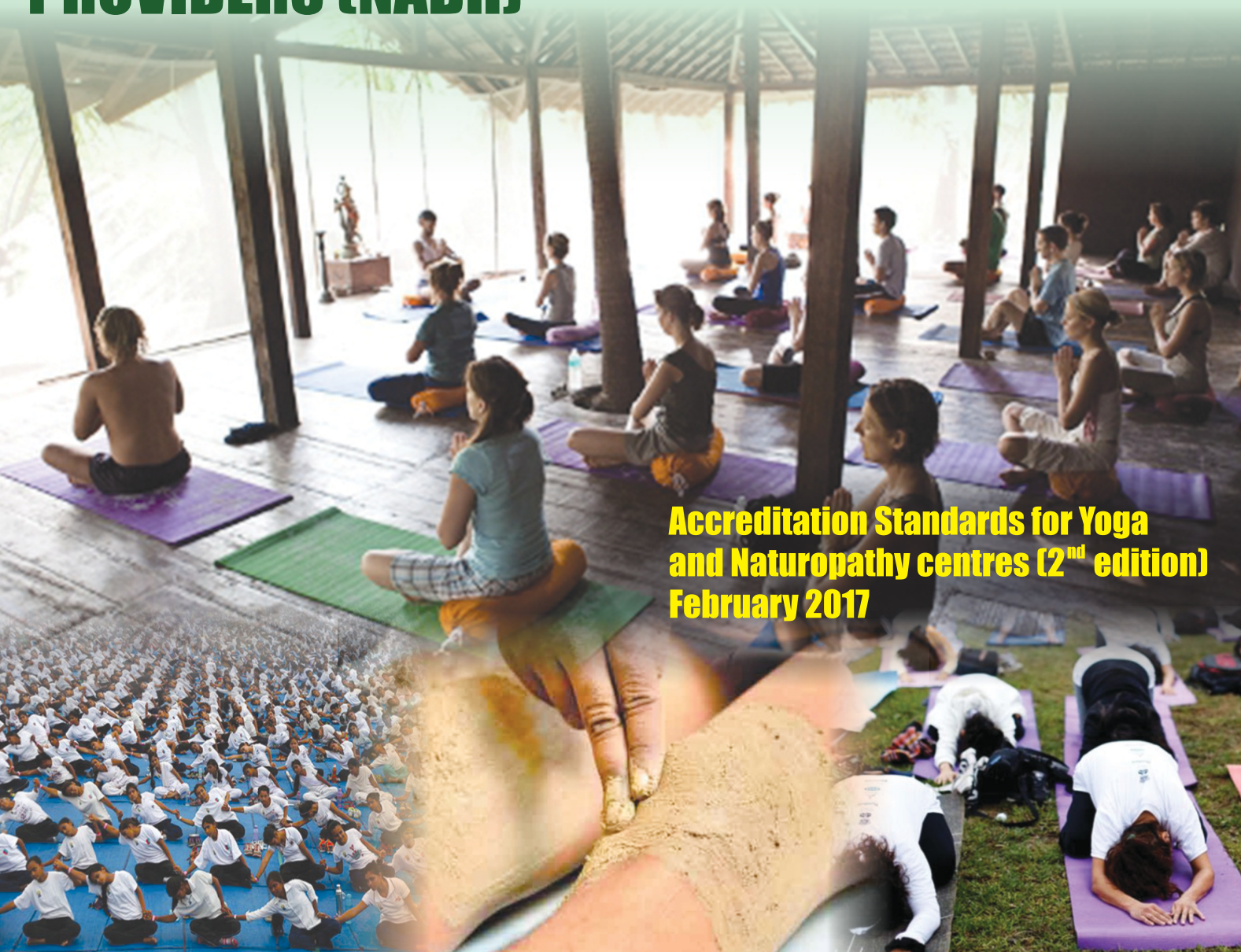


ACCREDITATION STANDARDS FOR YOGA AND NATUROPATHY CENTRES

NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE PROVIDERS (NABH)

**Accreditation Standards for Yoga
and Naturopathy centres (2nd edition)
February 2017**





N A B H

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HAPPY INDEPENDENCE DAY

15th August 2020



PREFACE TO THE RE-PRINT

National Accreditation Board for Hospitals and Healthcare Providers (NABH), a constituent board of Quality Council of India, established in 2005, is in its 15th year of creating an ecosystem of quality in healthcare in India. NABH standards focus on patient safety and quality of the delivery of services by the hospitals in the changing healthcare environment. Without being prescriptive, the objective elements remain informative and guide the organisation in conducting its operations with a focus on patient safety.

All NABH standards have been developed in consultation with various stakeholders in the healthcare industry and if implemented help the healthcare organizations in stepwise progression to mature quality systems covering the entire spectrum of patient safety and healthcare delivery.

The NABH organization & the hospital accreditation standards are internationally recognized and benchmarked. NABH is an Institutional as well as a Board member of the International Society for Quality in Health Care (ISQua) and Asian Society for Quality in Health Care (ASQua) and a member of the Accreditation Council of International Society for Quality in Health Care (ISQua).

Over the years, successive NABH standards have brought about not only paradigm shifts in the hospitals' approach towards delivering the healthcare services to the patients but have equally sensitised the healthcare workers and patients towards their rights and responsibilities.

In celebration of our 74th Independence Day, on 15th of August, 2020, we are pleased to announce, that starting today, in an enhanced effort to connect with people, all NABH standards, across programmes, will be available free of charge as downloadable documents in PDF format on the NABH website www.nabh.co. (The Printed copies of Standards and Guidebooks will continue to remain available for purchase at a nominal price).

NABH also announces the enriched continuation of its **"NABH Quality Connect-Learning with NABH"** initiative, connecting free monthly training classes, webinars and seminars. The various topics that will be taken up will cover all aspects of patient safety, including: Key Performance Indicators, Hospital Infection Control, Management of Medication, Document Control etc.

Recently introduced communication initiatives like **Dynamic Website Resource Center** and **NABH Newsletter Quality Connect** (focusing on sharing the best quality practices, news and views) will also be bettered.

It is sincerely hoped that all stakeholders will certainly benefit from the collective efforts of the Board and practical suggestions of thousands of Quality Champions from India and abroad

NABH remains committed to ensuring healthy lives and promote wellbeing for all at all ages (SDG-3-Target 2030), creating a culture of quality in healthcare and taking Quality, Safety and Wellness to the Last Man in the Line.

Jai Hind

(Dr. Atul Mohan Kochhar)
CEO-NABH

15th August 2020

National Accreditation Board for Hospitals and Healthcare Providers (NABH)

Accreditation Standards Yoga & Naturopathy Centres

**2nd Edition
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FOREWORD

In the past Yoga used to be practiced by hermits and saint for spiritual gain but today yoga has become an important part of healthcare system.

According to Yoga classics, the word 'Yoga' is derived from the root 'Yuj', it means 'to unite' or 'to bind'. The eight limbs of Yoga as defined by Maharishi Patanjali in his Yoga scriptures are Yama, Niyama, Asana, Pranayama, Pratyahara, Dharna, Dhyana and Samadhi. They are formulated on the basis of deep psychological understanding of human personality.

All these eight limbs contribute towards therapeutic, preventive and wellness aspects of human being. It aligns the balance of body, mind and spirit.

Naturopathy is gaining more and more acceptance across the globe. Nature cure is an art as well a science of healthy living and a drugless system of healing which is based on well-founded philosophy. It has its own concept of health and disease and the principles of treatment.

Nature cure is a system in harmony with the constructive principles of nature on physical, mental, moral and spiritual planes of living. It has a great health promotive, curative and rehabilitative potential. Nature cure primarily tries to correct all the factors responsible for the diseases and allows the body to recover itself.

We wish that with release of second edition of NABH Yoga and Naturopathy Accreditation Standards, large number of such units will adopt these standards and help in creating accredited quality healthcare hub in the country for our own citizens as well as for the overseas patients.

Dr. B.K. Rana
CEO Incharge – NABH



अजीत मोहन शरण
AJIT M. SHARAN



सचिव

भारत सरकार

आयुर्वेद, योग व प्राकृतिक चिकित्सा
यूनानी, सिद्ध एवं होम्योपैथी (आयुष) मंत्रालय
आयुष भवन, 'बी' ब्लॉक, जी.पी.ओ. कॉम्पलेक्स,
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Foreward

Yoga and Naturopathy are the ancient Indian science focusing on cure and prevention of diseases without using medicines. These systems integrate the physical, social, mental as well as spiritual well being which is so relevant for modern life style.

Yoga is a group of physical, mental and spiritual practices or disciplines which has great healing powers.

Patanjali defines the word Yoga in his Second sutra:

"*Yogah chitta vrutti nirodhaha*" Yoga is the inhibition (nirodhaha) of the modification (vrutti) of mind (chitta).

Yoga has been practiced & increasingly recommended to promote relaxation, reduce stress and drugless cure to many ailments.

Naturopathy is one of the traditional systems which uses natural elements like water, mud, sunshine etc. to cure and prevent diseases.

National Accreditation Board for hospitals and Healthcare Providers (NABH), a constituent board of Quality Council of India (QCI) has put in sincere efforts to bring out the quality standards for Yoga and Naturopathy Centre.

Ministry of AYUSH is happy to endorse the Accreditation Standards for Yoga and Naturopathy Centre. I extend my hearty congratulations to NABH AYUSH Technical Committee Members and entire NABH team for their work.

Ajit M. Sharan

(Ajit M. Sharan)

New Delhi
22.03.2017

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INTRODUCTION

The first edition of NABH standard has been in practice for last six years now (2009-16) and is revised and up-graded to 2nd edition. The guiding principles for revision of the standards have mainly been the experience of stake holders including assessors, organisations, members of accreditation and technical committees and industry experts. Before finalization of these, public opinion was also sought. Secretariat of NABH did bulk of job by collating and assimilating the feedback information, linking with relevant chapters and presenting to the expert group members for deliberations. This was again discussed in detail by industry experts. It was finally and extensively reviewed by Committee appointed by Ministry of AYUSH, which went in to thought process and came out with the edition, which is now in your hands.

The accreditation standards are not expected to be prescriptive. They only lay down the requirements and it is up to the care providers to come out with the systems, processes and modes of measuring performance indicators, which can demonstrate compliance to the requirements as specified in the standard. NABH has tried its best to be as objective and pragmatic as possible.

Accreditation as we know is basically a framework which helps to establish objective systems aimed at safety and quality of care. Documentation plays an important role in defining such systems. Wherever there are references to documented requirements, it needs to be clearly understood that such documentation needs to be established and understood at all levels, reviewed at regular intervals, and controlled and evidenced for their effective implementation by way of records.

The second edition of these standards has put more focus on treatment care aspects. Structural requirement which used to be a separate book in first edition, have been incorporated in second edition at appropriate places.

The requirements of the standards shall have to be identified; evidenced by data gathered, analysed and interpreted with the aim of improving the quality system of a centre. Wherever the word shall/should is used, it is imperative that the organisation implement the same. Where the phrase can/could/preferable is used the organisation would use its discretion and implement it according to the practicability of the proposed guidance.

