Oncology Services Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection:_____/_____/_____

Ref.	Description	Yes	No	N/A	Remarks
6	**STANDARD TWO: HEALTH FACILITY REQUIREMENTS**				
6.2.	A comprehensive Oncology service shall consist of the following:				
	(Note: If the applicant provides a single oncology service, then only the relevant requirements should be considered).				
6.2.1.	Reception and Waiting Areas				
6.2.2.	Consultation and Examination Rooms				
6.2.3.	Diagnostic Imaging Services				
6.2.4.	Radiotherapy Services				
6.2.5.	Mould room.				
6.2.6.	Treatment planning room.				
6.2.7.	Chemotherapy Services				
6.2.8.	Surgical care				
6.2.9.	Intensive Care Unit (ICU)				
6.2.10.	Palliative care				
6.2.11.	Acute hematology service				
6.2.12.	Bone marrow transplant				
6.2.13.	Pediatric oncology hematology service				
6.2.14.	Nuclear medicine				
6.2.15.	Interventional radiology				
6.2.16.	Oncology pharmacy with aseptic chemotherapy preparation area.				

6.2.17.	Histopathology				
6.2.18.	Fertility preservation service				
6.2.19.	Inpatient rooms				
6.2.20.	Outpatient holding area				
6.2.21.	Clinical Laboratory and Blood services				
6.2.22.	Support areas for Oncology care				
6.2.23.	Staff areas including staff station, staff change areas, etc.				
6.2.24.	Meeting room where the multidisciplinary team gets together to discuss cases.				
6.3.	The health facility should install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.				
6.4.	The health facility shall ensure easy access to the health facility and treatment areas for all patient groups.				
6.5.	The health facility design shall provide assurance of patients and staff safety.				
6.7.	The health facility should develop the following policies and procedure; but not limited to:				
6.7.1.	Patient acceptance criteria				
6.7.2.	Patient assessment and admission				
6.7.3.	Patient education and Informed consent				
6.7.4.	Patient health record				
6.7.5.	Infection control measures and hazardous waste management				
6.7.6.	Incident reporting				
6.7.7.	Patient privacy				
6.7.8.	Medication management				
6.7.9.	Emergency action plan				
6.7.10.	Patient discharge/transfer.				

6.8.	The health facility shall provide documented evidence of the following:				
6.8.1.	Appropriate storage and preparation of chemotherapy, targeted therapy and immunotherapy medicine.				
6.8.2.	Transfer of critical/complicated cases when required				
6.8.3.	Patient discharge				
6.8.4.	Clinical laboratory services				
6.8.5.	Equipment maintenance services				
6.8.6.	Multidisciplinary decision making and management of patients				
6.8.7.	Laundry services				
6.8.8.	Medical waste management as per Dubai Municipality (DM) requirements				
6.8.9.	Housekeeping services.				
6.9.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).				
6.10.	The health facility shall have in place a written plan for monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.				
6.11.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
7	**STANDARD THREE: HEALTHCARE PROFESSIONALS REQUIREMENTS**				
7.27.11.	There shall be a documented Quality Assurance Program (QAP) to ensure quality patient care through objective and systematic monitoring, evaluation, identification of problems and action to improve the level and appropriateness of care. The QAP shall include:				

a.	Documented policies and procedures related to the safety while conducting all patient care activities.				
b.	Documented regular biannual reviews of the policies and procedures.				
8	**STANDARD FOUR: DIAGNOSTIC IMAGING REQUIREMENTS:**				
8.1.	The diagnostic imaging services may include the following:				
8.1.1.	Conventional Radiography (X ray unit)				
8.1.2.	Ultrasound				
8.1.3.	MRI				
8.1.4.	Digital Mammography				
8.1.5.	Sonography				
8.1.6.	CT: PET CT imaging and SPECT/CT				
8.1.7.	For detailed information, please refer to Diagnostic Imaging Services Regulation on the DHA website www.dha.gov.ae.				
8.1.8.	Diagnostic imaging services must comply with the FANR laws and regulations regarding the use of ionizing radiation and radioactive materials. For further information regarding FANR, law and regulations please visit FANR website www.fanr.gov.ae.				
9	**STANDARD FIVE: RADIATION REQUIREMENTS**				
9.3.	The radiation unit may have an inpatient facility for frail patients, patients travelling long distances and the occasional patient who has severe reactions to any of the treatments administered in the facility (a bed for every 10 patients).				
9.4.	The radiation therapy unit shall:				
9.4.1.	Be located on the ground floor or lower floors of the oncology center to accommodate the weight of the equipment and ease of installation and replacement.				

