, imaging, floor secretariats, places for sample or result submission etc.) shall be designed without a barrier such as glass partition or similar.	8			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
4	Policlinic services should be given in the determined period.				
4.1	Physicians should comply with the working hours of the polyclinic.	6			
4.2	The time slot when the patient will be examined must be determined by the patient registration unit. The time slot should be arranged hourly (at most 1 hour).	12			
4.3	Elderly and disabled people and health personnel should have examination priority.	6			
5	There should be an arrangement in place to allow the patients to choose their physician.				
5.1	Logo indicating right to choose one's physician should be put in the polyclinic floor and in a place noticeable by patients.	2			
5.2	The patient reception/registration units or tables should make available the list of the specialist physician(s) rendering service and their working schedule.	6			
6	The physician rooms (examination rooms) should meet the necessary conditions.				
6.1	There should be a sign on the doors of the polyclinic rooms indicating name, surname, specialization (if any) and title of the physician.	4			
6.3	Each physician room should have hand hygiene materials available.	8			
6.4	There should be an electronic system in operation outside of each polyclinic for displaying the name or line number of the patients waiting for examination.	10			
7	There should be instructions for disinfection and sterilization of the materials used for patients and they should be implemented.	10			
8	The lists for the medicines and consumable materials and their critical stock levels should be determined and followed (expiry dates, stock levels etc.)				
8.1	Critical stock levels of the medications should be followed over automation system.	10			
8.2	The expiry dates of the medications and consumable material groups should be controlled periodically.	8			
8.3	The expiry dates of the medications sent to the units should be specified (except those having expiry dates on their packages.)	6			
9	The medications should be kept in the units under appropriate conditions.				
9.1.	The medication storage areas should have appropriate physical conditions.	6			
9.2.	There should be shelves and divisions for the medicines to be kept away from light.	4			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
9.3.	The humidity and temperature of the rooms used for keeping the medications should be controlled.	4			
10	There should be security measures in place for medicines to be given with green and red prescriptions in the services carrying out sedation procedures.				
10.1	The medicines subject to green and red prescriptions should be under lock.	4			
10.2	The handover records for the medicines subject to green and red prescription should be carried out with verification.	4			
11	In the rooms having more than one units, the units should be separated with folding screens in appropriate dimensions.	10			
12	There should be arrangements in place for patient and personnel security.				
12.1	There should be a team responsible from patient and personnel safety plan/program.	8			
12.2	There should be a procedure for preventing intermixing of antiseptic solutions and anesthetic solutions used in treatment tray during administration to patients.	10			
12.3	In all patient care and intervention areas with blood or body fluid dripping/splashing risk, there should be personal protective equipment (gown with humidity barrier, glove, face mask) available.	6			
12.4	An arrangement should be in place against sharp object injuries and the injuries occurred should be followed.	8			
13	Hand hygiene program should be implemented.				
13.1	Hand hygiene program should be prepared.	14			
13.2	There should be hand antiseptic solution available in the areas where healthcare service is being provided.	14			
13.3	There should be information material (signs with images, graphic, inscription, instruction etc.) describing hand hygiene implementation in the areas visible by the personnel.	10			
	PROSTHESIS LABORATORY SERVICES				
14	Laboratories must meet the conditions necessary for service provision.				
14.1	There should be impression reception and rejection criteria defined and implemented.	8			
14.2	The date and time of impressions (prosthesis impressions, apparatus, place holders, night plaque etc.) and the date and time of their admission to lab should be recorded.	8			
14.3	There should be an instruction in place for taking the impressions and transferring, delivering and admitting procedures for them.	6			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
14.4	There should be appropriate medical waste containers and plastic bags in labs.	4			
14.5	The dentures should be implanted to the patient within periods predefined by the institution.	6			
14.6	There should be written notifications on the procedures of applying the dentures.	6			
14.7	Devices in the laboratory should be maintained and calibrated.	6			
14.8	Maintenance and calibration records of the devices in laboratories which purchased service should be controlled by the institution in each period.	6			
14.9	There should be instructions for disinfection and sterilization and they should be implemented.	6			
14.10	There should be operation procedures regarding all processes of the labs.	6			
14.11	There should be laboratory security procedure in place.	6			
14.12	There should be acclimatization for preventing the acrylic dust to be inhaled and for removing it from the environment.	6			
IMAGING SERVICES					
15	The process for radiology results (panoramic, periapical etc.) should be defined.				
15.1	The test results should be submitted within periods predefined by the institution.	6			
15.2	The control, maintenance and calibrations of all imaging devices should be carried out according to a plan.	6			
15.3	Number of repeating imaging should be determined and corrective and preventive measures should be taken.	6			
16	Radiology unit should have the necessary conditions for service provision.				
16.1	The personnel working in radiology unit should be followed by means of dosimeters.	6			
16.2	The personnel working in radiology unit should wear lead vests.	8			
16.3	Lead vests in the radiology unit should have appropriate characteristics.	4			
16.4	Radiology unit should have TAEK (Turkish Atomic Energy Authority)	4			
16.5	Hematologic tests of the personnel working in areas under radiation control should be carried out at least once in a year.	6			
16.6	There should be radiation signs within and in the entries of controlled areas.	2			
OPERATION ROOM SERVICES					