In general, the organisation will need to establish clear evidence backed by robust systems and data collection to prove that they are complying with the intent of the standards. These systems are as we say, defined, implemented, owned by the care provider team and finally provide objective evidence of compliance. Some of the key issues are as follows;

1. Customer / Patient related: monitoring safety, treatment standards and quality of care. This would mean to effectively meet the expectation of customer / patients and their families and associates.

-
2. Employee related: monitoring competence, on-going training, awareness of customer / patient requirements and monitoring employee satisfaction.
 3. Regulatory related: identifying, complying with and monitoring the effective implementation of legal, statutory and regulatory requirements which affect patient safety.
 4. Organisation policies related: defining, promoting awareness of and ensuring implementation of, the policies and procedures laid down by the organisation, amongst staffs, customer and care providers.
 5. NABH Standards related: identification of how the organization meets the NABH standards and the objective elements. Where a part of an element, an element or a standard cannot be applied (for example, related to emergency, surgical procedures, laboratory services, radiological services, etc) in a particular organization, adequate explanation and justification must be provided to NABH and its team of assessors to enable exclusion of applicability. In particular, it must be ensured that the intent of each chapter of standards is understood and applied.

The 2nd edition of NABH Accreditation Standards for Yoga & Naturopathy Centre is divided into 10 chapters, which have been further divided into 87 standards (as compared to 51 in first edition). Put together there are 515 objective elements (as compared to 227 in first edition) incorporated within these standards. The increase in objective elements is to put increased emphasis on safety and also to encourage the centres to pursue continuous quality improvements. Objective elements are required to be complied with in order to meet the requirement of a particular standard. Similarly, standards are required to be complied with, in order to meet the requirement of a particular chapter. Finally, compliance with all chapters is equally important to establish compliance with the Accreditation Standard.

The Standards shall facilitate Yoga and Naturopathy Centres to deliver safe and high quality care. In the beginning of each chapter, intent is given to highlight the summary of the chapter. The intent statement provides a brief explanation of a chapter's rationale, meaning, and significance. Intent statements may contain detailed expectations of the chapter that are evaluated in the on-site assessment process.

We are thankful to chairman & members of expert group who have put great efforts to accomplish this task. These standards are equally applicable to government and private centres, and are applicable to whole organisation. Standards are dynamic and would be under constant review process. We seek your support in keeping these standards adequate to the need of the industry.

Scope of Yoga Centres and Naturopathy Centres

Definition

A standalone outpatient healthcare organization that provides curative and therapeutic Yoga and Naturopathy treatment (consultation, medication and procedures) by qualified and trained professionals.

These centers may be providing preventive care to healthy population who seek their help in learning Yoga practises etc for maintaining good health.

These centers may or may not be operating teaching programs eg. Yoga courses (certification / diploma) etc.

Yoga & Naturopathy Centers includes the following types of facilities:

Sl. No.	Healthcare facility	Definition
1.	Consultation	The action or process of formally consulting / discussing / counselling
2.	Yoga Procedures	Yoga practices : Yama and Niyamas are pre requisites to be observed Mitahar (Yogic diet), Yuktahara (Therapeutic Diet) Shodhana Kriya, Surya Namaskara, Asanas, Pranayama, Bandha, Mudra, Yoga Nidra, Dhyana (Meditation), Mantra Japa, etc. Yogic Sukshma Vyayama, breathing and relaxation techniques may advised as complementary practices.
3.	Naturopathy Procedures	Naturopathy procedures are drugless and non invasive involving the use of natural materials in its treatment. Naturopathy: Naturopathy is a rational and evidenced based system of medicine imparting treatments with natural elements based on the theory of vitality , theory of toxemia, theory of self-healing capacity of the body and the principles of healthy living.
4.	Lab and Imaging Services	Large and mid size Yoga & Naturopathy centers who are catering reasonably good volume, employ a doctor and establish or outsource diagnostic services (lab and imaging services) to rule out contraindications for particular Yogic & Naturopathy Practices.

Some examples of procedures included in Yoga Centres:

- Mitahara (Yogic Diet)
- Yuktahara (Therapeutic Diet)
- Yogic Sukshma Vyayama
- Surya Namaskara
- Yogasana
- Pranayama
- Bandha
- Mudra
- Yoga Nidra
- Mantra Japa
- Dhyana (Meditation)
- Kapalabhati
- Agnisara
- Nauli
- Neti (Jala, Sutra)
- Kunjala (Vamana Dhouti)
- Vastra Dhouti
- Laghu Shankha Prakshalana
- Shankha Prakshalana
- Trataka

Yamas and Niyamas are pre requisites

Some examples of Procedures excluded in Yoga Centers:

Yoga Centres Accreditation Standards exclude following treatment services:

- Emergency cases
- Accident and Trauma Cases

Some examples of procedures included in Naturopathy Centres:

- Diet/fasting therapy
- Sun Bath Unit
- Mud Therapy Unit
- Naturopathy Massage
- Steam Bath
- Magneto therapy
- Color therapy
- Special Yoga Techniques
- Naturopathy Enema
- Naturopathy Douche
- Spinal Bath (Hot/Cold)
- Spinal Spray(Hot/Cold)
- Hip Bath (Hot/Cold)
- Foot Bath (Hot/Cold)
- Facial Steam
- Sauna
- Local Steam
- Vibration Massage
- Powder Massage
- Acupuncture
- Acupressure
- Infra-Red
- Chest Pack
- Trunk Pack
- Abdomen Pack
- Knee Pack
- Neck Pack
- Wet Girdle Pack
- Hot Packs
- Cold Packs
- Full Wet Sheet Pack
- Gastro Hepatic Pack
- Kidney pack

-
- Colon hydrotherapy
 - Foot bath
 - Underwater massage
 - Jet Bath / Douche
 - Cold Showers
 - Paraffin Wax Bath
 - Inter Ferrantial Therapy
 - Exercise therapy eg. Resistance exercises, under water exercises
 - Electrotherapy & Reflexology
 - Drug-De-addiction cum Rehabilitation Centre(Y&N) If applicable

Some examples of procedures excluded in Naturopathy Centers:

Yoga & Naturopathy Centres Accreditation Standards exclude following treatment services:

- Emergency cases
- Accident and Trauma Cases

Chapter 1

Access Assessment and Continuity of Care (AAC)

Intent of the chapter:

Patients are well informed of the services that an organization can and cannot provide. This will facilitate in appropriately matching patients with the organization's resources. Only those patients who can be cared for by the organization are admitted to the organization. Out-patients who do not match the organization's resources are similarly referred to organizations that have the matching resources.

Patients that match the organizations resources are admitted using a defined process that includes patient and family education.

Patients cared for by the organization undergo an established initial assessment and periodic and regular reassessments.

Assessments may include laboratory and imaging services. The laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff.

These assessments result in formulation of a definite care plan.

Patient care is multidisciplinary in nature and encourages continuity of care through well defined transfer and discharge protocols. These protocols include transfer of adequate information with the patient.

Summary of Standards

AAC.1.	The organisation defines and displays the services that it provides.
AAC.2.	The organisation has a well-defined registration and admission process.
AAC.3.	There is an appropriate mechanism for transfer or referral of patients who do not match the organizational resources.
AAC.4.	Patients cared for by the organisation undergo an established initial assessment.
AAC.5.	All patients cared for by the organisation undergo a regular reassessment.
AAC.6.	Laboratory services, if applicable are provided as per the scope of services of the organisation.
AAC.7.	There is an established laboratory quality assurance programme.
AAC.8.	There is an established laboratory-safety programme.
AAC.9.	Imaging services, if applicable are provided as per the scope of services of the organization.
AAC.10.	There is an established quality assurance programme for imaging services.
AAC.11.	There is an established radiation safety programme.
AAC.12.	Patient care is continuous and multidisciplinary in nature.
AAC.13.	The organization has a documented discharge process.
AAC.14.	Organization defines the content of the discharge summary.

Standards and Objective Elements

Standard

AAC.1.	The organisation defines and displays the services that it provides.
---------------	-----------------------------------------------------------------------------

Objective Elements

- a. The services being provided are clearly defined and are in consonance with the needs of the community.
- b. The defined services are prominently displayed.
- c. The staff is oriented to these services.

Standard

AAC.2.	The organisation has a well-defined registration and admission process.
---------------	--------------------------------------------------------------------------------

Objective Elements

- a. Documented policies and procedures are used for registering and admitting patients.
- b. The documented policies and procedures address out-patients, in-patients and emergency patients.
- c. A unique identification number is generated at the end of registration.
- d. Patients are accepted only if the organisation can provide the required service.
- e. The documented policies and procedures also address managing patients during non-availability of beds.
- f. The staff is aware of these processes.
- g. Maintenance of separate daily record of bed occupancy with monthly conclusion of occupancy.

Standard

AAC.3.	There is an appropriate mechanism for transfer or referral of patients who do not match the organizational resources.
---------------	------------------------------------------------------------------------------------------------------------------------------

Objective Elements

- Documented policies and procedures guide the transfer of patients to another facility in an appropriate manner.
- Documented policies and procedures guide the transfer of stable/unstable patients to another facility in an appropriate manner.
- Procedures identify staff responsible during transfer/referral.
- The organisation gives a summary of patient's condition and the treatment given.

Standard

AAC.4.	Patients cared for by the organisation undergo an established initial assessment.
---------------	------------------------------------------------------------------------------------------

Objective Elements

- The organisation defines and documents the content of the initial assessment for the out-patients, in-patients and emergency patients.
- The organisation determines who can perform the initial assessment.
- The organisation defines the time frame within which the initial assessment is completed based on patient needs.
- The initial assessment for in-patients is documented within 24 hours or earlier as per the patient's condition or center policy. Initial assessment includes identification of medication that the in-patient is using of the relevant AYUSH system, of any other AYUSH system and of modern medicine.
- Initial assessment includes screening for nutritional needs.
Care plan has to be documented and is monitored after the initial assessment.
- The care plan also includes preventive aspects of the care where appropriate.
- The care plan is countersigned by the doctor in-charge of the patient within 24 hours.
- The care plan includes desired results of the treatment, care or service.

Standard

AAC.5.	All patients cared for by the organisation undergo a regular reassessment.
---------------	-----------------------------------------------------------------------------------

Objective Elements

- a. All Patients are reassessed at appropriate intervals.
- b. Out-patients are informed of their next follow-up, where appropriate.
- c. For in-patients during reassessment the care plan is monitored and modified, where found necessary.
- d. Staff involved in direct treatment care document reassessments.
- e. Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.

Standard

AAC.6.	Laboratory services, if applicable are provided as per the scope of services of the organisation.
---------------	----------------------------------------------------------------------------------------------------------

Objective Elements

- a. Scope of the laboratory services are commensurate to the services provided by the organization.
- b. Adequately qualified and trained personnel perform and/or supervise the investigations.
- c. Documented policies and procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.
- d. Laboratory results are available within a defined time frame.
- e. Critical results are intimated immediately to the personnel concerned.
- f. Results are reported in a standardised manner.
- g. Laboratory tests not available in the organisation are outsourced to organisation(s) based on their quality assurance system.

