

# Entry Level Standards for **AYUSH HOSPITAL**

**1<sup>ST</sup>  
EDITION**  
**MAY, 2019**



**National Accreditation Board for Hospitals  
and Healthcare Providers (NABH)**



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# **National Accreditation Board for Hospitals and Healthcare Providers (NABH)**

## **Entry Level Standards for AYUSH Hospital**

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1<sup>st</sup> Edition May 2019



सत्यमेव जयते

**वैद्य राजेश कोटेचा**  
**Vaidya Rajesh Kotecha**



सचिव

भारत सरकार

आयुर्वेद, योग व प्राकृतिक चिकित्सा

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### **Foreword**

India has a long history of using AYUSH systems of healthcare. The growth, development and outreach of these systems have increased manifold over the years with constant policy support from Government of India and perpetual scientific and quality control inputs. As a result, presently we see a large network of AYUSH institutions catering to the needs of health delivery system.

Standardization is one of the important thrust areas of AYUSH, for which a lot of impetus has been given to improve the quality of healthcare services, practitioners and products. Public Health Standards of AYUSH facilities are imbibed in the provisions of Clinical Establishments Act, 2010 and implementation framework of National Health Mission. With the inclusion of AYUSH in the Health Insurance Regulations, Insurance Regulatory and Development Authority (IRDAI) has also notified certain standards for empanelment of insurance network providers. In this direction, the role of NABH in laying down standards for accreditation and certification of health facilities is very important to promote delivery of safe and quality services to the patients. NABH has brought out and implemented standards of AYUSH hospitals and Panchakarma Centres.

I appreciate the initiative of NABH to frame now separate sets of standards for entry level certification of AYUSH hospitals and AYUSH Day Care Centres. I complement the CEO, NABH, Dr Harish Nadkarni and his team of experts, who were involved in working out these standards under the collaborative efforts of Dr D.C. Katoch, Adviser (Ayurveda), Ministry of AYUSH and Dr Gayatri Mahindroo, Director, NABH. I trust, these parameters of pre-accreditation entry level certification will help augmenting the AYUSH coverage and empanelment of facilities under different insurance policies and reimbursement schemes for the beneficiaries.

**(Rajesh Kotecha)**

New Delhi  
31<sup>st</sup> May, 2019



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## PROLOGUE

Accreditation or certification of the health institution is a communication to indicate and project that the quality of health services has been verified in accordance with the prescribed standards of infrastructural facilities, functionality and processes. Certification is normally the pre-accreditation stage of quality assurance of an institution done on the basis of significant compliance to the prescribed standards, which are meant for accreditation purpose comparatively at a higher level. It provides a written assurance in the form of a certificate from an independent body that the healthcare or medical services imparted by the institution meet specific requirements.

Certification of health institutions is emerging as a useful tool in our country to ensure and demonstrate that the services possessing certain credibility meet the expectations of beneficiaries as well as of health financing and empanelment agencies. As of now, certification of health facilities is primarily a sort of voluntary contractual requirement; which government, public and private institutions may resort to for the benefit of employees and their family members and masses at large. In this direction, pre-accreditation certification of AYUSH service providers is an important step NABH has taken to encourage capable indoor and outdoor facilities for augmenting the base and outreach of quality assured AYUSH treatments.

It is heartening to introduce NABH-entry level standards for the certification of AYUSH hospitals and Day Care Centres. Being involved in the evolution of these standards from concept to finalization I am pleased to inform that a systematic consultative process was followed for this publication incorporating lot of inputs from experts, stakeholders, NABH's technical committee and peer reviewers. Adoption of these standards by NABH itself as an accreditation body and external assessors, I hope, will go a long way in promoting quality AYUSH services and start-ups. Wish the publication wide application and use.

(Dr. D. C. Katoch)

Dated: 3<sup>rd</sup> June, 2019

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## Chapter : 1

# Access, Assessment and Continuity of Care (AAC)

### Intent of the chapter:

The AYUSH Hospital\* defines its scope of service provision and provides information to patients about the services available. This will facilitate appropriately matching patients with the hospital's resources. Once the patient is in the AYUSH Hospital, 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 AYUSH Hospital. Further, the chapter lays down key safety and process elements that the AYUSH Hospital should meet, in the continuum of the patient care within the hospital and till discharge.

\* The AYUSH Hospital as defined in detail in glossary

## Summary of Standards

<b>AAC. 1</b>	<b>The hospital defines and displays the services that it can provide.</b>
<b>AAC. 2</b>	<b>The hospital has a documented procedure for patient's registration, admission and transfer.</b>
<b>AAC. 3</b>	<b>Patients cared for by the hospital undergo an established initial assessment.</b>
<b>AAC. 4</b>	<b>Patient care is continuous and all patients cared for by the hospital undergo a regular reassessment.</b>
<b>AAC. 5</b>	<b>Laboratory services if applicable are provided as per the scope of the hospital services and adhering to best practices.</b>
<b>AAC. 6</b>	<b>Imaging services, if available, are provided as per best practices.</b>
<b>AAC. 7</b>	<b>The hospital has a defined discharge process.</b>

## Standards and Objective Elements

### Standard

<b>AAC. 1</b>	<b>The hospital defines and displays the services that it can provide.</b>
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### Objective Elements

- a. The services being provided are clearly defined.

**Interpretation:** The services provided are clearly defined by management. The needs of the community could be considered especially when planning a new hospital or adding new services.

- b. Each defined service should have suitably qualified personnel who provide patient care.

**Interpretation:** The hospital shall ensure that every service has suitably qualified and registered AYUSH doctor(s) as per the relevant acts, and nursing care provider to take care of patient's clinical needs. The said service could have outpatient facility and inpatient facility. The scope of service (outpatient and/or inpatient) shall be specified. The defined service also addresses emergency care.

- c. The defined services are prominently displayed.

**Interpretation:** The services so defined should be displayed prominently in an area visible to all patients. The display could be in the form of boards, citizen's charter, etc. Care should be taken to ensure that these are displayed in the language(s) the patient understands.

- d. The staff is oriented to these services.

**Interpretation:** All the staff in the hospital mainly in the reception/registration, OPD, IPD are oriented to these facts through training programme or through manuals.

## Standard

<b>AAC. 2</b>	<b>The hospital has a documented procedure for patient's registration, admission and transfer.</b>
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### Objective Elements

- a. Documented procedure addresses registering and admitting out-patients, in-patients and emergency patients.

