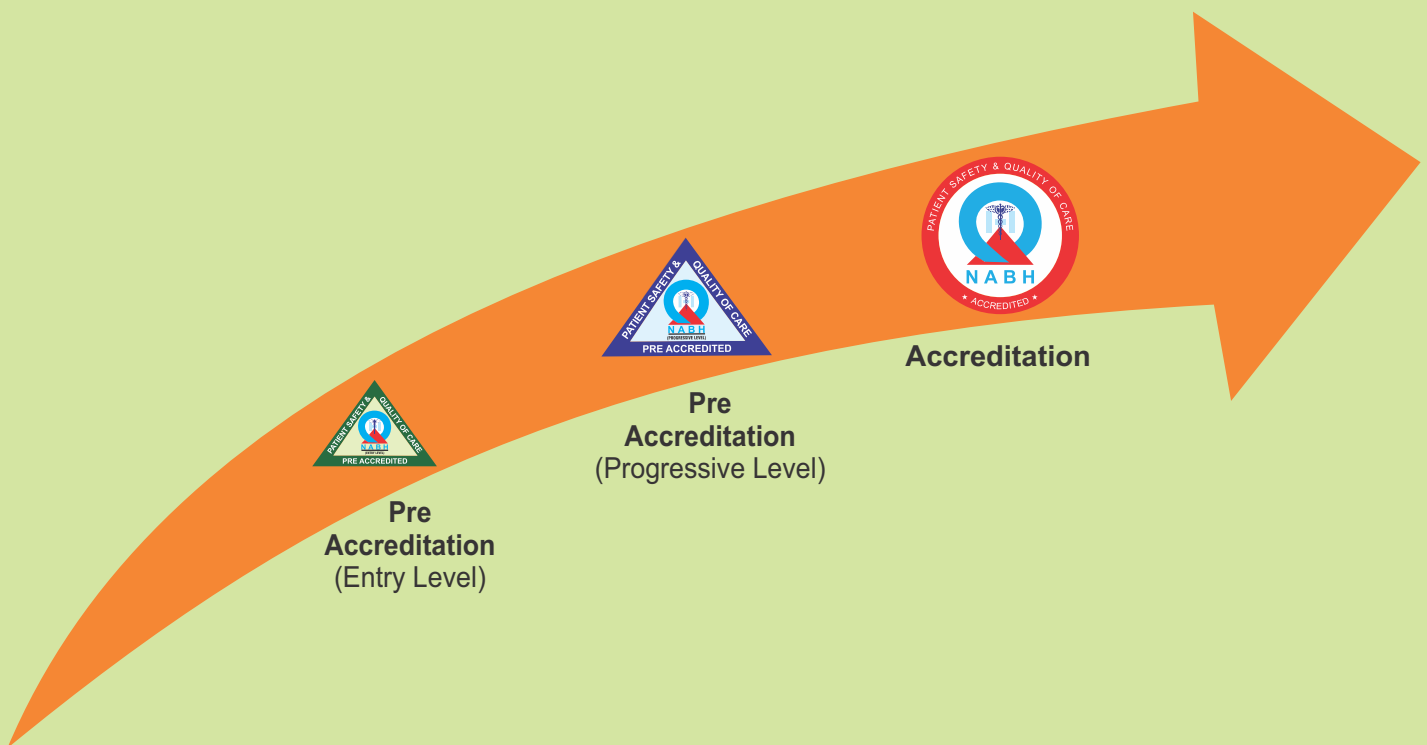


PRE ACCREDITATION ENTRY LEVEL STANDARDS FOR SMALL HEALTH CARE ORGANIZATIONS

First Edition : April 2014



**NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND
HEALTHCARE PROVIDERS (NABH)**



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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

Pre Accreditation Entry Level Standards for Small Healthcare Organizations (SHCO)

First Edition - April 2014



**NATIONAL ACCREDITATION BOARD FOR
HOSPITALS AND HEALTHCARE PROVIDERS**

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FOREWORD

Pre-Accreditation Entry level Standards are meant for the Hospitals which have a desire to implement quality system to improve quality and patient safety. These standards can be used by hospitals to enter the realm of systematic quality management across a healthcare organization.