Standard

AAC.7.	There is an established laboratory quality assurance programme.
---------------	------------------------------------------------------------------------

Objective Elements

- a. The laboratory quality assurance programme is documented.
- b. The programme addresses verification and/or validation of test methods.
- c. The programme addresses surveillance of test results.
- d. The programme includes periodic calibration and maintenance of all equipment.
- e. The programme includes the documentation of corrective and preventive actions.

Standard

AAC.8.	There is an established laboratory-safety programme.
---------------	-------------------------------------------------------------

Objective Elements

- a. The laboratory-safety programme is documented.
- b. This programme is aligned with the organisation's safety programme.
- c. Written procedures guide the handling and disposal of biomedical waste.
- d. Laboratory personnel are appropriately trained in safe practices.
- e. Laboratory personnel are provided with appropriate safety equipment/devices.

Standard

AAC.9.	Imaging services, if applicable are provided as per the scope of services of the organization.
---------------	-------------------------------------------------------------------------------------------------------

Objective Elements

- a. Imaging services comply with legal and other requirements.
- b. Scope of the imaging services is commensurate to the services provided by the organisation.
- c. The infrastructure (physical and manpower) is adequate to provide for its defined scope of services.

- d. Adequately qualified and trained personnel perform, supervise and interpret the investigations.
- e. Documented policies and procedures guide identification and safe transportation of patients to imaging services.
- f. Imaging results are available within a defined time frame.
- g. Critical results are intimated immediately to the personnel concerned.
- h. Results are reported in a standardized manner.
- i. Imaging tests not available in the organization are outsourced to organization(s) based on their quality assurance system.

Standard

AAC.10.	There is an established quality assurance programme for imaging services.
----------------	----------------------------------------------------------------------------------

Objective Elements

- a. The quality assurance programme for imaging services is documented.
- b. The programme addresses verification and/or validation of imaging methods.
- c. The programme addresses surveillance of imaging results.
- d. The programme includes periodic calibration and maintenance of all equipment.
- e. The programme includes the documentation of corrective and preventive actions.

Standard

AAC.11.	There is an established radiation safety programme.
----------------	------------------------------------------------------------

Objective Elements

- a. The radiation-safety programme is documented.
- b. This programme is integrated with the organization's safety programme.
- c. Handling, usage and disposal of radio-active and bio medical waste are as per statutory requirements.
- d. Imaging personnel are provided with appropriate radiation safety devices.
- e. Radiation-safety devices are periodically tested and results documented.

- f. Imaging personnel are trained in radiation-safety measures.
- g. Imaging signage are prominently displayed in all appropriate locations.

Standard

AAC.12.	Patient care is continuous and multidisciplinary in nature.
----------------	--------------------------------------------------------------------

Objective Elements

- a. During all phases of care, there is a qualified individual designated as responsible for the patient's care.
- b. Care of patients is coordinated in all care settings within the organization.
- c. Information about the patient's care and response to treatment is shared among medical, nursing and other care-providers.
- d. Information is exchanged and documented during each staffing shift, between shifts, and during transfers between units/departments.
- e. The patient's record(s) is available to the authorized care-providers to facilitate the exchange of information.
- f. Documented policies and procedures guide the referral of patients to other departments/ specialties.

Standard

AAC.13.	The organization has a documented discharge process.
----------------	-------------------------------------------------------------

Objective Elements

- a. The patient's discharge process is planned in consultation with the patient and/or family.
- b. Documented policies and procedures exist for coordination of various departments and agencies involved in the discharge process (including medico-legal and absconded cases).
- c. Documented policies and procedures are in place for patients leaving against medical advice (LAMA) and patients being discharged on request.

- d. A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice and on request).

Standard

AAC.14.	Organization defines the content of the discharge summary.
----------------	-------------------------------------------------------------------

Objective Elements

- a. Discharge summary is provided to the patients at the time of discharge.
- b. Discharge summary contains the patient's name, unique identification number, date of admission and date of discharge.
- c. Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.
- d. Discharge summary contains information regarding investigation results, any naturopathy procedures performed, yoga practices taught and diet given and other treatments given during the patient stay.
- e. Discharge summary contains follow-up advice, required yoga and naturopathy practices and other instructions in an understandable manner.
- f. Discharge summary incorporates instructions about when and how to obtain urgent care.
- g. In case of death, the summary of the case also includes the cause of death.

Chapter 2

Care of Patients (COP)

Intent of the standards

The organization provides uniform care of patients in different settings. The different settings include care provided in outpatient units, various categories of wards and procedure rooms. When similar care is provided in these different settings, care delivery is uniform.

Policies, procedures, applicable laws and regulations also guide care of vulnerable patients (elderly, physically and/or mentally challenged and children), obstetrical patients and pediatric patients.

Pain management , nutrition therapy and rehabilitative services are also addressed with a view to provide comprehensive health care.

The standards aim to guide and encourage patient safety as the overall principle for providing care to patients.

Summary of Standards

COP.1.	Uniform care of patients is provided in all settings of the organization and is guided by the applicable laws, regulations and guidelines.
COP.2.	The ambulance services are commensurate with the scope of the services provided by the organization.
COP.3.	Documented policies and procedures guide the care of vulnerable patients (elderly, physically and/or mentally challenged and children).
COP.4.	Documented policies and procedures guide obstetric (Ante Natal & Post Natal) care.
COP.5.	Policies and procedures guide the care of patients undergoing Naturopathy treatment procedures.
COP.6.	Policies and procedures guide the care of patients undergoing Yoga Therapy treatment procedures.
COP.7.	Documented policies and procedures guide appropriate pain management.
COP.8.	Documented policies and procedures guide appropriate rehabilitative services.
COP.9.	Documented policies and procedures guide all research activities.
COP.10.	Documented policies and procedures guide therapeutic diet.

Standards and Objective Elements

Standard

COP.1.	Uniform care of patients is provided in all settings of the organization and is guided by the applicable laws, regulations and guidelines.
---------------	---------------------------------------------------------------------------------------------------------------------------------------------------

Objective Elements

- a. Care delivery is uniform when similar care is provided in more than one setting.
- b. Uniform care reflects applicable laws, regulations and guidelines.
- c. Standard guidelines are adopted to guide uniform patient care whenever possible.

Standard

COP.2.	The ambulance services inhouse or outsourced are commensurate with the scope of the services provided by the organization.
---------------	-----------------------------------------------------------------------------------------------------------------------------------

Objective Elements

- a. There is adequate access and space for the ambulance(s).
- b. The ambulance adheres to statutory requirements.
- c. Ambulance(s) is appropriately equipped.
- d. Ambulance(s) is manned by trained personnel.
- e. Ambulance is checked on a daily basis.
- f. Equipment are checked on a daily basis.
- g. Emergency medications are checked daily and prior to dispatch.
- h. The ambulance(s) has a proper communication system.

Standard

COP.3.	Documented policies and procedures guide the care of vulnerable patients (elderly, physically and/or mentally challenged and children).
---------------	------------------------------------------------------------------------------------------------------------------------------------------------

Objective Elements

- a. Policies and procedures are documented and are in accordance with the prevailing laws and the national and international guidelines.

- b. Care is organized and delivered in accordance with the policies and procedures.
- c. The organisation provides for a safe and secure environment for this vulnerable group.
- d. A documented procedure exists for obtaining informed consent from the appropriate legal representative.
- e. Staff is trained to care for this vulnerable group.

Standard

COP.4.	Documented policies and procedures guide obstetric (Antenatal and Post Natal) Care.
---------------	--------------------------------------------------------------------------------------------

Objective Elements

- a. There is a documented policy and procedure for Obstetric services.
- b. The organization defines and displays whether Obstetric cases can be cared or not.
- c. Documented procedures guide provision of Ante-natal services.
- d. Obstetric patient's assessment also includes maternal nutrition.
- e. Appropriate Ante-natal and Post-natal monitoring is performed and documented.

Standard

COP.5.	Policies and procedures guide the care of patients undergoing naturopathy treatment procedures.
---------------	--------------------------------------------------------------------------------------------------------

Objective Elements

- a. The policies and procedures are documented.
- b. An informed consent is obtained by a physician prior to the procedure.
- c. Patients shall have a preprocedure assessment and a provisional diagnosis documented prior to procedures.
- d. Documented policies and procedures exist to prevent adverse events like wrong patient and wrong procedures.

- e. Persons qualified by law are permitted to perform the procedures that they are entitled to perform.
- f. A brief note regarding the procedure is documented.
- g. The physician doing the procedure shall document the post-procedure care plan.
- h. Adequate area, appropriate facilities and equipment/instruments are available in the treatment procedure room.
- i. Patient, personnel and material flow conforms to infection control practices.
- j. Guidelines for various treatment procedures are prepared separately and adhered.
- k. Standard precautions and asepsis is adhered to during the conduct of therapies.
- l. A quality assurance program is followed for the treatment services.
- m. The quality assurance program includes surveillance of the treatment procedure room.

Standard

COP.6.	Policies and procedures guide the care of patients undergoing yoga therapy treatment procedures.
---------------	---------------------------------------------------------------------------------------------------------

Objective Elements

- a. The policies and procedures are documented.
- b. An informed consent is obtained by a physician prior to the procedure.
- c. Patients shall have a preprocedure assessment and a provisional diagnosis documented prior to procedures.
- d. Documented policies and procedures exist to prevent adverse events like wrong patient and wrong yoga technique.
- e. Persons qualified by law are permitted to perform the procedures that they are entitled to perform.
- f. A brief note regarding the procedure is documented.
- g. The physician doing the procedure shall document the post-procedure care plan.
- h. Adequate area, appropriate facilities and equipment/instruments are available in the treatment procedure room.
- i. Patient, personnel and material flow conforms to infection control practices.

- j. Guidelines for various yoga therapy treatment procedures are prepared separately and adhered.

Standard

COP.7.	Documented policies and procedures guide appropriate pain management.
---------------	------------------------------------------------------------------------------

Objective Elements

- a. Documented policies and procedures guide the management of pain.
- b. Patients with pain undergo detailed assessment and periodic re-assessment.
- c. The organization respects and supports the management of pain for all patients.
- d. Patient and family are educated on various pain management techniques, where appropriate.

Standard

COP.8.	Documented policies and procedures guide appropriate rehabilitative services.
---------------	--------------------------------------------------------------------------------------

Objective Elements

- a. Documented policies and procedures guide the provision of rehabilitative services.
- b. The scope of rehabilitative services are commensurate with the organization's requirements.
- c. Care is guided by functional assessment and periodic re-assessment which is done and documented by qualified individual(s).
- d. Rehabilitative services are provided by a multidisciplinary team.
- e. There is adequate space and equipment to perform these activities.

Standard

COP.9.	Documented policies and procedures guide all research activities.
---------------	--------------------------------------------------------------------------

Objective Elements

- a. Documented policies and procedures guide all research activities in compliance with national and international guidelines.
- b. The organization has an ethics committee to oversee all research activities.
- c. The committee has the powers to discontinue a research trial when risks outweigh the potential benefits.
- d. Patient's informed consent is obtained before entering them in research protocols.
- e. Patients are informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal.
- f. Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the organization's services.