**Interpretation:** Hospital shall prepare document(s) detailing the procedures for registration and admission of patients which should also include unidentified patients. All patients who are assessed in the hospital shall be registered. A unique identification number should be generated at the end of registration. All admissions must be authorised by AYUSH doctor(s). Additional documentation as required shall be included for foreign nationals.

- b. Documented procedure addresses mechanism for transfer or referral of patients who do not match the hospital resources.

**Interpretation:** This shall address both planned and unplanned transfers.

## Standard

<b>AAC. 3</b>	<b>Patients cared for by the hospital undergo an established initial assessment.</b>
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### Objective Elements

- a. The hospital defines the content of the assessments for the out-patients, in-patients and emergency patients.

**Interpretation:** The hospital shall have a format using which a standardised initial assessment of patients is done in the OPD, emergency and in-patients. At a minimum in the OP the presenting complaints and salient examination findings are captured. Where ever applicable relevant vitals are captured.

- b. The initial assessment for in-patients is documented within 24 hours or earlier.

**Interpretation:** Self-explanatory. Note that the maximum time allowed for documentation is 24 hours.

## Standard

<b>AAC. 4</b>	<b>Patient care is continuous and all patients cared for by the hospital undergo a regular reassessment.</b>
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### Objective Elements

- a. Patients are reassessed at appropriate intervals.  
**Interpretation:** After the initial assessment, the patient is reassessed periodically and this is documented in the case sheet. The frequency may be different for different areas based on the setting and the patient's condition. Every patient shall be reassessed at least once every day and relevant clinical parameters are documented by the treating AYUSH doctor.
- b. Patients are reassessed to determine their response to treatment and to plan further treatment or discharge by the treating AYUSH doctor.  
**Interpretation:** The medical record should provide evidence that the patient's response to treatment is being monitored and where appropriate changes are made.
- c. During all phases of care, there is a professionally competent staff identified as responsible for the patient's care.  
**Interpretation:** The hospital shall ensure that the professionally competent staff always takes adequate care of patients.
- d. Information of the patient's condition and treatment is conveyed and documented during shift change of duty staff and during transfer of patients to other unit/ department.  
**Interpretation:** For example, structured clinical handover by the concerned AYUSH doctor and nursing care provider has to be done and documented during shift change and transfer of patient.

## Standard

<b>AAC. 5</b>	<b>Laboratory services if applicable are provided as per the scope of the hospital services and adhering to best practices.</b>
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### Objective Elements

- a. Scope of the laboratory services are commensurate to the services provided by the hospital.  
**Interpretation:** The hospital should ensure availability of laboratory services commensurate with the healthcare services offered by it. This could be preferably in-house or outsourced with valid MOU.

- b. Documented procedure (s) guide collection, identification, handling, safe transportation, processing and disposal of specimens.

**Interpretation:** The hospital has documented procedure (s) for collection, identification, handling, safe transportation, processing, and disposal of specimens, to ensure safety of the specimen until the tests and retests (if required) are completed (observing standard and special precautions). At least two identifiers are used for sample identification. The disposal of waste shall be as per the statutory requirements (Bio-medical waste management and handling rules.)

- c. Competent personnel perform, supervise and interpret the investigations.

**Interpretation:** The staff working in the lab should be competent to carry out the tests. There shall be adequate supervision. Qualified personnel shall interpret the tests.

- d. Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.

**Interpretation:** The AYUSH hospital shall define the turnaround time for all tests. The turnaround time could be different for different tests and could be decided based on the nature of test, criticality of test and urgency of test result (as desired by the treating doctor). The laboratory shall establish its biological reference intervals for different tests. The laboratory shall establish and document critical limits for tests that require immediate attention for patient management and the same shall be documented. The critical test results shall be communicated to the personnel concerned and this shall be documented. This shall include critical results of outsourced investigations. If it is not practical to establish the biological reference interval for a particular analysis the laboratory should carefully evaluate the published data for its own reference intervals. Relevant staffs are made aware on the critical values and its reporting process through suitable mechanism.

- e. Laboratory personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.

**Interpretation:** All the laboratory staff undergoes training regarding safe practices in the laboratory. Adequate safety devices are available in the laboratory, e.g. PPE, dressing materials, disinfectants, fire extinguishers etc. All laboratory personnel shall adhere to standard precautions at all times. All lab staff shall be appropriately immunized.

- f. Investigations not available in the in house laboratory are outsourced based on their quality assurance system.

**Interpretation:** The AYUSH Hospital shall list out the tests that are outsourced. They shall have MOU/agreement for the same, which incorporates quality assurance and requirements of this standard.

## Standard

### **AAC. 6    Imaging services, if available, are provided as per best practices.**

#### Objective Elements

- a.     Scope of the imaging services are commensurate to the services provided by the AYUSH Hospital.

**Interpretation:** The AYUSH Hospital should ensure availability of imaging services commensurate with the healthcare services offered by it. This could be in-house or outsourced with valid MOU.

- b.     Imaging signages are prominently displayed in all appropriate locations.

**Interpretation:** This includes safety signage and display of signage as required by regulatory authorities.

- c.     Competent personnel perform, supervise and interpret the investigations.

**Interpretation:** AERB guidelines could be used as a reference document for radiation based imaging. There shall be adequate supervision. Qualified personnel shall interpret the imaging tests.

- d.     Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.

**Interpretation:** The AYUSH Hospital shall document turnaround time of imaging results for all modalities. The defined timeframes could be different for different type of tests and could be decided on the basis of the nature of the test, modality, and criticality of the test and the urgency of the test result (as required by the treating doctor). The AYUSH Hospital shall define and document the critical results which require immediate attention of clinician, e.g. ectopic pregnancy. The critical test results shall be communicated to the personnel concerned. This shall include critical results of outsourced investigations. Relevant staffs are made aware on the critical values and its reporting process through suitable mechanism.

- e.     Imaging and ancillary personnel are trained in safe practices and are provided with appropriate safety equipment/ devices as per law.

**Interpretation:** Imaging safety practices include training of imaging and ancillary personnel on fall prevention, handling patients in the imaging areas, MRI safety and kinking of tubes. Radiation safety measures refer to the steps taken to protect the patient and staff from unwanted radiation.