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
17	Is OR meeting the conditions necessary for service provision?				
17.1	In OR, there should be procedures for the operation of all processes.	10			
17.2	IN ORs, the patient and personnel entries should be different.	6			
17.3	Walls, ceiling and grounds of OR should be made from antibacterial material convenient for disinfection and cleaning.	8			
17.4	In the sterile areas of OR and side volumes, the doors and windows should not be opened to the external environment. There must not be toilets in these areas.	8			
17.5	Sterile, semi-sterile and non-sterile areas should be defined.	6			
17.6	There should be ventilation systems such as hepafilter or similar, which can filter and retain the microorganisms so as to ensure the sterilization conditions in ORs.	10			
17.7	Plugs to which all devices in the OR are connected should be fed by (internal or external) UPSs for meeting the energy need in case of a power cut until the generators will work.	8			
17.8	UPSs should be maintained and controlled regularly.	8			
17.9	Medical wastes and garbage should be collected and stored separately in ORs.	4			
17.1C	Stock levels and expiry dated of all medicines and anesthetic agents used in OR should be followed over the automation system.	8			
17.11	Critical stock level should be determined for all consumable materials and their expiry dates should be followed.	8			
	THE CONTROL AND PROTECTION OF INFECTIONS	6			
18	There should be an arrangement including the all divisions of the center for controlling and preventing the infections.				
18.1	There should be an infection control and prevention plan including the all divisions of the center.	10			
18.2	Cleaning, sterilization and disinfection instructions prepared for the center should be approved by the infection control committee.	6			
18.3	There should be responsible persons for infection control and prevention program.	4			
18.4	It should be controlled that all areas in the center are cleaned regularly.	10			
18.5	There should be personal protective equipment and material (soap, disinfectant etc.) available for the personnel working in the places where they can need those.	8			
18.6	There should be a topic on the infection control and prevention within in-service training program.	6			
18.7	It should be controlled that all areas in the center are cleaned regularly.	6			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
18.8	There should be cleaning instructions for special areas in the center (OR, examination room etc.) and they should be implemented.	6			
INSTITUTIONAL SERVICE MANAGEMENT					
19	Center should have an assessment system for the opinions, suggestions and complaints of the patients and patient families.				
19.1	Patient rights unit must be in an easily noticeable and accessible place.	8			
19.2	There should be complaint boxes or similar implementations that will ensure the patients and patient families transmit their complaints and suggestions easily.	6			
19.3	The suggestions and complaints of the patients and patient families should be evaluated and ameliorations should be done.	6			
20	Evaluation meetings should be held for ameliorating the center management service provision processes.				
20.1	Center administration should hold evaluation meetings with all units in all periods for the purpose of amelioration of the service provision processes; meeting minutes and the ameliorations works undertaken should be recorded.	10			
21	Personnel should have identification badges.				
21.1	There should be personnel identification badges arranged by the center management in a standard design.	4			
21.2	Personnel should carry their identification badges in a clearly visible manner.	4			
22	Patient satisfaction surveys should be carried out in compliance with due procedures.	10			
23	There should be information (interest areas) about dentists on the website of the center.	6			
24	The committees, boards and other units specified by the legislation should work effectively. (Infection Control Committee, Performance and Quality Unit etc.)				
24.1	There should be approvals indicating that the boards or units had been formed.	2			
24.2	Center administration should specify in written the working procedures and principles for such units or boards.	6			
24.3	There should be meeting minutes displaying the works of boards, committees or units that should exist according to the existing legislation and the quality of the center.	6			
25	The center should have a system for evaluating the opinions and suggestions of its employees.				
25.1	There should be a system (wish boxes, mail address etc.) that will ensure the personnel transmit their wishes and suggestions to the	8			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
	hospital administration.				
25.2	There should be periodic reports evaluating the opinions and suggestions.	8			
25.3	There should be records on the works planned according to the reports.	4			
25.4	Personnel satisfaction surveys should be carried out according to the due procedure.	10			
26	In-service trainings should be given for contributing to the professional and personal development of the personnel.				
26.1	There should be a personnel information system including the education level (high school, pre-graduate, graduate, post-graduate etc.), in-service training certificates, foreign language and other qualifications.	8			
26.2	Personnel trainings should be planned and the organized trainings should be recorded.	6			
26.3	An orientation guide including the compliance training topics should be prepared.	10			
26.4	Compliance trainings should be given for each group started to work.	6			
26.5	Targets should be set at institutional and unit level, and the employees should be informed accordingly.	10			
26.6	There should be hoardings and information board(s) clearly visible by personnel.	6			
27	The toilets should be adequately clean.				
27.1	Toilets should be maintained always clean.	10			
27.2	There should be liquid soap, toilet paper, garbage bin with plastic bag etc. in the toilets.	10			
CENTER INFORMATION SYSTEM					
28	Center information system should realize the procedures for patient registration, polyclinic, cashier's desk, pharmacy, storehouse, laboratory and billing in an integrated way.	4			
29	Center Information System should carry out the procedures of information management, statistic and reporting.				
29.1	There should be statistical reporting for examination and invasive procedures.	8			
30	Data processing support services should be uninterrupted (24 hours).				