Standard

COP.10.	Documented policies and procedures guide therapeutic diet.
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Objective Elements

- a. Documented policies and procedures guide implementation of therapeutic diet after assessment and reassessment of patient needs.
- b. Patients receive food according to their treatment needs.
- c. There is a written order for the diet protocol.
- d. Food is prepared, handled, stored and distributed in a safe manner.

Chapter 3

Management of Treatment (MOT)

Intent of the standards

The organization has a safe and organized treatment/procedure process. The process includes documented policies and procedures that guide the treatment procedures.

Every treatment procedure to be performed should be verified by an appropriate person so as to ensure accuracy of the patient and frequency of procedures.

The process also includes monitoring of patients after treatment and procedures for reporting and analyzing treatment errors & adverse events.

Patients and family members are educated about safe treatment procedures.

Summary of Standards

MOT.1.	Documentation policies and procedures guide the organisation to deliver safe treatment.
MOT.2.	There is a collection of set forms for acceptable naturopathy treatments.
MOT.3.	Documented policies and procedures guide the safe and rational prescription of treatment.
MOT.4.	There are documented policies and procedures for treatment management.
MOT.5.	Near misses, treatment errors and adverse events are reported and analysed.
MOT.6.	Patients are monitored after the treatment.
MOT.7.	There is a policy and procedure for mental and social well being of the patients and staff.
MOT8.	There is a policy and procedure for safety, security and privacy for female and male patients.

Standards and Objective Elements

Standard

MOT. 1 .	Documentation policies and procedures guide the organisation to deliver safe treatment.
-----------------	------------------------------------------------------------------------------------------------

Objective Elements

- There is a documented policy and procedure for treatment / procedure section.
- These comply with the applicable laws and regulations.
- A multidisciplinary committee guides the treatment and implementation of these policies and procedure.

Standard

MOT. 2 .	There is documented policies and procedures for acceptable naturopathy treatment.
-----------------	------------------------------------------------------------------------------------------

Objective Elements

- A list of naturopathic treatments for the patients and as per the scope of the organizations service is developed.
- The list is developed and updated collaboratively by the multidisciplinary committee.
- These documented policies and procedures are available for doctors to refer and adhere to.
- There is a defined process for acquisition of the equipments and other required items for treatment.

Standard

MOT. 3 .	Documented policies and procedures guide the safe and rational prescription of treatment.
-----------------	--------------------------------------------------------------------------------------------------

Objective Elements

- a. Documented policies and procedures exist for prescription of treatments.
- b. These incorporate the inclusion of good practice/ guidelines for rational prescription of treatments.
- c. The organization determines the minimum requirements of prescription.
- d. Known allergies are ascertained before prescription.
- e. The organization determines who can ascertain the orders.
- f. Order are written in a uniform location in the treatment records.
- g. Treatment orders are clear, legible, dated, timed, named and signed.
- h. Treatment orders contain the name of treatment, area of administration, duration/ frequency of treatment procedure.
- i. Documentation policy and procedure on verbal order is implemented.
- j. The organization defines a list of treatments which involves risk.
- k. Audit of treatment orders/prescription is carried out to check for safe and rational prescription of treatment.
- l. Corrective and/or preventive action is taken based on the analysis, where appropriate.

Standard

MOT. 4 .	There are documented policies and procedures for treatment management.
-----------------	-------------------------------------------------------------------------------

Objective Elements

- a. Treatments are administered by those who are permitted by law to do so.
- b. Patient is identified before administration.

- c. Duration, time, areas of administration are verified.
- d. Treatment administration is documented.
- e. Documented policies and procedures govern patients self administration of treatments.
- f. Documented policies and procedures govern the use of treatment/ therapy items brought from outside the organization.

Standard

MOT. 5 .	Near misses, treatment errors and adverse events are reported and analysed.
-----------------	------------------------------------------------------------------------------------

Objective Elements

- a. Documented procedure exists to capture near miss, treatment error and adverse treatment events.
- b. Near miss,treatment error and adverse event are defined.
- c. These are reported within a specific time frame.
- d. They are collectively analyzed.
- e. Corrective/ preventive actions are taken based on the analysis where appropriate.

Standard

MOT. 6 .	Patients are monitored after the treatment.
-----------------	----------------------------------------------------

Objective Elements

- a. The organization defines those situations where close monitoring is required.
- b. Monitoring is done in collaborative manner.
- c. Documented policies and procedures guide the monitoring of the patients after treatment.
- d. Treatment protocols are changed where ever appropriate based on monitoring.

Standard

MOT. 7 .	There is a policy and procedure for mental and social well being of the patients and staff.
-----------------	----------------------------------------------------------------------------------------------------

Objective Elements

- There is a policy and procedure for mental and social wellbeing of the patients.
- Daily prayer session should be conducted and record of the same shall be maintained, the chanting should be of spiritual significance, not religious.
- Pranayama, meditative techniques , health awareness lectures etc should be a part of the program.
- There is a scheduled program for patients interactive session. (ex: yoga games, various interactive games and other programs at least once in a week).
- Mental and social status of the patients to be recorded .
- Staffs are also a part of the program.

Standard

MOT. 8 .	There is a policy and procedure for safety, security and privacy for female and male patients.
-----------------	-------------------------------------------------------------------------------------------------------

Objective Elements

- The organization defines policy and procedure for gender based safety, security and privacy for female and male patients.
- To ensure privacy selected therapies must not be offered by a cross gender therapist.

Chapter 4

Patient Rights and Education (PRE)

Intent of the standards

The organization defines the patient and family rights and responsibilities. The staff is aware of these and is trained to protect patient rights. Patients are informed of their rights and educated about their responsibilities at the time of admission. The patients are educated about the mechanisms available for addressing grievances.

Patients and family members are educated about the drugless methods adopted in Naturopathy treatment as well as the Yoga and Naturopathy diet pattern and restraints to be exercised during Yoga and Naturopathy treatment.

A documented process for obtaining patient and/or families consent exists for informed decision making about their care as per prevailing law.

Patient and families have a right to information and education about their healthcare needs in a language and manner that is understood by them.

Summary of Standards

PRE.1.	The organization protects patient and family rights and informs them about their responsibilities during care.
PRE.2.	Patient and family rights support individual beliefs, values and involve the patient and family in decision making processes.
PRE.3.	The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process.
PRE.4.	A documented process for obtaining patient and/or family's consent exists for informed decision making about their care.
PRE.5.	Patient and families have a right to information and education about their healthcare needs.
PRE.6.	Patient and families have a right to information on expected costs.
PRE.7.	Organisation has a complaint redressal procedure.

Standards and Objective Elements

Standard

PRE.1.	The organization protects patient and family rights informs them about their responsibilities during care.
---------------	-------------------------------------------------------------------------------------------------------------------

Objective Elements

- a. Patient and family rights and responsibilities are documented and displayed.
- b. Patients and families are informed of their rights and responsibilities in a format and language that they can understand.
- c. The organization's leaders protect patient's and family rights.
- d. Staff is aware of their responsibility in protecting patients and family rights.
- e. Violation of patient and family rights is recorded, reviewed and corrective/preventive measures taken.

Standard

PRE.2.	Patient and family rights support individual beliefs, values and involve the patient and family in decision making processes.
---------------	--------------------------------------------------------------------------------------------------------------------------------------

Objective Elements

- a. Patient and family rights address any special preferences, spiritual and cultural needs.
- b. Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment.
- c. Patient and family rights include protection from physical abuse or neglect.
- d. Patient and family rights include treating patient information as confidential.
- e. Patient and family rights include refusal of treatment.
- f. Patient and family rights include informed consent before juice fasting therapy , colonhydrotherapy, acupuncture, yogic kriyas and initiation of any research protocol and any invasive/high risk procedures/treatment.
- g. Patient and family rights include information on how to voice a complaint.

- h. Patient and family rights include information on the expected cost of the treatment.
- i. Patient and family have a right to have an access to his/her treatment records.
- j. Patient and family rights include information on care plan, progress and information on their health care needs.

Standard

PRE.3.	The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process.
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Objective Elements

- a. The patient and/or family members are explained about the proposed care including the risks, alternatives and benefits.
- b. The patient and/or family members are explained about the expected results.
- c. The patient and/or family members are explained about the possible complications.
- d. The care plan is prepared and modified in consultation with patient and/or family members.
- e. The care plan respects and where possible incorporates patient and/or family concerns and requests.
- f. The patient and/or family members are informed about the results of diagnostic tests and the diagnosis.
- g. The patient and/or family members are explained about any change in the patient's condition.

Standard

PRE.4.	A documented procedure for obtaining patient and/ or family's consent exists for informed decision making about their care.
---------------	------------------------------------------------------------------------------------------------------------------------------------

Objective Elements

- a. General consent for treatment is obtained when the patient enters the organisation.

- b. Patient and/or his family members are informed of the scope of such general consent.
- c. Documented procedure incorporates the list of situations where informed consent is required and the process for taking informed consent.
- d. Informed consent includes information regarding the procedure, risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.
- e. The procedure describes who can give consent when patient is incapable of independent decision making.
- f. Informed consent is taken by the person performing the procedure.
- g. Informed consent process adheres to statutory norms.
- h. Staff are aware of the informed consent procedure.

Standard

PRE.5.	Patient and families have a right to information and education about their healthcare needs.
---------------	-----------------------------------------------------------------------------------------------------

Objective Elements

- a. When appropriate, patient and/or family are educated about the safe and effective use of prescribed therapies and diet modifications.
- b. Patient and/or family are educated about food-medicine interactions.
- c. Patient and/or family are educated about lifestyle modifications methods and their method of adoption.
- d. Patient and/or family are educated about their specific disease process, complications and prevention strategies.
- e. Patient and/or family are educated about preventing infections.
- f. Patient and/or family are educated in a language and format that they can understand.

Standard

PRE.6.	Patient and families have a right to information on expected costs.
---------------	----------------------------------------------------------------------------

Objective elements

- a. There is uniform pricing policy in a given setting (out-patient and inpatient category).
- b. The tariff list is available to patients.
- c. Patients and family are educated about the estimated costs of treatment.
- d. Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting.

Standard

PRE.7.	Organisation has a complaint redressal procedure.
---------------	----------------------------------------------------------

Objective elements

- a. The organisation has a documented complaint redressal procedure.
- b. Patient and/or family members are made aware of the procedure for lodging complaints.
- c. All complaints are analysed.
- d. Corrective and/or preventive action(s) are taken based on the analysis where appropriate.

Chapter 5

Infection Control (IC)

Intent of the standards

The standards guide the provision of an effective infection control program in the organization. The program is documented and aims at reducing/eliminating infection risks to patients, visitors and providers of care.

The organization measures and takes action to prevent or reduce the risk of Associated Infection (AI) in patients and employees.

The organization provides proper facilities and adequate resources to support the Infection Control Program.

The program includes an action plan to control outbreaks of infection, disinfection/sterilization activities, Bio-medical Waste (BMW) management, training of staff and employee health.