Though the standards cover the vitals of quality and safety management, the organization implementing these is also expected to progress further by going ahead with the NABH Hospital quality standards.

I wish every success to the organization adopting these for implementation and congratulate them on their spirit of quality and patient safety.

Dr. Atul Mohan Kochhar
CEO - NABH

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Summary of Chapters, Standards and Objective Elements

Chapters	No. of Standards	No. of Objective Elements
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Chapter 1

Access, Assessment and Continuity of Care (AAC)

Intent of the chapter:

The organization defines its scope of service provision and provides information to patients about the services available. This will facilitate appropriately matching patients with the organisation's resources. Once the patient is in the organization, the patient is registered and assessed, whether in OPD, IPD or Emergency. The laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff.

A standardized approach is used for referring or transferring patients in case the services they need do not match with the services available at the organization. Further, the chapter lays down key safety and process elements that the organization should meet, in the continuum of the patient care within the hospital and till discharge.

Summary of Standards

AAC.1.	The organization defines and displays the services that it can provide.
AAC.2.	The organization has a documented registration, admission and transfer process.
AAC.3.	Patients cared for by the organization undergo an established initial assessment.
AAC.4.	Patient care is continuous and all patients cared for by the organization undergo a regular reassessment.
AAC.5.	Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.
AAC.6.	Imaging services are provided as per the scope of the hospital's services and established radiation safety programme.
AAC.7.	Organization has a defined discharge process.

Standards and Objective Elements

Standard

AAC. 1	The organization defines and displays the services that it can provide
---------------	---

Objective Elements

- a. The services being provided are clearly defined.
- b. The defined services are prominently displayed.
- c. The relevant staffs are oriented to these services.

Standard

AAC. 2	The organization has a documented registration, admission and transfer process
---------------	---

Objective Elements

- a. Process addresses registering and admitting out-patients, in-patients and emergency patients.
- b. Process addresses mechanism for transfer or referral of patients who do not match the organizational resources.

Standard

AAC. 3	Patients cared for by the organization undergo an established initial assessment
---------------	---

Objective Elements

- a. The organization defines the content of the assessments for in-patients and emergency patients.
- b. The organization determines who can perform the assessments.
- c. The initial assessment for in-patients is documented within 24 hours or earlier.

Standard

AAC. 4	Patient care is continuous and all patients cared for by the organization undergo a regular reassessment
---------------	---

Objective Elements

- a. During all phases of care, there is a qualified individual identified as responsible for the patient's care, who coordinate the care in all the settings within the organization.
- b. All patients are reassessed at appropriate intervals.
- c. Staff involved in direct clinical care document reassessments.
- d. Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.

Standard

AAC. 5	Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements
---------------	--

Objective Elements

- a. Scope of the laboratory services are commensurate to the services provided by the organization.
- b. Procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.
- c. Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.
- d. Laboratory personnel are trained in safe practices and are provided with appropriate safety equipment / devices.

Standard

AAC. 6	Imaging services are provided as per the scope of the hospital's services and established radiation safety programme
---------------	---

Objective Elements

- Imaging services comply with legal and other requirements.
- Scope of the imaging services are commensurate to the services provided by the organization.
- Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.
- Imaging personnel are trained in safe practices and are provided with appropriate safety equipment / devices.

Standard

AAC. 7	Organization has a defined discharge process
---------------	---

Objective Elements

- Process addresses discharge of all patients including medico-legal cases and patients leaving against medical advice.
- A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice).
- Discharge summary contains the reasons for admission, significant findings, investigations results, diagnosis, procedure performed (if any), treatment given and the patient's condition at the time of discharge.
- Discharge summary contains follow up advice, medication and other instructions in an understandable manner.
- Discharge summary incorporates instructions about when and how to obtain urgent care.
- 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 standards in this chapter aim to guide and encourage patient safety as the overall principle for providing care to patients.