The ancillary staff refers to those staff who are posted in the imaging service who support the radiologist, radiographers, MRI / CT technicians in the activities in the imaging service. These staff may include Nursing care providers, Helper staff, stretcher bearers, housekeeping, security, etc.

Shielding of body parts of staff and patients, attendants shall be adhered to using appropriate aprons and shields. The number of such devices shall be adequate to ensure that all workers have proper protection. Each staff in the radiation area is provided with TLD badges/dosimeters as applicable.

- f. Imaging tests if not available as in-house service in the AYUSH Hospital are outsourced based on their quality assurance system.

**Interpretation:** The AYUSH Hospital shall list out the tests that are outsourced. They shall have MOU / agreement for the same, which incorporates quality assurance and requirements of this standard.

## Standard

<b>AAC. 7</b>	<b>The hospital has a defined patient discharge process.</b>
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## Objective Elements

- a. Documented procedure addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.

**Interpretation:** The discharge procedures are documented to ensure coordination amongst various departments including accounts so that the discharge papers are complete well within reasonable time. For medico-legal cases (MLC) the hospital shall ensure that the police are informed.

- b. Discharge summary note is given to all the patients discharged from the hospital (including patients leaving against medical advice).

**Interpretation:** The hospital hands over the discharge summary and reports to the patient/authorised attendant in all the cases and a copy are retained in the medical record of the hospital. In obstetrics cases discharge summary of the new born also can be given separately.

- c. Discharge summary contains the name of patient, registration number/UHID number, date and time of admission and discharge, reasons for admission, significant findings, investigation results (if any), diagnosis, procedure performed (if any), treatment given, patient's condition at the time of discharge and prescription with necessary instructions of how to obtain urgent care/opinion in case of emergency situation related with the disease and any other relevant information.

**Interpretation:** Self-explanatory.

- d. In case of death, the summary of the case also includes the apparent cause of death.

**Interpretation:** In case the cause of death is not clear and if post mortem is performed (e.g. MLC), the same shall be documented.



## 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.

Policies, procedures, applicable laws and regulations also guide care of vulnerable patients (e.g. elderly, physically and/or mentally-challenged and children), patients undergoing moderate sedations and pain management in the hospital.

## Summary of Standards

<b>COP. 1</b>	<b>Documented policies and procedures guide provision of quality care.</b>
<b>COP. 2</b>	<b>Documented procedures guide the performance of various interventions.</b>
<b>COP. 3</b>	<b>Emergency services, if available, are guided by documented policies, procedures, applicable laws and regulations.</b>
<b>COP. 4</b>	<b>Documented procedures guide the care of obstetrical cases as per the scope of services provided by hospital.</b>
<b>COP. 5</b>	<b>Documented procedures guide the care of newborns &amp; paediatric patients as per the scope of services.</b>
<b>COP. 6</b>	<b>Documented procedure guides the care of patients undergoing invasive interventions/procedures.</b>

## Standards and Objective Elements

### Standard

#### **COP. 1 Documented policies and procedures guide provision of quality of care.**

### Objective Elements

- a. Documented procedures guide appropriate pain management.

**Interpretation:** It shall include as to how patients are screened for pain, the mechanism to ensure that a detailed pain assessment is done (when necessary) pain mitigation techniques and monitoring. The pain assessment and re assessment shall include intensity of pain (can be done using a pain rating scale), pain character, frequency, location, duration and referral and/or radiation.

- b. Documented procedures guide the care of clinically vulnerable patients.

**Interpretation:** The hospital shall identify the clinically vulnerable patients. It could include (but not limited to) elderly, children, physically and/or differently able patients. The procedure shall also include who is responsible for identifying these patients, risk management in these patients and monitoring of these patients (at least twice a day).

- c. Documented procedures guide nursing care.

**Interpretation:** All procedures for nursing care shall be guided by this. These should reflect current standards of nursing services and practice, relevant regulations and purposes of the services. Assignment of nursing care provider shall be based on the patient's clinical requirements and shall ensure that patient care and patient safety do not suffer. The care provided is documented in the patient record.

### Standard

#### **COP. 2 Documented procedures guide the performance of various interventions.**

### Objective Elements

- a. Documented procedures are used to guide the performance of interventions including para surgical procedures and various AYUSH therapies.

**Interpretation:** This is a broad guideline which is common to all the AYUSH interventions. It shall incorporate as to who will do the procedure, the pre-procedure instructions, the conduct of the procedure and post-procedure instructions. The documented procedure shall ensure adherence to standard precautions and overall hygiene is adhered to during the conduct of the procedure.

- b. Only qualified personnel order and plan the procedures to be performed or assisted by qualified/trained manpower (trained for at least six months and certified by the head of the hospital).

**Interpretation:** Self explanatory

- c. Interventions/Procedures are documented accurately in the patient record.

**Interpretation:** The documentation shall mention the name of the procedure, the person who performed the procedure, salient steps of the procedure, key findings and the post-procedure care.

## Standard

### COP. 3

**Emergency services, if available, are guided by documented policies, procedures, applicable laws and regulations.**

## Objective Elements

- a. Documented procedure(s) address care of patients arriving in the emergency including handling of medico-legal cases.

**Interpretation:** Handling of medico-legal cases shall be in line with statutory requirements with respect to documentation and intimation to police.

- b. Staff should be well versed in the care of emergency patients in consonance with the scope of the services of hospital.

**Interpretation:** Staff handling the emergencies should be oriented and clear about the practices in the care of emergency patients. They should also be aware of the type of patients who can receive care in the hospital.

- c. Staff providing direct patient care are trained and periodically updated in cardio-pulmonary resuscitation (CPR).

**Interpretation:** These aspects shall be covered by hands-on training which could be done by trainers from within or outside the hospital using established evidence-based protocols. All doctors, rehabilitation staff and nursing care providers must at least be trained to provide basic life support.

- d. Admission, discharge or transfer to another healthcare organization is also documented by the authorised personnel.

**Interpretation:** The condition of the patient along with other relevant details at the time of discharge/transfer needs to be documented by the authorised personnel.

- e. Ambulance, if available, is appropriately equipped and manned by trained personnel else the hospital should have a valid MOU with the service provider.

**Interpretation:** This shall be done based on the hospital's scope. It is expected that any ambulance shall be equipped with at least basic life support systems. Personnel shall be trained in basic cardiopulmonary resuscitation.