Summary of Standards

IC.1.	The organization has a well-designed, comprehensive and coordinated Infection Prevention & Control (IC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care.
IC.2.	The organization implements the policies and procedures laid down in the Infection Control Manual.
IC.3.	The organization performs surveillance activities to capture and monitor infection prevention and control data.
IC.4.	The organization takes actions to prevent or reduce the risk of infections in patients and employees.
IC.5.	The organization provides adequate and appropriate resources for prevention and control of infections.
IC.6.	Biomedical waste (BMW) is handled in an appropriate and safe manner.
IC.7.	The infection control programme is supported by the organization's management and includes training of staff.
IC.8.	There are documented policies and procedures for disinfection activities in the organization.

Standards and Objective Elements

Standard

IC.1.	The organization has a well-designed, comprehensive and coordinated Infection Prevention & Control (IC) programme aimed at reducing/ eliminating risks to patients, visitors and providers of care.
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Objective Elements

- The infection prevention and control programme is documented which aims at preventing and reducing risk of healthcare associated infections.
- The infection prevention and control programme is a continuous process and updated at least once in a year.
- The centre has a multi-disciplinary infection control committee which coordinates all infection prevention and control activities.
- The centre has an infection control team, which coordinates implementation of all infection prevention and control activities.
- The centre has designated infection control officer as part of the infection control team.

Standard

IC.2.	The organization implements the policies and procedures laid down in the Infection Control Manual.
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Objective Elements

- The organization identifies the various high-risk areas and procedures and implements policies and/or procedures to prevent infection in these areas.
- The organization adheres to standard precautions at all times.
- The organization adheres to hand-hygiene guidelines.
- The organization adheres to cleaning and disinfection practices.
- Laundry and linen management processes are also included.

- f. Kitchen sanitation and food handling issues are included in the manual.
- g. Engineering controls to prevent infections are included.
- h. The organisation adheres to housekeeping procedures.

Standard

IC.3.	The organization performs surveillance activities to capture and monitor infection prevention and control data.
--------------	------------------------------------------------------------------------------------------------------------------------

Objective Elements

- a. Surveillance activities are appropriately directed towards the identified high-risk areas and procedures.
- b. Collection of surveillance data is an ongoing process.
- c. Verification of data is done on regular basis by the infection control team.
- d. Scope of surveillance activities incorporates tracking and analyzing of infection risks, rates and trends.
- e. Surveillance activities include monitoring the effectiveness of housekeeping services.
- f. Surveillance activities include monitoring the compliance with hand-hygiene guidelines.
- g. Appropriate feedback regarding infection rates are provided on a regular basis to appropriate personnel.
- h. In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.

Standard

IC.4.	The organization takes actions to prevent or reduce the risk of Infections in patients and employees.
--------------	--------------------------------------------------------------------------------------------------------------

Objective Elements

- a. The organization takes action to prevent urinary tract infections.
- b. The organization takes action to prevent respiratory tract infections.

- c. The organization takes action to prevent skin infections.
- d. Appropriate pre- and post-exposure prophylaxis is provided to all staff members concerned.

Standard

IC.5.	The organization provides adequate and appropriate resources for prevention and control of Infections.
--------------	---------------------------------------------------------------------------------------------------------------

Objective Elements

- a. Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.
- b. Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to healthcare providers.

Standard

IC.6.	Biomedical waste (BMW) is handled in an appropriate and safe manner.
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Objective Elements

- a. The organization adheres to statutory provisions with regard to biomedical waste.
- b. Proper segregation and collection of biomedical waste from all patient-care areas of the centre is implemented and monitored.
- c. The organization ensures that biomedical waste is stored and transported to the site of treatment and disposal in proper covered vehicles within stipulated time limits in a secure manner.
- d. Biomedical waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorized contractor(s).
- e. Appropriate personal protective measures are used by all categories of staff handling biomedical waste.

Standard

IC.7.	The infection control programme is supported by the organization's management and includes training of staff.
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Objective Elements

- a. Organization management makes available resources required for the infection control programme.
- b. The organization earmarks adequate funds from its annual budget in this regard.
- c. The organisation conducts induction training for all staff.
- d. The organisation conducts appropriate "in-service" training sessions for all staff at least once in a year.

Standard

IC.8.	There are documented policies and procedures for disinfection activities in the organization.
--------------	------------------------------------------------------------------------------------------------------

Objective Elements

- a. There is adequate space available for disinfection activities
- b. Documented procedure guides the cleaning, packing, disinfection and/or storing and issue of items.
- c. There is an established recall procedure when breakdown in the disinfection system is identified.

Chapter 6

Continuous Quality Improvement (CQI)

Intent of the standards

The standards encourage an environment of continuous quality improvement. The quality program should be documented and involve all areas of the organization and all staff members. The organization should collect data on structures, processes and outcomes, especially in areas of high risk situations. The collected data should be collated, analyzed and used for further improvements. The improvements should be sustained. Infection control and patient safety plans should also be integrated into the organization's quality plan.

The organization should define its sentinel events and intensively investigate when such events occur.

The quality programme should be supported by the management.

Summary of Standards

CQI.1.	There is a structured quality improvement and continuous monitoring programme in the organization.
CQI.2.	There is a structured patient-safety programme in the organisation.
CQI.3.	The organization identifies key indicators to monitor the treatment structures, processes and outcomes which are used as tools for continual improvement.
CQI.4.	The organization identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.
CQI.5.	The quality improvement programme is supported by the management.
CQI.6.	There is an established system for clinical audit.
CQI.7.	Incidents, complaints and feedback are collected and analysed to ensure continual quality improvement.
CQI.8.	Sentinel events are intensively analyzed.

Standards and Objective Elements

Standard

CQI.1.	There is a structured quality improvement and continuous monitoring programme in the organization.
---------------	-----------------------------------------------------------------------------------------------------------

Objective Elements

- The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee.
- The quality improvement programme is documented.
- There is a designated individual for coordinating and implementing the quality improvement programme.
- The quality improvement programme is comprehensive and covers all the major elements related to quality improvement and risk management.
- The designated programme is communicated and coordinated amongst all the employees of the organization through proper training mechanism.
- The quality improvement programme is reviewed at predefined intervals and opportunities for improvement are identified.
- The quality improvement programme is a continuous process and updated at least once in a year.
- Audits are conducted at regular intervals as a means of continuous monitoring.

Standard

CQI.2.	There is a structured patient-safety programme in the organisation.
---------------	----------------------------------------------------------------------------

Objective Elements

- The patient-safety programme is developed, implemented and maintained by a multi-disciplinary committee.
- The patient-safety programme is documented.
- The patient-safety programme is comprehensive and covers all the major elements related to patient safety and risk management.

- d. The scope of the programme is defined to include adverse events ranging from “no harm” to “sentinel events”.
- e. There is a designated individual for coordinating and implementing the patient-safety programme.
- f. The designated programme is communicated and coordinated amongst all the staff of the organization through appropriate training mechanism.
- g. The patient-safety programme identifies opportunities for improvement based on review at pre-defined intervals.
- h. The patient-safety programme is a continuous process and updated at least once in a year.
- i. The organization adopts and implements national/international patient-safety goals/solutions. * Ref to Annexure on Patient Safety Goal for Naturopathy And Yoga Centres.
- j. The organization uses at least two identifiers to identify patients across the organization.

Standard

CQI.3.	The organization identifies key indicators to monitor the clinical structures, processes and outcomes which are used as tools for continual improvement.
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Objective Elements

- a. Monitoring includes appropriate patient assessment.
- b. Monitoring includes safety and quality control programmes of the diagnostics services.
- c. Monitoring includes availability and content of treatment records.
- d. Monitoring includes infection control activities.
- e. Monitoring includes naturopathy treatment procedures, yoga therapy practices and dietary practices.
- f. Monitoring includes treatment research.

- g. Monitoring includes data collection to support further improvements.
- h. Monitoring includes data collection to support evaluation of these improvements.

Standard

CQI.4.	The organization identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.
---------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

Objective Elements

- a. Monitoring includes procurement as essential to meet patient needs.
- b. Monitoring includes reporting of activities as required by laws and regulations.
- c. Monitoring includes risk management.
- d. Monitoring includes utilization of space, manpower and equipment.
- e. Monitoring includes patient satisfaction which also incorporates waiting time for services.
- f. Monitoring includes employee satisfaction.
- g. Monitoring includes adverse events and near misses.
- h. Monitoring includes availability and content of treatment records.
- i. Monitoring includes data collection to support further improvements.
- j. Monitoring includes data collection to support evaluation of these improvements.

Standard

CQI.5.	The quality improvement programme is supported by the management.
---------------	--------------------------------------------------------------------------

Objective Elements

- a. Organisation management makes available adequate resources required for quality improvement programme.
- b. Organisation earmarks adequate funds from its annual budget in this regard.
- c. The management identifies organizational performance improvement targets.
- d. Appropriate statistical and management tools are applied whenever required.

Standard

CQI.6.	There is an established system for clinical audit.
---------------	-----------------------------------------------------------

Objective Elements

- Medical and nursing staff / technical staff participates in this system.
- The parameters to be audited are defined by the organization.
- Patient and staff anonymity is maintained.
- All audits are documented.
- Remedial measures are implemented.

Standard

CQI.7.	Incidents, complaints and feedback are collected and analysed to ensure continual quality improvement.
---------------	---------------------------------------------------------------------------------------------------------------

Objective Elements

- The organization has an incident reporting system.
- The organization has a process to collect feedback and receive complaints.
- The organization has established processes for analysis of incidents, feedbacks and complaints.
- Corrective and preventive actions are taken based on the findings of such analysis.
- Feedback about care and service is communicated to staff.

Standard

CQI.8.	Sentinel events are intensively analyzed.
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Objective Elements

- The organisation has defined sentinel events.
- The organization has established processes for intense analysis of such events.
- Sentinel events are intensively analyzed when they occur.
- Corrective and Preventive Actions are taken based on the findings of such analysis.

Chapter 7

Responsibilities of Management (ROM)

Intent of the standards

The standards encourage the governance of the organization in a professional and ethical manner. The organization complies with the laid down and applicable legislations and regulations. The responsibilities of the leaders at all levels are defined. The services provided by each department are documented.

Leaders ensure that patient safety and risk management issues are an integral part of patient care and organisation management.

Summary of Standards

ROM.1.	The responsibilities of the management are defined.
ROM.2.	The organization complies with the laid-down and applicable legislations and regulations.
ROM.3.	The services provided by each department are documented.
ROM.4.	The organization is managed by the leaders in an ethical manner.
ROM.5.	The organisation displays professionalism in management of affairs.
ROM.6.	Management ensure that patient safety aspects and risk management issues are an integral part of patient care and organisation management.

Standards and Objective Elements

Standard

ROM.1.	The responsibilities of the management are defined.
---------------	------------------------------------------------------------

Objective Elements

- a. Those responsible for governance lay down the organization's vision and mission statement.
- b. Those responsible for governance approve the strategic and operational plans and organization's budget.
- c. Those responsible for governance approve the organization's budget and allocate the resources required to meet the organization's mission.
- d. Those responsible for governance monitor and measure the performance of the organization against the stated mission.
- e. Those responsible for governance establish the organization's organogram.
- f. Those responsible for governance appoint the senior leaders in the organization.
- g. Those responsible for governance support safety initiatives and quality-improvement plans.
- h. Those responsible for governance support research activities.
- i. Those responsible for governance address the organization's social responsibility.