30.1	.Centre information system and support services should be provided without interruption. To this end, the telephone numbers of technical support personnel, who are accessible for 24 hours, should be known by the team on-duty outside the working hours.	4			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
31	Stock, purchase and fixture operations should be recorded to the information system actively. (MRMS/Material Resources Management System) (Turkish abb. MKYS)				
31.1	The entry and exit procedures for movables should be recorded to MRMS on time.	4			
32	Revolving fund, accountancy and finance procedure records should be kept regularly and on time. (UAS/Unified Accounting System) (Turkish abb. TDMS)				
32.1	The financial situation of the hospital should be followed and the financial analyses should be carried out over the system.	6			
32.2	Center financial situation evaluation meeting should be held.	6			
33	There should e a read-only and separate database or table which keeps the record of the users logged in the system, their operations, modifications in system settings, system messages and errors in the center automation system; the system should be accessible only when logged in with administrator authorities.	6			
34	There should be an authorization system in the center management system which ensures the data be accessible only by those who are supposed to access them; thus the private information about hospitals should be secured against unauthorized access.				
34.1	The software should render the records of the services provided to the patient and the procedures carried out accessible only to pre-determined authorization levels.	4			
35	Personnel procedures should be carried out actively on the appropriate database. (HRMS/Human Resources Management System) (Turkish abb. İKYS)				
35.1	Date regarding personnel procedures should be entered into HRMS on time and the information on the system should be up-to-date.	4			
36	In FM provinces, the appointment system should be used effectively (on-line appointment system)				
36.1	In FM provinces, there should be arrangement allowing taking appointment over the center information system.	8			
37	In FM provinces, there should be a feedback procedure over the appointment system.				
37.1	In FM provinces, there should be an arrangement for transmitting necessary information to the family physicians over the information system of the center in question.	6			
38	The data in the center information system should be every day backed-up in a non-server environment regularly.	4			
39	Hospital information forms should be filled in regularly every 8 month.	8			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
40	Data regarding performance management should be transferred regularly to the web based systems.	10			
PATIENT RECORDS AND FILES					
41	The institution should have an arrangement controlling that the patient files are being filled in duly.				
41.1	While admitting a patient, his/her current status of oral and dental health should be determined and recorded.	10			
41.2	Intervention to the patient, local operation, treatment reports and operation reports, if any, should be recorded by the physician in the same day.	10			
41.2	Following the treatment, information forms should be prepared regarding the reason for patient application, important findings, diagnosis, given treatments, administered medications, nutrition, medications to be used, telephone numbers to call in emergency and other issues to consider.	10			
ARCHIVE					
42	Archive department should meet the legislative conditions for service provision.				
42.1	It should meet the protection obligation set forth by the regulation issued on state archive services.	4			
42.2	The admission procedures and supposed content of the file should be specified in written.	6			
42.3	There should be file storage and destruction procedures and principles defined in written.	4			
42.4	Standard file plan should be implemented in filing procedures.	6			
42.5	There should be instructions about measures to be taken in cases of fire, flood etc.	4			
FACILITY MANAGEMENT AND SECURITY					
43	There should be environment arrangement around the center campus.				
43.1	There should be banks for sitting in the center campus.	4			
43.2	Necessary arrangements should be done for vehicle traffic (park, entry and exit etc.)	4			
43.3	There should be environmental cleaning instructions in place.	4			
44	Center should have facility security plan and the responsible persons should be specified.				
44.1	Fire exit signs should be placed in appropriate places in the center in a visible manner.	4			
44.2	Access to fire exits should be easy and without any obstacles.	4			
44.3	Access to fire extinguishers should be easy and they should be	4			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
	controlled regularly.				
44.4	Regular fire exercises should be held and there should be visual records taken.	10			
44.5	Center should draft an action plan for the cases of emergency, and natural and other disasters within the framework of related legislation and arrangements.	6			
44.6	There should be a generator to meet the electricity need of the center except electricity network.	8			
44.7	The elevators should be maintained regularly within a maintenance plan.	6			
45	There should be necessary arrangements for waste management.				
45.1	There should be waste depot.	4			
45.2	Waste storage should be cleaned periodically.	4			
45.3	Wastes should be collected, carried and stored after parsing at the origin (blue, black, red garbage bags, needle waste boxes etc.)	4			
46	There should be center building visits.				
46.1	Responsible persons should be specified for building tours/visits.	4			
46.2	There should be arrangements in place for building visit procedures.	4			
46.3	Center management should visit buildings for auditing the operation of the center.	4			
46.4	An activity plan should be prepared for eliminating the problems determined during the building visits (maintenance, repair etc.)	8			
46.5	The ventilation system of the center should be maintained and repaired regularly.	4			
46.6	General cleanness of all units in the center should be controlled.	4			
47	There should be arrangements in place for the hazardous materials (chemicals, dusts, radioactive materials and wastes, amalgam, film bath solutions, medical and contagious wastes).				
47.1	There should be instructions for the use and control of hazardous materials.	6			
47.2	There should be instructions for storing and transferring the hazardous materials.	6			
47.3	There should be inventory for hazardous materials and wastes.	4			
48	There should be necessary arrangements for meeting the water needs of the center without using the water network.				
48.1	The center should have water reservoir.	10			
48.2	Water reservoirs should be maintained regularly.	6			

