

GOOD PRACTICE SUBMISSION FORM

(Extracted from the online questionnaire)

1. Title of the good practice
2. The location(s) where the good practice is currently and actually operating
3. Name of the person(s) submitting the good practice and their institution
4. Submitting person(s) and address(es) of their institution
5. Name of contact person
6. Email of contact person
7. Phone number of contact person
8. What patient safety issue(s) is the good practice related to?
9. What topic(s) does the good practice cover?
10. In which department(s) can the good practice described below be carried out?
11. Which jobs are affected by the good practice?
12. Which groups of patients are involved in the good practice, if relevant?
13. When did the good practice described below become operational, i.e. how long has the activity in question been carried out in accordance with the good practice requirements?
14. What evidence do you have that the activity in question is indeed carried out in accordance with the good practice requirements?
15. Why can the good practice be useful for the healthcare provider or department? If possible, please describe the results of the implementation of good practice in your institution.
16. Please describe the good practice itself and the people involved.
17. Please describe the related documentation needs of the good practice, if relevant.
18. If the time factor is particularly important or critical in any step(s) of the good practice process, please describe this and explain its importance.
19. If the place where the activity is carried out plays a particularly important role in any step(s) of the process of good practice, please describe it or explain its significance.
20. Please describe the related (material) tools/devices of good practice, if relevant.
21. Please specify the prerequisites (physical, human, procedural, regulatory, educational, etc.) that are absolutely necessary for the good practice to work, i.e. without which it is not worth trying to introduce the good practice.
22. If used, what written materials (samples, templates, leaflets, checklists, posters, etc.) support the implementation of good practice?
23. If available, what patient information materials support the implementation of good practice?
24. What are the factors that make it difficult to operate in accordance with good practice?

25. What are the factors that contribute to good practice?
26. What methods can be used to assess the good practice of the activity?
27. In your opinion, what are the noticeable, measurable results that could be achieved by introducing the good practice described above in other departments or institutions?
28. Attachments