Specific services such as Intensive Care, Surgery, Blood Transfusion, Emergency, Anesthesia, Obstetrics and Paediatric are addressed, where patient care is guided by policies and procedures. The organization is also encouraged to identify and adapt clinical guidelines, so as to bring about uniformity in patient care.

Summary of Standards

COP. 1	Care of patients is guided by accepted norms and practice.
COP. 2	Emergency services including ambulance are guided by documented procedures and applicable laws and regulations.
COP. 3	Documented procedures define rational use of blood and blood products.
COP. 4	Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency units.
COP. 5	Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital.
COP. 6	Documented procedures guide the care of paediatric patients as per the scope of services.
COP. 7	Documented procedures guide the administration of anaesthesia.
COP. 8	Documented procedure guides the care of patients undergoing surgical procedures.

Standards and Objective Elements

Standard

COP. 1	Care of patients is guided by accepted norms and practice
---------------	--

Objective Elements

- a. The care and treatment orders are signed and dated by the concerned doctor.
- b. Clinical Practice Guidelines are adopted to guide patient care wherever possible.

Standard

COP. 2	Emergency services including ambulance are guided by documented procedures and applicable laws and regulations
---------------	---

Objective Elements

- a. Documented procedures address care of patients arriving in the emergency including handling of medico-legal cases.
- b. Staff should be well versed in the care of emergency patients in consonance with the scope of the services of hospital.
- c. Admission or discharge to home or transfer to another organization is also documented.

Standard

COP. 3	Documented procedures define rational use of blood and blood products
---------------	--

Objective Elements

- a. The transfusion services are governed by the applicable laws and regulations.
- b. Informed consent is obtained for donation and transfusion of blood and blood products.
- c. Procedure addresses documenting and reporting of transfusion reactions.

Standard

COP. 4	Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency units
---------------	---

Objective Elements

- a. Care of patient is in consonance with the documented procedures.
- b. Adequate staff and equipment are available.

Standard

COP. 5	Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital
---------------	---

Objective Elements

- a. The organization defines the scope of obstetric services.
- b. Obstetric patient's care includes regular ante-natal check-ups, maternal nutrition and post-natal care.
- c. The organization has the facilities to take care of neonates.

Standard

COP. 6	Documented procedures guide the care of paediatric patients as per the scope of services
---------------	---

Objective Elements

- a. The organization defines the scope of its paediatric services.
- b. Provisions are made for special care of children by competent staff.
- c. Patient assessment includes detailed nutritional growth and immunization assessment.
- d. Procedure addresses identification and security measures to prevent child/ neonate abduction and abuse.

- e. The children's family members are educated about nutrition, immunization and safe parenting.

Standard

COP. 7	Documented procedures guide the administration of anaesthesia
---------------	--

Objective Elements

- a. There is a documented policy and procedure for the administration of anaesthesia.
- b. All patients for anaesthesia have a pre-anaesthesia assessment by a qualified/trained individual.
- c. The pre-anaesthesia assessment results in formulation of an anaesthesia plan which is documented.
- d. An immediate preoperative re-evaluation is documented.
- e. Informed consent for administration of anaesthesia is obtained by the anaesthetist.
- f. Anaesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and potency and level of anaesthesia.
- g. Each patient's post-anaesthesia status is monitored and documented.

Standard

COP. 8	Documented procedure guides the care of patients undergoing surgical procedures
---------------	--

Objective Elements

- a. Surgical patients have a preoperative assessment and a provisional diagnosis documented prior to surgery.
- b. An informed consent is obtained by a surgeon prior to the procedure.
- c. Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.

- d. Qualified persons are permitted to perform the procedures that they are entitled to perform.
- e. The operating surgeon documents the operative notes and post-operative plan of care.
- f. The operation theatre is adequately equipped and monitored for infection control practices.

Chapter 3

Management of Medication (MOM)

Intent of the standards

The organization has a safe and organized medication process. The process includes policies and procedures that guide the availability, safe storage, prescription, dispensing and administration of medications.

The availability of emergency medication is stressed upon. The organization should have a mechanism to ensure that the emergency medications are standardised throughout the organization, readily available and replenished in a timely manner. There should be a monitoring mechanism to ensure that the required medications are always stocked and well within expiry dates.