No	ANNEX-7 ODHC SERVICE QUALITY STANDARDS	Point	Yes	No	N/A
48.3	Water sample controls should be carried out regularly.	6			
49	Center management should control the records indicating that the services they bought from external sources had been inspected according to the current legislation (cleaning, security, catering, laboratory etc.)				
49.1	"Center Cleanliness Committee" should be set up and inspect the cleanup services.	6			
49.2	Center administration should set up an inspection system for the services they buy from external sources.	10			
STORAGES					
50	There should be necessary arrangements in place for main and interval storages.				
50.1	There should be inventory for the materials and devices in the storage places.	4			
50.2	There should be placement plan for the materials in the storages (materials should be checked for being placed according to the plan.)	4			
50.3	The placement plan for the medications and materials entering into the storages should be in accordance with "first-in first-out" principle.	4			
50.4	Critical stock levels of the materials in the warehouses should be followed over automation system.	10			
50.5	There should be an arrangement for following and timely procurement of the materials under stock warning level.	4			
50.6	The medications and materials should be kept under conditions specified in usage instructions (heat, humidity, light etc.)	8			
50.7	The materials in the storages should be stacked appropriately.	8			
50.8	The periodic controls of the expiry dates of the medications and consumable material groups should have been done.	6			
KITCHEN					
51	There should be arrangement in place for the kitchen.				
51.1	The places for preparing and washing the meals should be separate in the kitchen, and the heat, light and humidity controls should be made for foodstuff warehouses.	6			
51.2	The personnel working in kitchen should use mask, gloves and caps.	6			
51.3	The floor and walls of the kitchen should be suitable to washing and disinfecting under hygienic conditions.	6			