Standard

ROM.2.	The organisation complies with the laid-down and applicable legislations and regulations.
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Objective Elements

- a. The management is conversant with the laws and regulations and knows their applicability to the organisation.
- b. The management ensures implementation of these requirements.
- c. Management regularly updates any amendments in the prevailing laws of the land.
- d. There is a mechanism to regularly update licenses/registrations/certifications.

Standard

ROM.3.	The services provided by each department are documented.
---------------	-----------------------------------------------------------------

Objective Elements

- a. Scope of services of each department is defined.
- b. Administrative policies and procedures for each department are maintained.
- c. Each organizational program, service, site or department has effective leadership.
- d. Departmental leaders are involved in quality improvement.

Standard

ROM.4.	The organization is managed by the leaders in an ethical manner.
---------------	-------------------------------------------------------------------------

Objective Elements

- a. The leaders make public the mission statement of the organization.
- b. The leaders establish the organization's ethical management.
- c. The organisation's established ethical management shall be documented.
- d. The organization discloses its ownership.
- e. The organization honestly portrays the services which it can and cannot provide.
- f. The organization honestly portrays its affiliations and accreditations.
- g. The organization accurately bills for it's services based upon a standard billing tariff.

Standard

ROM.5.	The organisation displays professionalism in management of affairs.
---------------	----------------------------------------------------------------------------

Objective elements

- a. The person heading the organisation has requisite and appropriate administrative qualifications.
- b. The person heading the organisation has requisite and appropriate administrative experience.

- c. The organisation prepares the strategic and operational plans including long-term and short-term goals commensurate to the organisation's vision, mission and values in consultation with the various stakeholders.
- d. The organisation coordinates the functioning with departments and external agencies, and monitors the progress in achieving the defined goals and objectives.
- e. The organisation plans and budgets for its activities annually.
- f. The functioning of committees is reviewed for their effectiveness.
- g. The organisation documents employee rights and responsibilities.
- h. The organisation has a formal documented agreement for all outsourced services.
- i. The organisation monitors the quality of the outsourced services.

Standard

ROM.6.	Management ensure that patient safety aspects and risk management issues are an integral part of patient care and organisation management.
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Objective elements

- a. Management ensures proactive risk management across the organisation.
- b. Management provides resources for proactive risk assessment and risk reduction activities.
- c. Management ensures implementation of systems for internal and external reporting of system and process failures.
- d. Management ensures that appropriate corrective and preventive actions are taken to address safety-related incidents.

Chapter 8

Facility Management and Safety (FMS)

Intent of the standards

The standards guide the provision of a safe and secure environment for patients, their families, staff and visitors. To ensure this, the organization complies with the relevant rules and regulations, laws and byelaws and requisite facility inspection requirements.

The organization plans for emergencies within the facilities and the community.

The organization plans for eliminating smoking within the facility.

The organization provides for safe water, electricity and temperature control where ever required.

The organization has a program for treatment and support service equipment management.

Summary of Standards

FMS.1.	The organisation has a system in place to provide a safe and secure environment.
FMS.2.	The organisation's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
FMS.3.	The organisation has a programme for engineering support services.
FMS.4.	The organisation has a programme for bio-medical equipment management.
FMS.5.	The organisation has plans for fire and non-fire emergencies within the facilities.
FMS.6.	The organisation has herbal plantation.
FMS.7.	The organisation's environment and facilities operate in a planned manner to ensure safety of patients, their families, staff and visitors and promotes environment friendly measures.

Standards and Objective Elements

Standard

FMS.1.	The organisation has a system in place to provide a safe and secure environment.
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Objective Elements

- Safety committee coordinates development, implementation and monitoring of the safety plan and policies.
- Patient-safety devices are installed across the organisation and inspected periodically.
- The organisation is a non-smoking area.
- Facility inspection rounds to ensure safety are conducted at least twice in a year in patient-care areas and at least once in a year in non-patient-care areas.
- Inspection reports are documented and corrective and preventive measures are undertaken.
- There is a safety education programme for staff.

Standard

FMS.2.	The organisation's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
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Objective Elements

- Facilities are appropriate to the scope of services of the organisation.
- Up-to-date drawings are maintained which detail the site layout, floor plans and fire-escape routes.
- There is internal and external sign postings in the organisation in a language understood by the patient, families and community.
- The provision of space shall be in accordance with the available literature on good practices (Indian or international standards) and directives from government agencies.

- e. Potable water and electricity are available round the clock.
- f. Alternate sources for electricity and water are provided as backup for any failure/shortage.
- g. The organisation regularly tests these alternate sources.
- h. There are designated individuals responsible for the maintenance of all the facilities.
- i. There is a documented operational and maintenance (preventive and breakdown) plan.
- j. Maintenance staff is contactable round the clock for emergency repairs.
- k. Response times are monitored from reporting to inspection and implementation of corrective actions.

Standard

FMS.3.	The organisation has a programme for engineering support services.
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Objective Elements

- a. The organisation plans for equipment in accordance with its services and strategic plan.
- b. Equipment are selected, updated or upgraded by a collaborative process.
- c. Equipment are inventoried and proper logs are maintained as required.
- d. Qualified and trained personnel operate and maintain equipment and utility systems.
- e. There is a documented operational and maintenance (preventive and breakdown) plan.
- f. There is a maintenance plan for water management.
- g. There is a maintenance plan for electrical systems.
- h. There is a maintenance plan for heating, ventilation and air-conditioning.
- i. There is a documented procedure for equipment replacement and disposal.

Standard

FMS.4.	The organisation has a programme for bio-medical equipment management.
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Objective Elements

- a. The organisation plans for equipment in accordance with its services and strategic plan.
- b. Equipment are selected, updated or upgraded by a collaborative process.
- c. All equipment are inventoried and proper logs are maintained as required.
- d. Qualified and trained personnel operate and maintain the technical equipment.
- e. Equipment are periodically inspected and calibrated for their proper functioning.
- f. There is a documented operational and maintenance (preventive and breakdown) plan.
- g. There is a documented procedure for equipment replacement and disposal.

Standard

FMS.5.	The organisation has plans for fire and non-fire emergencies within the facilities.
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Objective Elements

- a. The organisation has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.
- b. The organisation has a documented safe-exit plan in case of fire and non-fire emergencies.
- c. Staff is trained for its role in case of such emergencies.
- d. Mock drills are held at least twice a year.
- e. There is a maintenance plan for fire-related equipment.

Standard

FMS.6.	The organisation has herbal plantation.
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Objective Elements

- a. The organisation has herbal plantation within the organisation.
- b. The herbs planted are in accordance to their botanical identification and as per their use in naturopathy treatments.

Standard

FMS.7.	The organisation's environment and facilities operate in a planned manner to ensure safety of patients, their families, staff and visitors and promotes environment friendly measures.
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- a. The organisation takes initiatives towards an energy efficient and environmental friendly centre.
- b. Use natural and locally available materials for construction to provide natural insulation from external heat and cold.

Chapter 9

Human Resource Management (HRM)

Intent of the standards

The most important resource of a organisation and health care system is the human resource. Human resources are an asset for effective and efficient functioning of a organisation. Without an equally effective human resource management system, all other inputs like technology, infrastructure and finances come to naught. Human resource management is concerned with the “people” dimension in management.

The goal of human resource management is to acquire, provide, retain and maintain competent people in right numbers to meet the needs of the patients and community served by the organization. This is based on the organization’s mission, objectives, goals and scope of services.

Effective Human Resource Management involves the following processes and activities:

- a. Acquisition of Human Resources which involves human resource planning, recruiting and socialization of the new employees.
- b. Training and development relates to the performance in the present and future anticipated jobs. The employees are provided with opportunities to advance personally as well as professionally.
- c. Motivation relates to job design, performance appraisal and discipline.
- d. Maintenance relates to safety and health of the employees.

The term “staff/ employee” refers to all salaried personnel working in the organization as well as contractual personnel. It does not refer to “fee for service” technical sprofessionals.

The term “Therapist ” refers to Class XII/PUC with training for 6 month or Class X with 3 years’ relevant experience either in Naturopathy therapy or Yoga classes or personnel having educational qualification less than class X provided he/she is certified by the Head of the Organisation for their competence & skill.

Summary of Standards

HRM.1.	The organization has a documented system of human resource planning.
HRM.2.	The organisation has a documented procedure for recruiting staff and orienting them to the organisation's environment.
HRM.3.	There is an ongoing programme for professional training and development of the staff.
HRM.4.	Staff, students and volunteers are adequately trained on specific job duties or responsibilities related to safety.
HRM.5.	An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.
HRM.6.	The organization has a well-documented disciplinary procedure.
HRM.7.	A grievance handling mechanism exists in the organization.
HRM.8.	The organization addresses the health needs of the employees.
HRM.9.	There is a documented personal record for each staff member.
HRM.10.	There is a process for credentialing and privileging of technical professionals, permitted to provide patient care without supervision.
HRM.11.	There is a process for credentialing and privileging of nursing professionals / support staff permitted to provide patient care without supervision.
HRM.12.	There is a process for collecting, verifying and evaluating the credentials (education, training and experience) of therapist.

Standards and Objective Elements

Standard

HRM.1.	The organization has a documented system of human resource planning.
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Objective Elements

- a. Human resource planning supports the organisation's current and future ability to meet the care, treatment and service needs of the patient.
- b. The organisation maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.
- c. The required job specifications and job description are well defined for each category of staff.
- d. The organization verifies the antecedents of the potential employee with regards to criminal/negligence background.

Standard

HRM.2.	The organisation has a documented procedure for recruiting staff and orienting them to the organisation's environment.
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Objective Elements

- a. There is a documented procedure for recruitment.
- b. Recruitment is based on pre-defined criteria.
- c. Every staff member entering the organisation is provided induction training.
- d. The induction training includes orientation to the organisation's vision, mission and values.
- e. The induction training includes awareness on employee rights and responsibilities.
- f. The induction training includes awareness on patient's rights and responsibilities.
- g. The induction training includes orientation to the service standards of the organisation.
- h. Every staff member is made aware of organisation's wide documented policies and procedures as well as relevant department/unit/service/programme's documented policies and procedures.

Standard

HRM.3.	There is an ongoing programme for professional training and development of the staff.
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Objective Elements

- a. A documented training and development policy exists for the staff.
- b. The organisation maintains the training record.
- c. Staff should be given appropriate orientation/training to respective system of medicine.
- d. Training also occurs when job responsibilities change/new equipment is introduced.
- e. Feedback mechanisms for assessment of training and development programme exist.

Standard

HRM.4.	Staff, students and volunteers are adequately trained on specific job duties or responsibilities related to safety.
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Objective Elements

- a. All staff is trained on the risks within the organisation environment.
- b. Staff can demonstrate and take actions to report, eliminate/minimize risks.
- c. Staff are made aware of procedures to follow in the event of an incident.
- d. Reporting procedures for common problems, failures and user errors exist.
- e. Staff is trained on occupational safety aspects.