## Standard

<b>COP. 4</b>	<b>Documented procedures guide the care of obstetrical cases as per the scope of services provided by hospital.</b>
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## Objective Elements

- a. Obstetric patient's care includes regular ante-natal check-ups and nutritional assessment by appropriately qualified personnel.

**Interpretation:** This shall include assessment at regular intervals, diet counselling etc. by appropriately qualified personnel. There shall be an ante-natal card (or equivalent) for every such case. .

- b. Appropriate pre-natal, peri-natal and post-natal monitoring is performed and documented.

**Interpretation:** Self Explanatory

## Standard

<b>COP. 5</b>	<b>Documented procedures guide the care of new born and paediatric patients as per the scope of services.</b>
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## Objective Elements

- a. Provisions are made for appropriate care of new born and paediatric patients by competent staff.

**Interpretation:** There shall be written procedures for adequate care of new born and paediatric patients by appropriately qualified and trained staff.

- b. New born and paediatric patient assessment includes detailed nutritional, growth and immunization assessment, if applicable.

**Interpretation:** The same needs to be documented. This could be done using a standard format like a checklist or questionnaire.

- c. Procedure addresses identification and security measures to prevent child abduction and abuse.

**Interpretation:** The hospital shall have child abduction prevention protocols and shall ensure that there is an adequate security/surveillance to prevent such happenings. There is a defined process for rapid response in case of an eventuality. This shall be tested at pre-defined intervals.

## Standard

### COP. 6

**Documented procedure guides the care of patients undergoing invasive interventions/procedures.**

## Objective Elements

- a. The patients slated for invasive procedures have a preoperative assessment and a provisional diagnosis.

**Interpretation:** All patients undergoing invasive procedures are assessed pre-operatively include yogya-ayogya for the particular therapy and a provisional diagnosis is made which is documented. This shall be applicable for both routine and emergency cases. This shall be done by the AYUSH doctor or a member of his/her team.

- b. A written informed consent is obtained prior to the procedure.

**Interpretation:** The consent shall be taken by the treating AYUSH doctor. In case if there is a change in clinical status/expected outcomes after consent, but prior to the invasive procedures or therapies or other procedures the same is explained to the patient/family and is documented.

- c. Competent and qualified persons are permitted to perform the procedures.

**Interpretation:** The hospital identifies the individuals who have the required qualification(s), training and experience to perform procedures in consonance with the law.

- d. The competent and qualified person documents the operative notes/ procedure notes and post-operative / post procedure plan of care.

**Interpretation:** This note provides information about the procedure performed and postoperative regimen.

- e. The therapy/procedure room is adequately equipped and monitored for infection control practices.

**Interpretation:** The layout of the therapy/procedure room should be such that the mix of sterile and unsterile supply does not happen.

## Chapter : 3

# Management of Medication / intervention (MOM)

### Intent of the Standards

The hospital has a safe and organized process of administration of medication/intervention. The process includes procedures that guide the procurement of only licensed medicines and their safe storage, prescription, dispensing and administration. The hospital should ensure correct storage (as regards to temperature, light, look alike, sound-alike etc.), and expiry dates.

The availability of emergency medication is stressed upon. The hospital should have a mechanism to ensure that the emergency medication/intervention are standardised throughout the hospital, readily available and replenished in a timely manner.

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

## Summary of Standards

<b>MOM. 1</b>	<b>Documented procedures guide the procurement of licensed medicines and storage of medication/intervention.</b>
<b>MOM. 2</b>	<b>Documented procedures guide the rational prescription and the safe dispensing of medication (Ayurveda, Siddha, Unani &amp; Homoeopathic drugs).</b>
<b>MOM. 3</b>	<b>Documented procedures guide medication and administration.</b>
<b>MOM. 4</b>	<b>Medication (Ayurveda, Siddha, Unani &amp; Homoeopathic drugs) errors and adverse drug reactions are identified, reported and action taken to minimize/eliminate the same.</b>



## Standards and Objective Elements

### Standard

<b>MOM. 1</b>	<b>Documented procedures guide the procurement of licensed medicines and storage of medication/intervention.</b>
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### Objective Elements

- a. Documented procedure shall incorporate procurement and storage of licensed medicines.

**Interpretation:** The procedure should ensure that licensed medicines are procured. The storage procedure should address issues pertaining to temperature (refrigeration), control of exposure to light, humidity, ventilation, preventing entry of pests/rodents and vermin.

- b. Look-alike and Sound-alike medication drugs are stored physically apart from each other.

**Interpretation:** Many drugs may look-alike or sound-alike (LASA). These will have to be identified and one look alike is stored apart from its other look alike(s). The same is applicable for sound-alike(s). This is in addition to regular storage practices. Storage by (alphabet wise) can be considered to ensure this.

- c. Near/Beyond expiry date medications are identified and addressed appropriately.

**Interpretation:** Such drugs are withdrawn and no medication beyond expiry date should be available. The hospital should define as to what constitutes “near expiry”. For example, three months prior to the expiry date.

- d. List of emergency medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) / yoga and naturopathy interventions (if any) are defined and available at all times.

**Interpretation:** Adequate quantity of emergency medicines should be stocked at all times. Emergency medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) / yoga and naturopathy interventions (if any) should be replenished in a timely manner when used.

### Standard

<b>MOM. 2</b>	<b>Documented procedures guide the rational prescription and the safe dispensing of medication (Ayurveda, Siddha, Unani &amp; Homoeopathic drugs).</b>
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### Objective Elements

- a. Documented procedure shall incorporate rational prescription and safe dispensing of medication (Ayurveda, Siddha, Unani & Homoeopathic drugs).

**Interpretation:** The hospital has a list of medications appropriate for the patient's and organization's resources. The hospital shall ensure that the AYUSH doctors are trained/ sensitised on the rational prescription of medication (Ayurveda, Siddha, Unani & Homoeopathic drugs). The AYUSH doctors shall ensure the same.

Prescriptions generated within the hospital shall adhere to national/international guidelines and regulatory bodies.

At a minimum, the prescription shall have the name of the patient; unique hospital number (where applicable); name of the drug, dose, route and frequency of administration of the medicine; name, date, signature and registration number/ UHID number of the prescribing AYUSH doctor. All hand written prescriptions shall be written in capital letters.