ANNEX 8
ODHC EFFICIENCY INDICATORS

Name of the Indicator	Total Expenditures /Total Income Ratio																																																						
Objective	To measure the financial efficiency of the hospital and to measure the magnitude of the total expenditures of hospital within the total incomes of hospital, thus to determine the income-expenditures balance.																																																						
Institutional Value	The value calculated in the related period as: Total Expenditures / Total Income.																																																						
Type of indicator	Financial																																																						
Numerator	<p>Total Expenditures <i>On Uniform Accounting System, enter to page "Bütçe Gider Tablosu" (Budget Expenditures Table) with your hospital's password and select the date range of the related period (for 1st Period: 01 January-30 April, for 2nd Period 01 May-31 August, for 3rd Period 01 September-31 December.)</i> <i>In this part, "DEPRECIATION" shall be subtracted from the sum of the accounts with codes 25-26-656-681-740 and 770 the "Total Expenditures" will be found.</i></p>																																																						
Denominator	<p>Total Income <i>On Uniform Accounting System, enter to page "Mizan" with your hospital's password and select the date range of the related period (for 1st Period: 01 January-30 April, for 2nd Period 01 May-31 August, for 3rd Period 01 September-31 December.)</i> <i>In this part, the accounts with code range 600-680 will be summed up and the amount of "Total Income" will be found.</i></p>																																																						
Acceptable value	<p>The calculations will be carried out according to the "ACCEPTABLE VALUES" in the following table.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">CODE</th> <th style="width: 70%;">CLASS</th> <th style="width: 20%;">Acceptable Value</th> </tr> </thead> <tbody> <tr><td>E1</td><td>Training Hospital, General</td><td>0,85</td></tr> <tr><td>E2.1</td><td>Training Hospital, cardiology, cardiovascular surgery</td><td>0,80</td></tr> <tr><td>E2.2</td><td>Training Hospital, rendering service in breast and breast surgery</td><td>0,90</td></tr> <tr><td>E3</td><td>Training Hospital, rendering service in gynecology and pediatric</td><td>0,85</td></tr> <tr><td>E4</td><td>Training Hospital, rendering service in bone diseases, physiotherapy and rehabilitation</td><td>0,90</td></tr> <tr><td>E5</td><td>Training Hospital, rendering service in psychiatry</td><td>0,90</td></tr> <tr><td>E6</td><td>Training Hospital, rendering service in eye diseases</td><td>0,85</td></tr> <tr><td>E7</td><td>Training Hospital, rendering service in oncology</td><td>0,90</td></tr> <tr><td>E8</td><td>Training Hospital, other</td><td>0,90</td></tr> <tr><td>H3</td><td>Inpatient Institutions, #of beds 50-99</td><td>0,90</td></tr> <tr><td>H4</td><td>Inpatient Institutions, #of beds 100-499</td><td>0,90</td></tr> <tr><td>H5</td><td>Inpatient Institutions, #of beds 500 and above</td><td>0,85</td></tr> <tr><td>H6</td><td>Inpatient Institutions, rendering service in gynecology and pediatric</td><td>0,85</td></tr> <tr><td>H7</td><td>Inpatient Institutions, rendering service in bone diseases and physiotherapy and rehabilitation</td><td>0,90</td></tr> <tr><td>H8.1</td><td>Inpatient Institutions, cardiology, cardiovascular surgery</td><td>0,85</td></tr> <tr><td>H8.2</td><td>Inpatient Institutions, rendering service in breast and breast surgery</td><td>0,90</td></tr> <tr><td>H9</td><td>Inpatient Institutions, rendering service in psychiatry</td><td>0,90</td></tr> </tbody> </table>	CODE	CLASS	Acceptable Value	E1	Training Hospital, General	0,85	E2.1	Training Hospital, cardiology, cardiovascular surgery	0,80	E2.2	Training Hospital, rendering service in breast and breast surgery	0,90	E3	Training Hospital, rendering service in gynecology and pediatric	0,85	E4	Training Hospital, rendering service in bone diseases, physiotherapy and rehabilitation	0,90	E5	Training Hospital, rendering service in psychiatry	0,90	E6	Training Hospital, rendering service in eye diseases	0,85	E7	Training Hospital, rendering service in oncology	0,90	E8	Training Hospital, other	0,90	H3	Inpatient Institutions, #of beds 50-99	0,90	H4	Inpatient Institutions, #of beds 100-499	0,90	H5	Inpatient Institutions, #of beds 500 and above	0,85	H6	Inpatient Institutions, rendering service in gynecology and pediatric	0,85	H7	Inpatient Institutions, rendering service in bone diseases and physiotherapy and rehabilitation	0,90	H8.1	Inpatient Institutions, cardiology, cardiovascular surgery	0,85	H8.2	Inpatient Institutions, rendering service in breast and breast surgery	0,90	H9	Inpatient Institutions, rendering service in psychiatry	0,90
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Calculation of the point	Institutional Value / Acceptable Value																																																						
Explanation	If the point is greater than 1, it is accepted 1.																																																						