Standard

HRM.5.	An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.
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Objective Elements

- A documented performance appraisal system exists in the organization.
- The employees are made aware of the system of appraisal at the time of induction.
- Performance is evaluated based on the pre-determined criteria
- The appraisal system is used as a tool for further development.
- Performance appraisal is carried out at pre defined intervals and is documented.

Standard

HRM. 6.	The organization has a well-documented disciplinary policies and procedure.
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Objective Elements

- Documented policies and procedures exist.
- The disciplinary policy and procedure is based on the principles of natural justice.
- The policy and procedure is known to all categories of employees of the organization.
- The disciplinary procedure is in consonance with the prevailing laws.
- There is a provision for appeals in all disciplinary cases.

Standard

HRM.7.	A grievance handling mechanism exists in the organization.
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Objective Elements

- Documented policies and procedures exist.
- The policies and procedures are known to all categories of staff of the organisation.
- The redress procedure addresses the grievance.
- Actions are taken to redress the grievance.

Standard

HRM.8.	The organization addresses the health needs of the employees.
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Objective Elements

- A pre-employment medical examination is conducted on all the employees.
- Health problems of the employees are taken care of in accordance with the organization's policy.
- Regular health checks of staff dealing with direct patient care are done at-least once a year and the findings/ results are documented.
- Occupational health hazards are adequately addressed.

Standard

HRM.9.	There is a documented personal record for each staff member.
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Objective Elements

- Personal files are maintained in respect of all staff.
- The personal files contain personal information regarding the staff qualification, disciplinary background and health status.
- All records of in-service training and education are contained in the personal files.
- Personal files contain results of all evaluations.

Standard

HRM.10.	There is a process for credentialing and privileging of technical professionals, permitted to provide patient care without supervision.
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Objective Elements

- Technical professionals permitted by law, regulation and the organisation to provide patient care without supervision are identified.
- The education, registration, training and experience of the identified technical

- professionals is documented and updated periodically.
- c. All such information pertaining to the technical professionals is appropriately verified when possible.
 - d. Technical professionals are granted privileges to admit and care for patients in consonance with their qualification, training, experience and registration.
 - e. The requisite services to be provided by the technical professionals are known to them as well as the various departments/units of the organisation.
 - f. Technical professionals admit and care for patients as per their privileging.

Standard

HRM.11.	There is a process for credentialing and privileging of nursing professionals / technical staff / support staff, permitted to provide patient care without supervision.
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Objective Elements

- a. Nursing staff / technical staff /support staff permitted by law, regulation and the organisation to provide patient care without supervision are identified.
- b. The education, registration, training and experience of nursing staff is documented and updated periodically.
- c. All such information pertaining to the nursing staff is appropriately verified when possible.
- d. Nursing staff / support staff are granted privileges in consonance with their qualification, training, experience and registration.
- e. The requisite services to be provided by the nursing staff are known to them as well as the various departments/units of the organisation.
- f. Nursing / technical staff / support staff professionals care for patients as per their privileging.

Standard

HRM.12.	There is a process for collecting, verifying and evaluating the credentials (education, training and experience) of therapist.
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Objective Element

- a. The education, training and experience of therapist are documented and updated periodically.
- b. All such information is appropriately verified when possible.
- c. Therapist are granted privileges in consonance with their qualification, training, experience and registration.
- d. Therapist care for patients as per their privileging.

Chapter 10

Information Management System (IMS)

Intent of Standards

Information is an important resource for effective and efficient delivery of health care.

Provision of health care and its continued improvement is dependent to a large extent on the information generated, stored and utilized appropriately by the organizations.

The goal of information management in a organisation is to ensure that the required inputs are available to the right personnel. This is provided in an authenticated, secure and accurate manner at the right time and place. This helps to achieve the ultimate organizational goal of a satisfied and improved provider and recipient of health care.

An effective information management system is based on the information needs of the organization. The system is able to capture, transmit, store, analyze, utilize and retrieve information as and when required for improving treatment outcomes as well as individual and overall organizational performance.

Although a digital based information system improves efficiency, the basic principles of a good information management system apply equally to a manual/paper based system.

Summary of Standards

IMS.1.	Documented policies and procedures exist to meet the information needs of the care providers, management of the organization as well as other agencies that require data and information from the organization.
IMS.2.	The organization has processes in place for effective management of data.
IMS.3.	The organization has a complete and accurate treatment record for every patient.
IMS.4.	The treatment record reflects continuity of care.
IMS.5.	Documented policies and procedures are in place for maintaining confidentiality, integrity and security of information.
IMS.6.	Documented policies and procedures exist for retention time of records, data and information.
IMS.7.	The organization regularly carries out review of treatment records.

Standards and Objective Elements

Standard

IMS.1.	Documented policies and procedures exist to meet the information needs of the care providers, management of the organization as well as other agencies that require data and information from the organization.
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Objective Elements

- The information needs of the organization are identified and are appropriate to the scope of the services being provided by the organization.
- Policies and procedures to meet the information needs are documented.
- These policies and procedures are in compliance with the prevailing laws and regulations.
- All information management and technology acquisitions are in accordance with the documented policies and procedures.
- The organization contributes to external databases in accordance with the law and regulations.

Standard

IMS.2.	The organization has processes in place for effective management of data.
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Objective Elements

- Formats for data collection are standardized.
- Necessary resources are available for analyzing data.
- Documented procedures are laid down for timely and accurate dissemination of data.
- Documented procedures exist for storing and retrieving data.
- Appropriate medical/ technical staff and managerial staff participates in selecting, integrating and using data.

Standard

IMS.3.	The organization has a complete and accurate treatment record for every patient.
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Objective Elements

- Every treatment record has a unique identifier.
- Organisation policy identifies those authorized to make entries in treatment record.
- Every treatment record entry is dated and timed.
- The author of the entry can be identified.
- The contents of treatment record are identified and documented.
- The record provides an up-to-date and chronological account of patient care.
- Provision is made for 24-hour availability of the patient's record to healthcare providers to ensure continuity of care.

Standard

IMS.4.	The treatment record reflects continuity of care.
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Objective Elements

- The treatment record contains information regarding reasons for admission, diagnosis and care plan.
- The treatment record contains the results of tests carried out and the care provided.
- All procedures performed are incorporated in the treatment record.
- When patient is transferred to another organisation, the treatment record contains the date and time of transfer, the reason for the transfer and the name of the receiving organisation.
- The treatment record contains a copy of the discharge note duly signed by appropriate and qualified personnel.
- In case of death, the treatment record contains a copy of the death certificate

indicating the cause, date and time of death.

- g. Care providers have access to current and past medical record.

Standard

IMS.5.	Documented policies and procedures are in place for maintaining confidentiality, integrity and security of information.
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Objective Elements

- a. Documented policies and procedures exist for maintaining confidentiality, security and integrity of information.
- b. Documented policies and procedures are in consonance with the applicable laws.
- c. The policies and procedures incorporate safeguarding of data/record against loss, destruction and tampering.
- d. The organisation has an effective process of monitoring compliance of the laid down policy.
- e. The organisation uses developments in appropriate technology for improving confidentiality, integrity and security.
- f. Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorization.
- g. A documented procedure exists on how to respond to patients/physicians and other public agencies requests for access to information in the treatment record in accordance with the local and national law.

Standard

IMS.6.	Documented policies and procedures exist for retention time of records, data and information.
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Objective Elements

- a. Documented policies and procedures are in place on retaining the patient's treatment records, data and information.
- b. The documented policies and procedures are in consonance with the local and national laws and regulations.
- c. The retention process provides expected confidentiality and security.

- d. The destruction of treatment records, data and information is in accordance with the laid down policy.

Standard

IMS. 7.	The organization regularly carries out review of treatment records.
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Objective Elements

- a. The treatment records are reviewed periodically.
- b. The review uses a representative sample based on statistical principles.
- c. The review is conducted by identified care providers.
- d. The review focuses on the timeliness, legibility and completeness of the treatment records.
- e. The review process includes records of both active and discharged patients.
- f. The review points out and documents any deficiencies in records.
- g. Appropriate corrective and preventive measures undertaken are documented.

Glossary

The commonly-used terminologies in the NABH standards are briefly described and explained herein to remove any ambiguity regarding their comprehension. The definitions narrated have been taken from various authentic sources as stated, wherever possible. Notwithstanding the accuracy of the explanations given, in the event of any discrepancy with a legal requirement enshrined in the law of the land, the provisions of the latter shall apply.

Accreditation	Accreditation is self-assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system.
Accreditation assessment	The evaluation process for assessing the compliance of an organisation with the applicable standards for determining its accreditation status.
Adverse event	An injury related to medical management, in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable. (WHO Draft Guidelines for Adverse Event Reporting and Learning Systems)
Ambulance	A patient carrying vehicle having facilities to provide unless otherwise indicated at least basic life support during the process of transportation of patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma ambulance, air ambulance, etc.
Assessment	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing treatment status of the patient.

Breakdown maintenance	Activities which are associated with the repair and servicing of site infrastructure, buildings, plant or equipment within the site's agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.
Bylaws	A rule governing the internal management of an organisation. It can supplement or complement the government law but cannot countermand it, e.g. municipal bylaws for construction of hospitals/nursing homes, for disposal of hazardous and/or infectious waste
Care Plan	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. (Principles for Best Practice in Clinical Audit 2002, NICE/CHI)
Competence	<p>Demonstrated ability to apply knowledge and skills (para 3.9.2 of ISO 9000: 2000).</p> <p>Knowledge is the understanding of facts and procedures. Skill is the ability to perform specific action. For example, a competent gynaecologist knows about the patho-physiology of the female genitalia and can conduct both normal as well as abnormal deliveries.</p>
Confidentiality	Restricted access to information to individuals who have a need, a reason and permission for such access. It also includes an individual's right to personal privacy as well as privacy of information related to his/her healthcare records.