9.4.2.	Ensure properly designed rigid support structures located above the finished ceiling for ceiling mounted equipment.				
9.4.3.	Provide equipment and infrastructure for treatment of patients using radioactive rays.				
9.5.	The radiotherapy unit should include the following functional areas, but not limited to:				
9.5.1.	CT Simulation room with an adjacent control area and changing room				
9.5.2.	Treatment planning room for physicist/ dosimetrists				
9.5.3.	Film processing and storage area.				
9.5.4.	Physics laboratory/ Dosimetry equipment area (if thermoluminescent dosimetry (TLD) and film dosimetry are available, an area shall be designed for these activities)				
9.5.5.	Film processing room, storage areas				
9.5.6.	Radiotherapy Room/ Bunkers to house the equipment to deliver treatment with an adjacent computer control area and changing rooms				
9.5.7.	Holding area/ Recovery area				
9.5.8.	Hypothermia room				
9.5.9.	Mould room (optional)				
9.5.10.	Exam Room				
9.6.	If intra-operative therapy is proposed, the radiation oncology unit shall be only hospital based and located close to the operating unit or with a direct link.				
9.7.	Areas requiring specific protection measures (controlled areas) include:				
9.7.1.	Irradiation rooms for external beam				
9.7.2.	Therapy and remote afterloading brachytherapy				
9.7.3.	Brachytherapy rooms				
9.7.4.	Simulator room				
9.7.5.	Radioactive source storage and handling areas				

9.8.	These areas shall maintain define controlled areas by physical boundaries such as walls or other physical barriers marked or identified with 'radiation area' signs.				
9.9.	The area of the control panel shall be considered as a controlled area, to prevent accidental exposure of patients by restriction of access to non-related persons, and distraction to the operator of a radiotherapy machine.				
10	**STANDARD SIX: CHEMOTHERAPY REQUIREMNETS**				
10.1.	The chemotherapy unit can be:				
10.1.1.	A part of a hospital				
10.1.2.	A satellite unit- on a hospital campus; but not in the hospital.				
10.1.3.	Integrated Cancer Care – a part of an oncology center that provides diagnostic services, radiation therapy and/ or surgical facility.				
10.1.4.	Freestanding unit - In case a chemotherapy unit is a freestanding facility it shall:				
a.	Maintain a contract with the closest hospital with inpatient services to manage emergencies or complications.				
b.	Provide an in-house ambulance service.				
10.2.	The chemotherapy unit shall be designed to provide designated, discreet and easy access for patients who may arrive by public transport or vehicles, with families and children or those who arrive on a wheel chair, ambulance stretcher or patient trolley.				
10.3.	Chemotherapy can be provided in an outpatient service except in the case of acute leukemia patients where the patients shall be treated in a multispecialty health facility with inpatient, outpatient & ICU services.				

10.4.	The chemotherapy unit can have inpatient services only with an Internal Medicine Consultant /Specialist present at the facility at all times and provide a minimum of 5- 6 inpatient beds.				
10.5.	The Chemotherapy Unit shall have the following functional areas:				
10.5.1.	Reception/ Waiting area				
10.5.2.	Consultation room				
10.5.3.	Sterile preparation room/ Buffer area				
10.5.4.	Anteroom/ pharmacy				
10.5.5.	Aseptic chemotherapy preparation area.				
10.5.6.	Patient treatment areas/ procedure room with treatment chairs or beds				
10.5.7.	Isolation room(s)				
10.5.8.	Clean utility/ Dirty utility				
10.5.9.	Medication preparation room with a 100% exhaust Class II B2 safety cabinet				
10.5.10.	Staff areas				
10.5.11.	Support areas				
10.5.12.	Storage areas for clinical, non-clinical and bulk items storage e.g. fluids, equipment including infusion/syringe pump storage.				
10.5.13.	Waste Disposal Room				
10.6.	Patient treatment areas shall consist of treatment bays to provide chemotherapy to patients.				
10.7.	Patient privacy shall be considered in the design.				
10.8.	Special consideration given to patients with special needs.				
10.9.	Nurse call and emergency call facilities shall be provided in all patient areas (e.g. bed/chair spaces, toilets etc.) and clinical areas in order for patients and staff to request for urgent assistance. The alert to staff members shall be done in a discreet manner.				

10.10.	Provision of duress alarm system shall be provided for the safety of staff members who may at times face threats imposed by clients / visitors. Call buttons shall be placed at all reception /staff station areas and consultation / treatment areas where a staff may have to spend time with a client in isolation or alone. The combination of fixed and mobile duress units shall be considered as part of the safety review during planning for the unit.				
10.11.	Inclusion of medical gases (oxygen and suction) units of one (1) per two (2) chairs shall be provided.				
10.12.	Hand washing facilities with liquid soap dispenser, disposable paper towels and personal protection equipment (PPE) shall be readily available for staff within the unit.				
10.13.	The chemotherapy unit shall maintain an easily accessible chemotherapy work flowchart for high quality and standardised care.				
10.14.	The chemotherapy unit shall maintain a crash cart to deal with emergencies.				
10.22.	Special written protocol shall be maintained for:				
10.22.1.	Management of an incident in case a patient/family member is contaminated with a cytotoxic agent.				
10.22.2.	Management of cytotoxic spill in or outside the BSC.				
10.22.3.	Safe transportation of cytotoxic agents.				
10.23.	All chemotherapy protocols and deliveries must be audited by oncologists and oncology pharmacists. A flag system should be in place for excessive use of chemotherapy in the last 2 week before death.				
12	**STANDARD EIGHT: PEDIATRIC ONCOLOGY**				
12.1.	The pediatric facility shall:				
12.1.1.	Be a part of a multidisciplinary hospital.				
12.1.2.	Have accessible and fully staffed, onsite pediatric intensive care unit (PICU).				