INSTITUTIONAL PERFORMANCE AND QUALITY APPLICATIONS IN HEALTHCARE

	<p>Related period: The period for which the calculation had been carried out. It is calculated in the institutions having in-patients in the related period Emergency Aid and Traumatology, Oncology etc. Hospitals shall be evaluated according to the number of beds they have. The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, Institutions with “0-49” beds.</p>
<p>Period of Data</p>	<p>Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).</p>

Name of the Indicator	Total Debt/Total Income Ratio																																																									
Objective	To determine whether the hospital has a financially sustainable financial structure.																																																									
Institutional Value	The value calculated in the related period as: Total Debt / Total Income.																																																									
Type of indicator	Financial																																																									
Numerator	Total Debt <i>On Uniform Accounting System, enter to page “Mizan” with your hospital’s password and select the date range of the related period (for 1st Period: 01 January-30 April, for 2nd Period 01 May-31 August, for 3rd Period 01 September-31 December.)</i> <i>In this part, the accounts with code 300 will be summed up and the amount of “Total Debt” will be found.</i>																																																									
Denominator	Total Income <i>On Uniform Accounting System, enter to page “Mizan” with your hospital’s password and select the date range of the related period (for 1st Period: 01 January-30 April, for 2nd Period 01 May-31 August, for 3rd Period 01 September-31 December.)</i> <i>In this part, the accounts with code range 600-680 will be summed up and the amount of “Total Income” will be found.</i>																																																									
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Calculation of the point	Institutional Value / Acceptable Value																																																									
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. Emergency Aid and Traumatology, Oncology etc. Hospitals shall be evaluated according to																																																									

INSTITUTIONAL PERFORMANCE AND QUALITY APPLICATIONS IN HEALTHCARE

	<p>the number of beds they have.</p> <p>The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, institutions with “0-49” beds.</p>
Period of Data	<p>Period: January, February, March and April,</p> <p>Period: May, June, July and August,</p> <p>Period: September, October, November and December.</p> <p>Calculations are done in the last month of each period (three times in a year).</p>

Name of the Indicator	Personnel Expenditures Support Ratio
Objective	To measure the magnitude of the personnel expenditures within the total incomes of hospital, and to determine the magnitude of the personnel expenditures spent from General Budget within income-expenditures balance.
Institutional Value	The value calculated in the related period as: General Budget Personnel Expenditures / Accrual.
Type of indicator	Financial
Numerator	General Budget Personnel Expenditures (GBPE) Sum of the Personnel Expenditures spent from General Budget in the related period to those who had been employed according to Law No. 657 (including 4A) and Law No. 4924. Examples of such personnel expenditures are: Gross Wage Duty Pays Travel per diem Treatment and Funeral Expenditures,
Denominator	ACCRUAL (A) <i>Total bills made out for the healthcare services provided in the related period.</i>
Acceptable value	95% of the Personnel Expenditures Support Ratio of the previous period.
Calculation of the point	Acceptable Value / Institutional Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. Previous period: The last period before the related period. The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, institutions with "0-49" beds.
Period of Data	Period: January, February, March and April, Period: May, June, July and August, Period: September, October, November and December. Calculations are done in the last month of each period (three times in a year).