Consent	<ol style="list-style-type: none"> 1. Willingness of a party to undergo examination/procedure/treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient to take an informed decision of his/her health care. 2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India, legal age of consent is 18 years. It may be evidenced by words or acts or by silence when silence implies concurrence. Actual or implied consent is necessarily an element in every contract and every agreement.
Credentialing	The process of obtaining, verifying and assessing the qualification of a healthcare provider.
Treatment record	A document which contains the chronological sequence of events that a patient undergoes during his stay in the healthcare organisation. It includes demographic data of the patient, assessment findings, diagnosis, consultations, procedures undergone, progress notes and discharge summary. (Death certificate, where required)
Patient Satisfaction	Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. patient satisfaction is thus a proxy but a very effective indicator to measure the success of Health care providers.
Data	Facts or information used usually to calculate analyse or plan something.
Discharge summary	A part of a patient record that summarises the reasons for admission, significant treatment findings, procedures performed, treatment rendered,

	patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications).
Disciplinary proceedings	Sequence of activities to be carried out when staff does not conform to the laid-down norms, rules and regulations of the healthcare organisation.
Effective communication	<p>A two way information sharing process which involves the communicator, communicating a message that is easily understood by the recipient.</p> <p>Good medical care depends upon effective communication between patients and providers. Effective communication with persons who have limited language proficiency or understanding of the subject due to lack of familiarity, often requires interpreters, special efforts or other services.</p>
Employees	All members of the healthcare organisation who are employed full time and are paid suitable remuneration for their services as per the laid-down policy.
Ethics	Moral principles that govern a person's or group's behaviour.
Family	The person(s) with a significant role in the patient's life. It mainly includes spouse, children and parents. It may also include a person not legally related to the patient but can make healthcare decisions for a patient if the patient loses decision-making ability.
Goal	<p>A broad statement describing a desired future condition or achievement without being specific about how much and when. (ASQ)</p> <p>The term "goals" refers to a future condition or performance level that one intends to attain. Goals can be both short- and longer-term. Goals are ends that guide actions. (MBNQA)</p>
Grievance-handling procedures	Sequence of activities carried out to address the grievances of patients, visitors, relatives and staff.
Healthcare-	Healthcare-associated infections (HAIs) are infections caused by a wide

associated infection	<p>variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. (CDC)</p> <p>This was earlier referred to as Nosocomial/hospital-acquired/ hospital-associated infection(s).</p>
Healthcare organisation	<p>Generic term is used to describe the various types of organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.</p>
Incident reporting	<p>It is defined as written or verbal reporting of any event in the process of patient care ,that is inconsistent with the deserved patient outcome or routine operations of the healthcare facility.</p>
In service education/training	<p>Organised education/training usually provided in the workplace for enhancing the skills of staff members or for teaching them new skills relevant to their jobs/tasks.</p>
Indicator	<p>A statistical measure of the performance of functions, systems or processes overtime. For example, hospital acquired infection rate, mortality rate, caesarean section rate, absence rate, etc.</p>
Information	<p>Processed data which lends meaning to the raw data.</p>
Intent	<p>A brief explanation of the rational, meaning and significance of the standards laid down in a particular chapter.</p>
Inventory control	<p>The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure adequate supply without stock-outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimise total costs.</p>
Job description	<ol style="list-style-type: none">1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job.2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities)

	and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Job specification	<ol style="list-style-type: none"> 1. The qualifications/physical requirements, experience and skills required to perform a particular job/task. 2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.
Laws	Legal document setting forth the rules of governing a particular kind of activity, e.g. organ transplantation act, which governs the rules for undertaking organ transplantation.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (British Standard 3811:1993)
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.
Mission	An organisation's purpose. This refers to the overall function of an organisation. The mission answers the question, "What is this organisation attempting to accomplish?" The mission might define patients, stakeholders, or markets served, distinctive or core competencies, or technologies used.
Monitoring	The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment, e.g. monitoring of growth and nutritional status, air quality in operation theatre. It requires careful planning and use of standardised procedures and methods of data collection.
Multi-disciplinary	A generic term which includes representatives from various disciplines,

	professions or service areas.
Near-miss	<p>A near-miss is an unplanned event that did not result in injury, illness, or damage--but had the potential to do so.</p> <p>Errors that did not result in patient harm, but could have, can be categorised as near-misses.</p>
No harm	<p>This is used synonymously with near miss. However, some authors draw a distinction between these two phrases.</p> <p>A near-miss is defined when an error is realised just in the nick of time and abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognised and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reactions to administered drugs in allergic patients. A prophylactic injection of cephalosporin may be stopped in time because it suddenly transpires that the patient is known to be allergic to penicillin (near-miss). If this vital piece of information is overlooked and the cephalosporin administered, the patient may fortunately not develop an anaphylactic reaction (no harm event).</p>
Objective	A specific statement of a desired short-term condition or achievement includes measurable end-results to be accomplished by specific teams or individuals within time limits. (ASQ)
Objective element	It is that component of standard which can be measured objectively on a rating scale. The acceptable compliance with the measureable elements will determine the overall compliance with the standard.
Occupational health hazard	The hazards to which an individual is exposed during the course of performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
Operational plan	Operational plan is the part of your strategic plan. It defines how you will operate in practice to implement your action and monitoring plans--what

	your capacity needs are, how you will engage resources, how you will deal with risks, and how you will ensure sustainability of the organisation's achievements.
Organogram	A graphic representation of reporting relationship in an organisation.
Outsourcing	Hiring of services and facilities from other organisation based upon one's own requirement in areas where such facilities are either not available or else are not cost-effective. For example, outsourcing of house-keeping, security, laboratory/certain special diagnostic facilities with other institutions after drawing a memorandum of understanding that clearly lays down the obligations of both organisations: the one which is outsourcing and the one which is providing the outsourced facility. It also addresses the quality-related aspects.
Performance appraisal	It is the process of evaluating the performance of employees during a defined period of time with the aim of ascertaining their suitability for the job, potential for growth as well as determining training needs.
Policies	They are the guidelines for decision-making, e.g. admission, discharge policies, antibiotic policy, etc.
Prescription	<p>A prescription is a document given by a physician or other healthcare practitioner in the form of instructions that govern the care plan for an individual patient.</p> <p>Legally, it is a written directive, for compounding or dispensing and administration of drugs, or for other service to a particular patient.</p> <p><i>(Reference: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition, Saunders)</i></p>
Privileging	It is the process for authorising all medical professionals to admit and treat patients and provide other treatment services commensurate with their qualifications and skills.
Procedure	1. A specified way to carry out an activity or a process (Para

	<p>3.4.5 of ISO 9000: 2000).</p> <p>2. A series of activities for carrying out work which when observed by all help to ensure the maximum use of resources and efforts to achieve the desired output.</p>
Process	A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000: 2000).
Programme	A sequence of activities designed to implement policies and accomplish objectives.
Protocol	A plan or a set of steps to be followed in a study, an investigation or an intervention.
Quality	<p>1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2000).</p> <p>Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000: 2000).</p> <p>Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2000).</p> <p>2. Degree of adherence to pre-established criteria or standards.</p>
Quality assurance	Part of quality management focussed on providing confidence that quality requirements will be fulfilled (Para 3.2.11 of ISO 9000:2000).
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patient.
Radiation Safety	<p>Radiation safety refers to safety issues and protection from radiation hazards arising from the handling of radioactive materials or chemicals and exposure to Ionizing & Non-Ionizing Radiation.</p> <p>This is implemented by taking steps to ensure that people will not receive excessive doses of radiation and by monitoring all sources of radiation to</p>

	<p>which they may be exposed. (Reference: McGraw-Hill Dictionary of Scientific & Technical Terms)</p> <p>In a Healthcare setting, this commonly refers to X-ray machines, CT/ PET CT Scans, Electron microscopes, Particle accelerators, Cyclotrone etc. Radioactive substances & radioactive waste are also potential Hazards.</p> <p>Imaging Safety includes safety measures to be taken while performing an MRI, Radiological interventions, Sedation, Anaesthesia, Transfer of patient, Monitoring patient during imaging procedure etc.</p>
Re-assessment	It implies continuous and ongoing assessment of the patient which is recorded in the medical records as progress notes.
Resources	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for efficient and effective functioning of an organisation.
Safety	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
Safety programme	A programme focused on patient, staff and visitor safety.
Scope of services	Range of treatment and supportive activities that are provided by a healthcare organisation.
Security	Protection from loss, destruction, tampering, and unauthorised access or use.
Sentinel events	<p>A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services.</p> <p>Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.</p>
Social	A balanced approach for organisation to address economic, social and

responsibility	environmental issues in a way that aims to benefit people, communities and society, e.g. adoption of villages for providing health care, holding of medical camps and proper disposal of hospital wastes.
Special Educational needs of the patient	In addition to routine carried by the healthcare professionals, patient and family have special educational needs depending on the situation. Eg: a post surgical patient who has to take care of his wound, NG tube feeding, patient on tracheostomy getting discharged who has to be taken care by the family etc. The special educational needs are also greatly influenced by the literacy, educational level, language, emotional barriers and physical and cognitive limitations. Hence it is important for the staff to determine the special educational needs and the challenges influencing the effective education.
Staff	All personnel working in the organisation including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.
Standard precautions	<ol style="list-style-type: none"> 1. A method of infection control in which all human blood and other bodily fluids are considered infectious for HIV, HBV and other blood-borne pathogens, regardless of patient history. It encompasses a variety of practices to prevent occupational exposure, such as the use of personal protective equipment (PPE), disposal of sharps and safe housekeeping 2. A set of guidelines protecting first aiders or healthcare professionals from pathogens. The main message is: "Don't touch or use anything that has the victim's body fluid on it without a barrier." It also assumes that all body fluid of a patient is infectious, and must be treated accordingly. <p>Standard Precautions apply to blood, all body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood, non-intact skin and mucous membranes</p>

Standards	A statement of expectation that defines the structures and process that must be substantially in place in an organisation to enhance the quality of care.
Strategic plan	<p>Strategic planning is an organisation's process of defining its strategy or direction and making decisions on allocating its resources to pursue this strategy, including its capital and people. Various business analysis techniques can be used in strategic planning, including SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) e.g. Organisation can have a strategic plan to become market leader in provision of cardiothoracic and vascular services. The resource allocation will have to follow the pattern to achieve the target.</p> <p>The process by which an organisation envisions its future and develops strategies, goals, objectives and action plans to achieve that future.</p>
Surveillance	The continuous scrutiny of factors that determines the occurrence and distribution of diseases and other conditions of ill health. It implies watching over with great attention, authority and often with suspicion. It requires professional analysis and sophisticated interpretation of data leading to recommendations for control activities.
Validation	<ol style="list-style-type: none">1. Confirmation through the provision of objective evidence that the requirements for a specific intended use or application have been fulfilled. Objective Evidence – Data supporting the existence or variety of something.2. The checking of data for correction or for compliance with applicable standards, rules or conventions. These are the tests to determine whether an implemented system fulfills its requirements. It also refers to what extent does a test accurately measure what it purports to measure.
Values	The fundamental beliefs that drive organisational behaviour and decision-

	<p>making.</p> <p>This refers to the guiding principles and behaviours that embody how an organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an organisation.</p>
Vision	<p>An overarching statement of the way an organisation wants to be, an ideal state of being at a future point.</p> <p>This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future.</p>
Vulnerable patient	<p>Those patient who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status,e.g. infants, elderly, physically- and mentally-challenged, semiconscious/ unconscious, those on immunosuppressive and/or chemotherapeutic agents.</p>

ANNEXURE**Patient safety goals for Yoga & Naturopathy Centres**

SI	Goal	How to achieve
1	Identify patient correctly	Use atleast any two ways to identify patient. Eg: UHID, name, date of birth etc.
2	Improve effective communication	On 3 aspects Between doctor and patient Between doctor and therapist Between therapist and patient
3	Improve the safety in treatment during high alert conditions	Double sign required (therapist/ supervisor/ doctor) Condition eg: 1. Steam bath for hypertensive patient 2. Massage for pregnant lady.
4	Ensure 4r: right treatment, right patient, right duration , right site	Cross check the prescription with patients card.
5	Reduce the risk of infections.	Maintain infection control measures.
6	Ensure active pain management	Centre should ensure active pain management protocol and procedures. Prevent patient fall.

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