12.1.3.	Have access to an up-to-dated diagnostic imaging facilities to perform radiography, computed tomography, magnetic resonance imaging, ultrasonography, radionuclide imaging, and angiography; positron-emission tomography (PET CT) scanning and other emerging technologies are desirable.				
12.1.4.	Have an up-to-date radiation-therapy equipment with facilities for treating pediatric patients shall be available.				
12.1.5.	Have an access to hematopathology laboratory capable of performing cell-phenotype analysis using flow cytometry, immunohistochemistry, molecular diagnosis, and cytogenetic and access to blast colony assays and polymerase chain reaction-based methodology shall be available.				
12.1.6.	Have access to haemodialysis and/or hemofiltration and apheresis for collection and storage of hematopoietic progenitor cells.				
12.1.7.	Have a clinical chemistry laboratory with the capability to monitor antibiotic and antineoplastic drug levels.				
12.1.8.	Have an access to blood bank capable of providing a full range of products including irradiated, cytomegalovirus negative, and leuco-depleted blood components.				
12.1.10.	Have the capability of providing sufficient isolation of patients from airborne pathogens, which can include high-efficiency particulate air (HEPA) filtration, or laminar flow and positive/negative pressure rooms.				
13	**STANDARD NINE: PATEINT CARE**				
13.2.	Palliative care:				
13.2.2.	Palliative care must be available in all cancer centers.				

13.2.3.	Palliative care services shall be available to patients either on-site or by referral.				
13.3.	Psychological support.				
13.4.	Psychosocial Services:				
13.4.3.	A policy or procedure is in place to ensure patient access to psychosocial services.				
13.5.	Rehabilitation Services:				
13.5.3.	A policy or procedure is followed to access rehabilitation services.				
13.6.	Nutrition Services				
13.6.3.	A policy or procedure in place to access nutrition services.				
13.7.	Critical Care Services:				
13.7.1.	Every freestanding oncology center must have a contract/ agreement with a hospital with an Intensive Care Unit (ICU), which must be accessible (less than 10 minutes response time) to receive patients in case of emergency.				
13.8.	Emergency Services				
13.8.3.	The ambulance shall maintain the following, but not limited to:				
a.	Sets of instruments, which shall include suturing set, dressing set, foreign body removal set or minor set and cut down set.				
b.	Disposable supplies which shall include suction tubes (all sizes), tracheostomy tube (all sizes), intravenous cannula (different sizes), IV sets, syringes (different sizes), dressings (gauze, sofratulle, etc.), crepe bandages (all sizes), splints (Thomas splints, cervical collars, finger splints).				
c.	Portable vital signs monitor (ECG, Pulse-Oximetry, Temperature, NIBP, and EtCO2).				

d.	Portable transport ventilator with different ventilation mode (IPPV, SIMV, spontaneous, PS).				
e.	Suction apparatus.				
13.8.5.	Storage areas for general medical or surgical emergency supplies, medication and equipment shall be under staff control and out of path of normal traffic.				
13.9.	Transfer Planning				
13.9.1.	The oncology center shall maintain policies and procedures concerning patient transfer which reflect acceptable standards of practice and compliance with applicable regulations in Dubai.				
13.10.	Patient Assessment:				
13.10.1.	An effective patient assessment process aims to be comprehensive, includes multidisciplinary teams and is based on clinical and priority needs of each individual patient. Such assessment shall result in identification and decisions regarding the patient's condition and continuation of treatment as the need arise. The oncology center shall have policies and procedures on patient assessment:				
a.	On admission				
b.	Following a change of health status				
c.	After a fall				
d.	When patient is transferred from one level of care to another.				
13.10.3.	Patients conveying personal health information during any assessment shall be accommodated in an area where privacy is assured.				
13.10.6.	A comfortable care environment shall be provided in the facility with focus on patient privacy.				
13.10.11.	A comfortable treatment environment is provided in the facility with focus on patient privacy.				

15	STANDARD ELEVEN: PATHOLOGY REQUIREMENTS				
15.1.	Only an accredited oncology designated lab can diagnose cancer. All specimens suspected of malignancy must be examined and reported independently by two pathologists.				
15.2.	The oncology healthcare facility must have a designated pathology laboratory for cancer diagnosis.				
15.3.	Pathology department must be in-house or an accredited outsourced lab.				