Name of the Indicator	Point for Data Entry into New Performance Follow-Up System
Objective	Database aiming at collecting the data which shall ensure the follow-up and analyses of the supplementary payments to be made to the healthcare personnel working in the institutions.
Institutional Value	The value calculated in the related period. While calculating the institutional performance coefficient at the end of each period, if the data belonging to the previous months of that year had been entered correctly into the new performance follow-up system, the point will be "1", otherwise, it will be "0".
Type of indicator	Activity
Numerator	Acceptable Value
Denominator	Institutional Value
Acceptable value	1
Calculation of the point	Acceptable Value/ Institutional Value
Explanation	If the point is greater than 1, it is accepted 1. Related period: The period for which the calculation had been carried out. Previous period: The last period before the related period. The following institutions are out of the scope of assessment: Occupational Diseases, Skin, Venereal and Leprosy hospitals, institutions with "0-49" beds.
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ANNEX 9
PERSONNEL SATISFACTION SURVEYS and IMPLEMENTATION
PRINCIPLES and PROCEDURES

INTRODUCTION

The biggest share among the sources of the hospitals, certainly, belongs to the employees that constitute the workforce. The employees' attitudes, behaviors, interactions within the institution, and working practices in total determine the performance of the institution. Performance measurement has a very important function for each institution. To tackle the employee satisfaction at institutional level has a direct proportion with the importance attributed to the expectation for realizing the institutional targets. For, actually, the institutional successes are directly related to the personnel management, and thereby, to the satisfaction of the employees.

Institutions, to provide better service to patients, should provide better service provision conditions to their employees. Patients also prefer to be provided with service by better motivated or rewarded personnel. Therefore, the institutions which set a target for ensuring patient satisfaction at an institutional level should not neglect this aspect.

Despite that the understanding that the perceptions of service providers and service receivers are one of the determinant components in measuring the performances of the hospitals is a relatively new implementation in our country, it is very important for a successful hospital to hold both components at an optimum level.

Hospitals, as organizations including nearly 20 professional groups in their structure, must be the institutions attaching a great importance to employee satisfaction. The survey should aim at accessing each personnel (except managers) employed by the institution, i.e. health personnel, technical personnel and administrative personnel groups.

Personnel to be surveyed

Personnel satisfaction surveys shall be implemented to all hospital personnel that had been employed according to the following legislation: Civil Servants Law No. 557, Law on Employing Contracted Health Personnel in Places Having Difficulties in Obtaining Personnel, and Annex 3rd Article of Decree on Organization and Tasks of the Ministry of Health. While determining the number of the persons to be surveyed, the personnel on leave shall not be considered. In the same way, this survey shall be implemented to all personnel in Oral and Dental Health Centers.

Implementation Principles:

There should be an arrangement in place so as to ensure the participation of all personnel. Accordingly, the Hospital Performance and Quality Unit should transmit the surveys to all personnel. There is no need for hiring surveyors. In practice, the options of the survey questions shall not have points.

The number of personnel to be surveyed should not include the chief physician, assistant chief physicians, hospital manager and assistants, chief nurse and her assistants.

The method for implementing the surveys should be that the personnel shall fill in the surveys by themselves.

The persons responsible from survey implementation should write a detailed survey report about the process of implementation.

The points obtained from the surveys implemented to the hospital personnel should be summed up and divided to the total number of persons surveyed.

THE REPUBLIC OF TURKEY

THE MINISTRY OF HEALTH

**DIRECTORATE OF PERFORMANCE MANAGEMENT AND QUALITY
DEVELOPMENT DEPARTMENT**

THE PERSONNEL SATISFACTION QUESTIONNAIRE

Dear Colleague,

It is crucially important that you respond the following questions in order to guide the forthcoming works of our hospital that aims to provide you high quality service. Thank you in advance for your interest and help. Get well soon.

Head physician

Implementation Date of Survey:

...../...../.....

WORKING HOURS AND INSTITUTIONAL SERVICES

1. Are you working longer than the weekly working hours?
 5. Yes (...)
 6. No (...)
2. If "Yes" Why?
 7. Insufficient number of personnel (...)
 8. For getting on-duty payment (...)
 9. For allocating more time to patients (...)
 10. For benefiting more from supplementary payment (...)
 11. Because working hours are not arranged well (...)
3. Do you think that the human resources are used effectively in your hospital?
 4. Yes, absolutely (...)
 5. Yes, to some extent (...)

- 6. No (...)
- 4. Is there kindergarten or crèche in your hospital for the employees having children?
 - 12. Yes (...)
 - 13. No (...)
 - 14. No need to crèche (...)