It is a good practice to ascertain drug allergies before prescribing and document the same in a prominent manner in the medical record, both in OP and IP.

Clear policies to be laid down for dispensing of medication (Ayurveda, Siddha, Unani & Homoeopathic drugs), e.g. prescription validity, sale of cut-strips, expiry date check, patient education etc.

- b. Medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) orders are clear, legible, dated, timed and signed by prescribing AYUSH doctor.

**Interpretation:** Capital letters ensure better clarity and legibility. Another strategy is giving printed prescriptions.

- c. Documented procedure on verbal orders is implemented.

**Interpretation:** This includes telephonic orders too. The hospital shall ensure that this occurs faultlessly through a defined procedure. The procedure shall mention who can give verbal orders, when can it be given and how these orders will be authenticated.

It shall ensure that the procedure incorporate good practices like “repeat back/read back”.

Verbal orders shall be counter-signed by the AYUSH doctor who ordered it preferably within 24 hours of ordering.

- d. High-risk medication (ASU drugs containing Schedule E (I) ingredients as defined in Drugs and Cosmetics Act, 1940) drugs orders are verified prior to dispensing.

**Interpretation:** High-risk medication (ASU drugs containing Schedule E (I) ingredients) drugs carry a heightened risk for adverse outcomes whenever there is an error in dispensing or dosage. These medication (ASU drugs containing Schedule E (I) ingredients) drugs shall be given only after written orders of qualified/ competent personnel and it should be verified by the staff before dispensing.

## Standard

### **MOM. 3 Documented procedures guide medication and administration.**

#### Objective Elements

- a. Medications are prepared and administered by competent personnel.

**Interpretation:** The hospital shall ensure that medications are prepared and administered only by competent personnel in a designated and well equipped place/pantry. Prepared medication is labelled prior to preparation of a second drug.

- b. Patient, medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) name, dosage, route and timing are verified prior to administration.

**Interpretation:** Identification shall be done by unique identification number (e.g. hospital number/IP number, etc.) and name of the patient. Where applicable, the site of administration shall also be verified. The hospital needs to define the timing of administration of medication (Ayurveda, Siddha, Unani & Homoeopathic drugs). For example, if the medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) order states 1-0-1, the exact timing at which the medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) will be administered will have to be defined and adhered to uniformly.

## Standard

### **MOM. 4 Medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) errors and adverse drug reactions are identified, reported and action taken to minimize/eliminate the same.**

#### Objective Elements

- a. There is a mechanism to identify medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) errors and adverse drug event.

**Interpretation:** All such events shall be identified. Refer to glossary for definition of “medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) error” and “adverse drug reaction”.

- b. Medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) errors and adverse drug reactions are reported to the nearest pharmacovigilance centre of respective system of medicine within a specified time frame.

**Interpretation:** The hospital shall define the timeframe for reporting any of this has occurred. ([www.ayushsuraksha.com](http://www.ayushsuraksha.com))

- c. Corrective and/or preventive action(s) are taken to minimise/eliminate medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) errors and adverse drug reactions.

**Interpretation:** The hospital shall take steps to ensure that the incidence of medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) errors and adverse drug reactions come down.

## Chapter : 4

# Patient Rights and Education (PRE)

## Intent of the Standards

The hospital defines the patient and family rights and education. 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 procedure for obtaining patient and/or family's 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

<b>PRE. 1</b>	<b>Patient rights and responsibilities are documented and displayed prominently.</b>
<b>PRE. 2</b>	<b>A documented procedure for obtaining patient and/ or family's consent exists for informed decision making about their care.</b>
<b>PRE. 3</b>	<b>Information, education and communication needs of the patient and family are addressed.</b>

## Standards and Objective Elements

### Standard

**PRE. 1**

**Patient rights and responsibilities are documented and displayed prominently.**

### Objective Elements

- a. Patient rights and responsibilities are documented, displayed prominently and patients are informed of the same.

**Interpretation:** Hospital should document the patient rights and responsibilities. The hospital should respect patient's rights and inform them of their responsibilities. The rights and responsibilities of the patients should be displayed in bilingual in strategic location like the entrance/Lobby of the hospital, registration, billing, outpatient areas etc. Pamphlets may also be provided regarding the same.

- b. Patient rights include respect for personal dignity and privacy during examination, and treatment.

**Interpretation:** During all stages of patient care, be it in examination or carrying out a procedure, hospital staff shall ensure that patient's privacy and dignity is maintained. The hospital shall develop the necessary guidelines for the same. With regards to photographing/recording the procedure(s), the hospital shall ensure that an explicit informed consent is taken and that the patient's identity is not revealed.

- c. The administration of AYUSH therapies to female patients should be done by female therapists and to male patients by male therapist in dedicated therapy sections.

**Interpretation:** Self explanatory. The clause is referring to the administration of AYUSH therapies by therapists.

- d. Patient rights include treating patient information as confidential.

**Interpretation:** The hospital and the treating team shall take effective measures to maintain confidentiality of all patient related information.

- e. Patient rights include access to have an additional opinion.

**Interpretation:** There is a mechanism for patient and family to seek a second opinion if they wish, from within or outside the hospital. The hospital shall respect the decision of the patient and family in this regard. The hospital shall allow access to all relevant information or clinical evaluation.

- f. Patient rights include refusal of treatment.

**Interpretation:** The treating doctor shall discuss all the available options and allow the patient to make an informed choice. In case of refusal, the treating doctor shall explain the consequences of refusal of treatment and document the same.

- g. Patient rights include information on the expected cost of the treatment.

**Interpretation:** Patients will be provided a written estimate for procedures at the time of admission and when any change in the care plan occurs during the period of hospitalization, this includes patients having insurance and counselling on the breakup of costs, e.g. approximate expenditure on doctors fees, medicines, investigations and consumables is provided and if package is there then inclusions and exclusions of package should be explained.

- h. Patient rights include access to his / her clinical records.

**Interpretation:** The organisation shall ensure that every patient has access to his/her clinical records.

- i. Patient rights include information on how to voice a complaint.

**Interpretation:** Complaint mechanism must be accessible to the patient and his family and redressal of complaint must be fair, prompt and transparent.

## Standard

<b>PRE. 2</b>	<b>A documented procedure for obtaining patient and/ or family's consent exists for informed decision making about their care.</b>
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## Objective Elements

- a. Documented procedure incorporates the list of situations where written informed consent is required and the process for taking informed consent.