The process also includes monitoring of patients after administration and procedures for reporting and analysing adverse drug events, which include errors and events.

Summary of Standards

MOM. 1	Documented procedures guide the organization of pharmacy services and usage of medication.
MOM. 2	Documented procedure guides the prescription of medications.
MOM. 3	Policies and procedures guide the safe dispensing of medications.
MOM. 4	There are defined procedures for medication administration
MOM. 5	Adverse drug events are monitored.

Standards and Objective Elements

Standard

MOM. 1	Documented procedures guide the organization of pharmacy services and usage of medication
---------------	--

Objective Elements

- a. Documented procedure shall incorporate purchase, storage, prescription and dispensation of medications.
- b. These comply with the applicable laws and regulations.
- c. Sound alike and look alike medications are stored separately.
- d. Beyond expiry date medications are not stored/used.
- e. Documented procedures address procurement and usage of implantable prosthesis.

Standard

MOM. 2	Documented procedure guides the prescription of medications
---------------	--

Objective Elements

- a. The organization determines who can write orders.
- b. Orders are written in a uniform location in the medical records.
- c. Medication orders are clear, legible, dated and signed.
- d. The organization defines a list of high risk medication & process to prescribe them.

Standard

MOM. 3	Policies and procedures guide the safe dispensing of medications
---------------	---

Objective Elements

- a. Medications are checked prior to dispensing including expiry date to ensure that they are fit for use.
- b. High risk medication orders are verified prior to dispensing.

Standard

MOM. 4	There are defined procedures for medication administration
---------------	---

Objective Elements

- a. Medications are administered by trained personnel.
- b. High risk medication orders are verified prior to administration, medication order including patient, dosage, route and timing are verified.
- c. Prepared medication is labelled prior to preparation of a second drug.
- d. Medication administration is documented.
- e. A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.

Standard

MOM. 5	Adverse drug events are monitored
---------------	--

Objective Elements

- a. Adverse drug events are defined and monitored.
- b. Adverse drug events are documented and reported within a specified time frame.

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 costs are explained in a clear manner to patient and/or family. The patients are educated about the mechanisms available for addressing grievances.

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

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	Patient rights are documented displayed and support individual beliefs, values and involve the patient and family in decision making processes.
PRE. 2	Patient and families have a right to information and education about their healthcare needs.

Standards and Objective Elements

Standard

PRE. 1	Patient rights are documented displayed and support individual beliefs, values and involve the patient and family in decision making processes
---------------	---

Objective Elements

- a. Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.
- b. Patient rights include protection from physical abuse or neglect.
- c. Patient rights include treating patient information as confidential.
- d. Patient rights include obtaining informed consent before carrying out procedures.
- e. Patient rights include information on how to voice a complaint.
- f. Patient rights include information on the expected cost of the treatment.
- g. Patient has a right to have an access to his / her clinical records.

Standard

PRE. 2	Patient and families have a right to information and education about their healthcare needs
---------------	--

Objective Elements

- a. Patients and families are educated on plan of care, preventive aspects, possible complications, medications, the expected results and cost as applicable.
- b. Patients are taught in a language and format that they can understand.

Chapter 5

Hospital Infection Control (HIC)

Intent of the standards

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

The organization proactively monitors adherence to infection control practices such as standard precautions, cleaning disinfection and sterilization. Adequate facilities for the protection of staff are available. bio medical waste is managed as per policies and procedures.

Summary of Standards

HIC. 1	The hospital has an infection control manual, which is periodically updated and conducts surveillance activities.
HIC. 2	The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees.
HIC. 3	Bio-medical Waste (BMW) management practices are followed.

Standards and Objective Elements

Standard

HIC. 1	The hospital has an infection control manual, which is periodically updated and conducts surveillance activities
---------------	---

Objective Elements

- a. It focuses on adherence to standard precautions at all times.
- b. Cleanliness and general hygiene of facilities will be maintained and monitored.
- c. Cleaning and disinfection practices are defined and monitored as appropriate.
- d. Equipment cleaning, disinfection and sterilization practices are included.
- e. Laundry and linen management processes are also included.