ASSESSMENT (PERFORMANCE ASSESSMENT)

- 5. Are there rewarding mechanisms implemented actively by the hospital management (such as letters of appreciation, supplementary payment or additional point etc.)
 - 1. Yes, absolutely.....
 - 2. Yes, to some extent.....
 - 3. No.....
- 6. In last six months, was an in-service training for the field given for you?
 - 15. Yes (...)
 - 16. No (...)

OCCUPATIONAL HEALTH AND SAFETY

- 7. In your unit, in last six months, was any training given for you on the topics of patient and personnel safety (recording the patient registration and identity information, giving the correct treatment to the patient, preventing the fall and injuries of patients, preventing the hospital infections, privacy etc.)?
 - 1. Yes, absolutely (...)
 - 2. Yes, to some extent (...)
 - 3. No (...)
- 8. Did you receive the adequate training on reporting the situations violating the patient and personnel safety?
 - 1. Yes, absolutely (...)
 - 2. Yes, to some extent (...)
 - 3. No (...)

9. In your unit, is there a technical infrastructure for preventing injuries/work accidents?
1. Yes, absolutely (...)
 2. Yes, to some extent (...)
 3. No (...)
10. Is the hospital management undertaking sufficient corrective and preventive activities about the patient safety?
1. Yes, absolutely (...)
 2. Yes, to some extent (...)
 3. No (...)
11. What kind of an approach has the hospital management for reporting the problems related to patient and personnel safety?
1. For solving the problem, solutions are produced in cooperation with the related personnel and the necessary measures are taken (...)
 2. For solving the problem, solutions are produced in cooperation with the related personnel and the necessary measures are taken; however, not adequately. (...)
 3. Problems are ignored (...)

OCCUPATION, WORKING SPACE AND SECURITY

12. In your unit, do you have a clear and limited description of task in written?
17. Yes (...)
 18. No (...)
 19. I don't know (...)
13. Are your opinions taken about the arrangements related to working space and working conditions?
1. Yes, they are (...)
 2. Yes, to some extent (...)
 3. No, they aren't (...)
14. Is your working space arranged in consideration of your physical health (ergonomically)?
1. Yes, sufficiently (...)

2. Yes, partially (...)
3. There is no appropriate arrangement (...)

15. Had you been attacked physically in last six months?

1. Yes, I had (...)
2. No, I hadn't (...)

16. Are there sufficient security measures in place in your unit?

1. Yes, there are (...)
2. Yes, but insufficient (...)
3. No there aren't (...)

MANAGEMENT AND RELATIONS WITH MANAGEMENT

17. Are you finding facilities for transmitting your problems to the hospital managers?

1. Yes, always (...)
2. Yes, sometimes (...)
3. No (...)

18. Is the hospital management dealing with your problems in workplace?

1. Yes, always (...)
2. Yes, sometimes (...)
3. No (...)

19. Is the hospital management informing you of the vision and quality targets of the institution?

1. Yes (...)
2. Partially (...)
3. No (...)

20. Are your suggestions about the operation of your unit taken into account?

1. Yes, completely (...)
2. Yes, partially (...)

3. No (...)

INSTITUTIONAL BELONGING

21. Are you sometimes considering quitting your job in this institution?

1. Yes, often (...)
2. Yes, sometimes (...)
3. No (...)

22. If there were such an opportunity, would you desire to work in another hospital?

1. Yes, absolutely (...)
2. Yes, partially (...)
3. No, I wouldn't (...)

OTHER ISSUES

29. Your gender:

52. Female (...)
53. Male (...)

30. Your age:

54. 17 – 20
55. 21 – 25
56. 26 – 30
57. 31 – 35
58. 36 – 40
59. 41 – 45
60. 46 – 50
61. 50 +

31. Your title:

62. Specialist Physician (...)
63. General Practitioner (...)
64. Dentist (...)
65. Nurse (...)

- 66. Midwife (...)
- 67. Health Officer (...)
- 68. Administrative Officer (...)
- 69. Technical Personnel (...)
- 70. Other (please specify)

32. Totally how long have you been working in this institution?

- 71. Less than 1 year (...)
- 72. 1 – 2 year(s) (...)
- 73. 3 – 5 years (...)
- 74. 6 – 10 years (...)
- 75. 11 -15 years (...)
- 76. More than 15 years (...)

ASSESSMENT

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