**Interpretation:** The process for taking written informed consent shall specify the various steps involved. The consent has to be mandatorily taken prior to any diagnostic or therapeutic intervention/procedure.

- b. Written Informed consent includes information on risks, benefits, alternatives and right to refuse the treatment and as to who will perform the requisite procedure in a language that the patient and his family members can understand.

**Interpretation:** The consent shall have the name of the AYUSH doctor performing the procedure. Consent form shall be in the language that the patient understands.

- c. The procedure describes who can give written informed consent when patient is incapable of making independent decision.

**Interpretation:** The written informed consent shall be taken from the patient in all cases when the patient is capable of giving consent and above the legal age for giving consent as per extant guidelines.



## Standard

### PRE. 3

**Information, education and communication needs of the patient and family are addressed.**

## Objective Elements

- a. The education needs of the patient and/or family are identified and provided.  
**Interpretation:** During the course of the patient's treatment, his/her special educational needs are identified. The educational needs could relate to effective use of Medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) and yoga and naturopathy interventions including potential side-effects of medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) and yoga and naturopathy interventions.
- b. Patient and/or family are taught/ informed in a language and format that they can understand.  
**Interpretation:** Self-explanatory. The patients and/or family members could be educated through counselling, use of printed material, audio-visual aids etc.



## Chapter : 5

# Hospital Infection Control (HIC)

### Intent of the chapter:

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

The hospital proactively monitors adherence to infection control practices such as standard precautions, cleaning, disinfection, fumigation and sterilization. Hospital provides proper facilities and adequate resources to support the programme.

Bio medical waste is managed as per extant policies and procedures.

## Summary of Standards

<b>HIC. 1</b>	<b>The hospital has a well-designed, comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care.</b>
<b>HIC. 2</b>	<b>The hospital takes actions to prevent or reduce the risks of Healthcare Associated Infections (HAI) in patients and staff.</b>
<b>HIC. 3</b>	<b>Bio- medical waste (BMW) management is handled in safe and an appropriate manner.</b>

## Standards and Objective Elements

### Standard

#### HIC. 1

**The hospital has a well-designed, comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care.**

### Objective Elements

- a. The hospital infection prevention and control programme is documented which aims at preventing and reducing risk of healthcare associated infections in all areas of the hospital.

**Interpretation:** The procedures shall be directed at prevention and control of infection in all areas of the hospital and include its monitoring.

The hospital shall have hospital associated infection prevention and control manual (HIC manual) that shall incorporate the structure of the program, all processes, activities and surveillance procedures related to the program.

- b. The hospital adheres to standard precautions at all times.

**Interpretation:** Refer to the glossary for “standard Precautions”. Defined in glossary.

- c. The hospital adheres to hand-hygiene guidelines.

**Interpretation:** The hospital shall adhere to international/national guidelines on hand hygiene. A good reference is the WHO guidelines of 2009.

The hospital could permanently display the necessary instructions near every hand-washing area.

- d. Cleanliness and general hygiene shall be maintained and monitored.

**Interpretation:** The hospital shall document and maintain cleanliness and general hygiene of areas/surfaces, furniture, fixtures and items used in patient care by training the staff, adherence to housekeeping policies and audits at defined frequency.

- e. The hospital adheres to housekeeping procedures.

**Interpretation:** This shall include categorization of areas/surfaces, general-cleaning procedures for surfaces, furniture/fixtures, and items used in patient care. It shall also include procedures for terminal cleaning, blood and body fluid cleanup. The common disinfectants used, dilution factors and methodology should be specified. Brooming and dry dusting of any sorts inside the clinical areas should be avoided.

- f. The hospital adheres to cleaning, disinfection and sterilization practices for all instruments/equipments used in invasive procedures.

**Interpretation:** It shall be addressed at all levels of the organisation, e.g. ward, treatment procedure rooms. The sterilized /disinfected equipment /sets shall be stored in an appropriate manner across organisation. It is preferable that the hospital follows a uniform policy across different departments within the hospital.

- g. The hospital adheres to laundry and linen management processes.

**Interpretation:** The laundry can be in house or outsourced. The organisation shall have policy for change of different categories of linen. The organisation shall ensure adequate controls to ensure infection prevention and control.

- h. The hospital has a well equipped and dedicated kitchen that adheres to food and beverage safety practices.

**Interpretation:** The in- house kitchen sanitation measures are implemented to prevent the risk of cross contamination. This shall also include screening and examination of food handlers at the prescribed intervals.

## Standard

### HIC. 2

**The hospital takes actions to prevent or reduce the risks of Healthcare Associated Infections (HAI) in patients and staff.**

## Objective Elements

- a. Adequate, disposable/sterilised gloves, mask, gowns and disinfectants are available and used correctly.

**Interpretation:** The hospital shall ensure adequate inventory of disposable / sterilised gloves, mask, gowns and disinfectants, as appropriate and they should be available at the point of use. The staff uses personal protective equipment appropriate to the risk involved.

- b. The hospital takes action to prevent & reduce healthcare associated infections in patients

**Interpretation:** At a minimum, this should include action to prevent catheter-associated urinary tract Infections, AYUSH therapies related consumables, catheter linked blood stream infections etc.

- c. Appropriate pre and post exposure prophylaxis is provided to concerned staff members.

**Interpretation:** The concerned nursing care provider maintains documentation of occupational injuries and pre and post exposure prophylaxis records. For example: Hepatitis B vaccination and Post exposure prophylaxis (PEP) for needle stick injury.

- d. The hospital supports regular training of staff in infection control practices.

**Interpretation:** Staff should be trained in infection prevention and control practices at predefined intervals.

## Standard

<b>HIC. 3</b>	<b>Bio-medical waste (BMW) is handled in a safe and an appropriate manner.</b>
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## Objective Elements

- a. The hospital is authorized by prescribed authority for the management and handling of Bio-medical waste.

**Interpretation:** Hospital shall adhere to the various requirements specified in the extant bio medical waste management rules.

- b. Proper segregation and collection of Bio-medical waste from all patient care areas of the hospital is implemented and monitored.

**Interpretation:** Bio medical waste shall be handled in the proper manner. Wastes to be segregated and collected in different colour coded bags and containers as per statutory provisions.

- c. Appropriate personal protective measures are used by all categories of staff handling Bio-medical waste.