Standard

HIC. 2	The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees
---------------	--

Objective Elements

- a. Hand hygiene facilities in all patient care areas are accessible to health care providers.
- b. Adequate gloves, masks, soaps, and disinfectants are available and used correctly.
- c. Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.

Standard

HIC. 3	Bio-medical waste (BMW) management practices are followed
---------------	--

Objective Elements

- a. The hospital is authorized by prescribed authority for the management and handling of bio-medical waste.
- b. Proper segregation and collection of bio-medical waste from all patient care areas of the hospital is implemented and monitored.
- c. Bio-medical waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorized contractor(s).
- d. Requisite fees, documents and reports are submitted to competent authorities on stipulated dates.
- e. Appropriate personal protective measures are used by all categories of staff handling bio-medical waste.

Chapter 6

Continuous Quality Improvement (CQI)

Intent of the standards

The standards introduce the subject of continual quality improvement and patient safety. The quality and safety programme should be documented and involve all areas of the organization and all staff members. The organization should identify and collect data on structures, processes and outcomes, The collected data should be collated, analysed and used for further improvements.

Summary of Standards

CQI. 1	There is a structured quality improvement and continuous monitoring programme in the organization.
CQI. 2	The organization identifies key indicators to monitor the structures, processes and outcomes which are used as tools for continual improvement.

Standards and Objective Elements

Standard

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

Objective Elements

- a. There is a designated individual for coordinating and implementing the quality improvement programme.
- b. The quality improvement programme is a continuous process and updated at least once in a year.
- c. Hospital Management makes available adequate resources required for quality improvement programme.

Standard

CQI. 2	The organization identifies key indicators to monitor the structures, processes and outcomes which are used as tools for continual improvement
---------------	---

Objective Elements

- a. Organization shall identify the appropriate key performance indicators in both clinical and managerial areas.
- b. These indicators shall be monitored.

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 responsibilities of the management 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 hospital management.

Summary of Standards

ROM. 1	The responsibilities of the management are defined.
ROM. 2	The organization is managed by the leaders in an ethical manner.

Standards and Objective Elements

Standard

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

Objective Elements

- a. The organization has a documented organogram.
- b. The organization is registered with appropriate authorities as applicable.
- c. The organization has a designated individual(s) to oversee the hospital wide safety programme.

Standard

ROM. 2	The organization is managed by the leaders in an ethical manner
---------------	--

Objective Elements

- a. The management makes public the mission statement of the organization.
- b. The leaders/management guide the organization to function in an ethical manner.
- c. The organization discloses its ownership.
- d. The organization's billing process is accurate and ethical.

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 conducts regular facility inspection rounds and takes the appropriate action to ensure safety.

The organization provides for equipment management, safe water, electricity, medical gases and vacuum systems.

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

Summary of Standards

FMS. 1	The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
FMS. 2	The organization has a program for clinical and support service equipment management.
FMS. 3	The organization has provisions for safe water, electricity, medical gas and vacuum systems.
FMS. 4	The organization has plans for fire and non-fire emergencies within the facilities.

Standards and Objective Elements

Standard

FMS. 1	The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors
---------------	---

Objective Elements

- a. Internal and External Signage's shall be displayed in a language understood by the patients/ families and communities.
- b. Maintenance staff is contactable round the clock for emergency repairs.
- c. The hospital has a system to identify the potential safety and security risks including hazardous materials.
- d. Facility inspection rounds to ensure safety are conducted periodically.
- e. There is a safety education programme for relevant staff.

Standard

FMS. 2	The organization has a program for clinical and support service equipment management
---------------	---

Objective Elements

- a. The organization plans for equipment in accordance with its services.
- b. There is a documented operational and maintenance (preventive and breakdown) plan.

Standard

FMS. 3	The organization has provisions for safe water, electricity, medical gas and vacuum systems
---------------	--

Objective Elements

- a. Potable water and electricity are available round the clock.
- b. Alternate sources are provided for in case of failure and tested regularly.