**Interpretation:** Staff handling bio medical waste shall be provided with personal protective equipment for example gloves, masks.etc.





## Chapter : 6

# Continual Quality Improvement (CQI)

### Intent of the Chapter

The standards encourage an environment of continual quality improvement and patient safety. The quality and safety programme should be documented and involve all areas of the hospital and all staff members.

The hospital should identify and collect data on Clinical & Managerial structures, processes and outcomes.

The collected data should be collated, analysed and used for further improvements.

The hospital should define incident reporting system and analyse sentinel events with root cause analysis.

## Summary of Standards

<b>CQI. 1</b>	<b>There is a structured quality improvement, patient safety and continuous monitoring programme in the hospital.</b>
<b>CQI. 2</b>	<b>Data related with untoward incidents are collected and analysed to ensure continual quality improvement.</b>

## Standards and Objective Elements

### Standard

CQI. 1

**There is a structured quality improvement, patient safety and continuous monitoring programme in the hospital.**

### Objective Elements

- a. The hospital has a documented quality improvement & patient safety programme.

**Interpretation:** The programme is comprehensive and covers all the major elements related to quality assurance. Refer to glossary for definition of “quality assurance”. The patient-safety programme should be comprehensive and covers the major elements related to patient safety. The scope of the programme is defined to include adverse events ranging from “sentinel events” to “no harm”.

- b. There is (are) a designated individual(s) for coordinating and implementing the quality improvement and patient safety programme.

**Interpretation:** This should preferably be a person having a good knowledge of accreditation standards, statutory requirements, hospital quality improvement principles and evaluation methodologies, hospital functioning and operations, patient and general safety.

- c. The quality improvement and patient safety programme is a continuous process and updated at least once in a year.

**Interpretation:** Inputs for the updates could be results of audit(s), feedback mechanism, and review(s) carried out and/or indicator based. A good tool to improve clinical quality is clinical audit. Hospital could do clinical audits to improve on the quality of patient care.

- d. Management makes available adequate resources required for quality improvement and patient safety programme.

**Interpretation:** This shall include provision of requisite manpower, equipment materials and consumables, financial resources and method. This should be consistently addressed for the programme to function smoothly.

- e. Internal audits are conducted at regular intervals as a means of continuous monitoring.

**Interpretation:** Choice and frequency of the audit (clinical audit, inventory audit, prescription audit, medical records audit etc.) shall be defined for priority areas and areas of concern in the hospital. Internal audits of applicable standards are conducted at least once in 6 months.

## Standard

### CQI. 2

**Data related with untoward Incidents are collected and analysed to ensure continual quality improvement.**

## Objective Elements

- a. The hospital has an incident reporting system.

**Interpretation:** The incident reporting system includes identification, reporting, review and action as appropriate.

- b. Untoward Incidents are analysed and corrective & preventive actions are taken based on the findings of analysis.

**Interpretation:** All untoward incidents are analysed preferably by identifying root cause. Actions are taken to improve the quality of care. All such actions shall be documented.

- c. Sentinel events are identified and are intensively analysed when they occur.

**Interpretation:** The sentinel events relating to system or process deficiencies that are relevant and important to the organisation must be clearly defined.

The list of the identified and relevant sentinel events shall be documented.

Refer to glossary for definition of “sentinel events”.

Root cause analysis of all such events should be carried out by pre defined committee within 24 working hours by taking inputs from the units/discipline/ departments concerned.

## Chapter : 7

# Responsibilities of Management (ROM)

### Intent of the standards

The standards encourage the governance of the hospital in a professional and ethical manner. The responsibilities of the management are defined. The services provided by each department are documented.

The hospital ensures that patient-safety and risk-management issues are an integral part of patient care and hospital management.

## Summary of Standards

<b>ROM. 1</b>	<b>The responsibilities of the hospital management are defined.</b>
<b>ROM. 2</b>	<b>The hospital is managed by the management in an ethical manner.</b>
<b>ROM. 3</b>	<b>The hospital is assisted by committee (s) to provide safe and patient centric care.</b>

## Standards and Objective Elements

### Standard

<b>ROM. 1</b>	<b>The responsibilities of the hospital management are defined.</b>
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### Objective Elements

- a. The management lays down the vision and mission.  
**Interpretation:** The hospital shall lay down its vision and mission commensurate with its scope of services.  
For definition of “mission” and “vision” refer to glossary.
- b. The management defines the service standards.  
**Interpretation:** The organization shall develop measurable standards and state the upper limit for different services being provided. For example, waiting time in OP is 60 minutes. In addition to clinical services, this could also include soft skills, behaviour, attitude, communication skills, etc.
- c. The management is conversant with applicable laws and regulations and undertakes the responsibility to adhere to the same.  
**Interpretation:** The management of the hospital is conversant with the different statutory requirements as per the scope of services and ensures to adhere to the same. The hospital conducts its functioning as a duly permitted legal entity in accordance with the relevant registering authority(s). The management shall ensure that it regularly updates its licenses/registrations/ certifications.
- d. The management establishes the hospital’s organogram.  
**Interpretation:** The hospital shall have a well-defined organization structure/ chart and this shall clearly document the hierarchy, line of control, along with the functions at various levels.
- e. The management defines the scope of services under each speciality.  
**Interpretation:** Each speciality’s activity is to be defined by either inclusion or exclusion. This could be documented either at individual department level or the organisation could have a brochure detailing the scope of each department.
- f. The management documents employee rights and responsibilities.  
**Interpretation:** The management shall define the same in consonance with statutory requirements.
- g. The management ensures that the hospital has a documented and valid agreement for all outsourced activities.

**Interpretation:** The valid agreement shall specify the service parameters and the same shall be monitored. Even if another unit within the group is providing services, there shall be an agreement with that unit.

## Standard

<b>ROM. 2</b>	<b>The hospital is managed by the management in an ethical manner.</b>
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### Objective Elements

- a. The hospital discloses its ownership.

**Interpretation:** The ownership of the hospital, e.g. trust, private, public has to be disclosed. The disclosure could be in the registration certificate/quality manual, etc.

- b. The management ensures the hospital's ethical functioning.

**Interpretation:** The hospital shall function in an ethical manner. Transparency in its actions shall be one of its guiding principles. Handling of complaints, grievances and clinical care delivery shall be some of the areas to address.