- c. There is a maintenance plan for medical gas and vacuum systems.

Standard

FMS. 4	The organization has plans for fire and non-fire emergencies within the facilities
---------------	---

Objective Elements

- a. The organization has plans and provisions for detection, abatement and containment of fire and non-fire emergencies.
- b. The organization has a documented safe exit plan in case of fire and non-fire emergencies.
- c. Staff is trained for their role in case of such emergencies.
- d. Mock drills are held at least twice in a year.

Chapter 9

Human Resource Management (HRM)

Intent of the standards

The most important resource of a hospital and healthcare system is the human resource. Human resources are an asset for effective and efficient functioning of a hospital. 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 “employee” refers to all salaried personnel working in the organization. The term “staff” refers to all personnel working in the organization including employees, “fee for service” medical professionals, part-time workers, contractual personnel and volunteers.

Summary of Standards

HRM. 1	There is an on-going programme for professional training and development of the staff.
HRM. 2	The organization has a well-documented disciplinary and grievance handling procedure.
HRM. 3	The organization addresses the health needs of the employees.
HRM. 4	There is documented personal record for each staff member.

Standards and Objective Elements

Standard

HRM. 1	There is an on-going programme for professional training and development of the staff
---------------	--

Objective Elements

- a. All staff is trained on the relevant risks within the hospital environment.
- b. Staff members can demonstrate and take actions to report, eliminate/ minimize risks.
- c. Training also occurs when job responsibilities change/ new equipment is introduced.

Standard

HRM. 2	The organization has a well-documented disciplinary and grievance handling procedure
---------------	---

Objective Elements

- a. A documented procedure with regard to these is in place.
- b. The documented procedure is known to all categories of employees in the organization.
- c. Actions are taken to redress the grievance.

Standard

HRM. 3	The organization addresses the health needs of the employees
---------------	---

Objective Elements

- a. Health problems of the employees are taken care of in accordance with the organization's policy.
- b. Occupational health hazards are adequately addressed.

Standard

HRM. 4	There is documented personal record for each staff member
---------------	--

Objective Elements

- a. Personal files are maintained in respect of all employees.
- b. The personal files contain personal information regarding the employees qualification, disciplinary actions and health status.

Chapter 10

Information Management System (IMS)

Intent of Standards

This chapter emphasizes the requirements of a medical record in the hospital. As we know, the medical record is an important aspect of continuity of care and communication between the various care providers. The medical record is also an important legal document as it provides evidence of care provided. The organization will lay down policies and procedures to guide the contents, storage, security, issue and retention of medical records.

Summary of Standards

IMS. 1	The organization has a complete and accurate medical record for every patient.
IMS. 2	The medical record reflects continuity of care.
IMS. 3	Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information.
IMS. 4	Documented procedures exist for retention time of records, data and information.

Standards and Objective Elements

Standard

IMS. 1	The organization has a complete and accurate medical record for every patient
---------------	--

Objective Elements

- a. Every medical record has a unique identifier.
- b. Organisation identifies those authorized to make entries in medical record.
- c. Every medical record entry is dated and timed.
- d. The author of the entry can be identified.
- e. The contents of medical record are identified and documented.

Standard

IMS. 2	The medical record reflects continuity of care
---------------	---

Objective Elements

- a. The record provides an up-to-date and chronological account of patient care.
- b. The medical record contains information regarding reasons for admission, diagnosis and plan of care.
- c. Operative and other procedures performed are incorporated in the medical record.
- d. The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel.
- e. In case of death, the medical records contain a copy of the death certificate indicating the cause, date and time of death.
- f. Care providers have access to current and past medical record.

Standard

IMS. 3

Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information

Objective Elements

- a. Documented procedures exist for maintaining confidentiality, security and integrity of information.
- b. Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorisation.

Standard

IMS. 4

Documented procedures exist for retention time of records, data and information

Objective Elements

- a. Documented procedures are in place on retaining the patient's clinical records, data and information.
- b. The retention process provides expected confidentiality and security.
- c. The destruction of medical records, data and information is in accordance with the laid down procedure.



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