- c. The hospital accurately bills for its services based upon a standard billing tariff.

**Interpretation:** This essentially means that the hospital does not charge differentially from different patients in the same bed category for the same intervention.

## Standard

<b>ROM. 3</b>	<b>The hospital is assisted by committee(s) to provide safe and patient centric care.</b>
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### Objective Elements

- a. The hospital has a multi-disciplinary committee(s) to oversee key activities of the hospital.

**Interpretation:** The multidisciplinary committee (s) addresses key activities that could include Quality and Safety, Infection Control, Pharmacy and Therapeutics, AYUSH Therapies and Blood Transfusion. The committee members shall be drawn from different categories of staff/employees of the hospital. It is recommended that members be selected based on their competency and not necessarily based on seniority. Committee could have a mix of administrators, engineers, AYUSH doctors and nursing care providers.

- b. The membership, responsibilities, and periodicity of meeting shall be defined.

**Interpretation:** To ensure effective and efficient functioning of the committee(s) the management shall ensure that the committee (s) has a terms of reference in which the points listed in the objective element are addressed.



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

The hospital provides for equipment management, safe water, electricity etc.,  
The hospital plans for fire and non-fire emergencies within the facilities.

## Summary of Standards

<b>FMS. 1</b>	<b>The hospital's environment and facilities operate in a manner to ensure safety of patients, their families, staff and visitors.</b>
<b>FMS. 2</b>	<b>The hospital has a program for clinical and support service equipment management.</b>
<b>FMS. 3</b>	<b>The hospital has provisions for safe water, electricity etc.</b>
<b>FMS. 4</b>	<b>The hospital has plans for fire and non-fire emergencies within the facilities.</b>

## Standards and Objective Elements

### Standard

**FMS. 1**

**The hospital's environment and facilities operate in a manner to ensure safety of patients, their families, staff and visitors.**

### Objective Elements

- a. The hospital has a system to identify the potential safety and security risks.

**Interpretation:** The hospital ensures to coordinate develop, implement and monitor the safety plans and policies so as to provide a safe and secure facility and environment. The plans are fully implemented and there is a process for periodic review of plans.

- b. Patient-safety devices & infrastructure are installed across the hospital and inspected periodically.

**Interpretation:** For example, grab bars, bed rails, sign posting, safety belts on stretchers and wheel chairs, alarms both visual and auditory where applicable, warning signs like radiation or biohazard, call bells, fire-safety devices, etc. Provisions are made available for physically challenged/vulnerable person as per regulatory requirement example special toilet for physically challenged.

- c. Internal and external signage shall be displayed in a language understood by the patients and families.

**Interpretation:** These signages shall guide patients and visitors. It is preferable that signages are bi-lingual but shall mandatorily be in the state language/language spoken by the majority in the region. Statutory requirements shall be met. Fire signage should follow the norms laid down by National Building Code and/or respective statutory body (for example, fire service).

- d. Facility inspection rounds to ensure safety are conducted periodically.

**Interpretation:** Rounds to be carried out by members of the multi-disciplinary committee (refer to ROM 3a). The hospital plans and budgets for upgrading or replacing key systems, buildings, or components based on the facility inspection, in keeping with laws and regulations. During these rounds, potential safety risks are identified. This could be carried out using a checklist incorporating some of the more common safety hazards. The potential security risk areas and restricted areas are identified & methodology is worked out to monitor and secure identified areas.

- e. The AYUSH hospital has dedicated AYUSH therapy sections.

**Interpretation:** AYUSH Hospital shall have dedicated AYUSH Therapy sections as per the scope of the services.

## Standard

### FMS. 2

**The hospital has a programme for clinical and support service equipment management.**

## Objective Elements

- a. The hospital plans for equipment in accordance with its services.  
**Interpretation:** This shall also take into consideration future requirements. The plans should be fully implemented and there should be a process for periodic review of plans.
- b. Equipments are inventoried and proper logs are maintained as required.  
**Interpretation:** A unique identification is provided to each of the equipment. Where applicable, the relevant quality conformance certificates/marks along with manufacturer factory test certificate need to be retained as part of documentation.
- c. There is a documented operational and maintenance (preventive and breakdown) plan.  
**Interpretation:** The operator is trained in handling the equipment. The operational plan must assist the operator in operating the equipment on a daily basis. The original equipment manual is a good source for this. In case this is not available, the hospital shall develop the operational plan for the concerned equipment. The maintenance plan should consider manufacture's recommendations, risk level & past maintenance history. There shall be a planned preventive maintenance tracker.
- d. Utility equipment are periodically inspected and calibrated (wherever applicable) for their proper functioning.  
**Interpretation:** The hospital either calibrates the utility equipment in-house or outsource, maintaining traceability to national or international or manufacturer's guidelines/standards.
- e. Maintenance staff is contactable round the clock for emergency repairs.  
**Interpretation:** The maintenance escalation matrix (if emergency repair is not possible by staff on duty, more qualified/experienced staff should be available) is available in nursing station and other departments. It is preferable that response times are monitored from reporting to implementation of corrective actions

## Standard

### **FMS. 3** The hospital has provisions for safe water, electricity etc.

## Objective Elements

- a. Potable water and electricity are available round the clock.

**Interpretation:** The hospital shall make arrangements for supply of adequate potable water and electricity. Alternate sources for water and electricity are provided for in case of failure.

At the outset, the hospital shall ensure that there is sufficient water supply to meet the requirements. Further, the electric load applied for shall be appropriate to the requirements of the hospital and adhere to the regulatory requirements. In case of a shortfall in water or electricity, alternate sources shall be arranged.

## Standard

### **FMS. 4** The hospital has plans for fire and non-fire emergencies within the facilities.

## Objective Elements

- a. The hospital has plans and provisions for detection, abatement and containment of fire and non-fire emergencies.

**Interpretation:** The hospital shall have documented plans and adequate provisions for detection, abatement and containment of fire and non-fire emergencies. The hospital has a documented safe exit plan in case of fire and non-fire emergencies. Fire-exit plan shall be displayed on each floor. Exit doors should remain open all the time. The signage of fire exits shall be as per the National Building Code and/or respective statutory body (for example, fire service). Safe exit plans for non-fire emergencies are also incorporated.

- b. There is a maintenance plan for fire equipment.

**Interpretation:** The plan may address third party inspection, testing, functionality, preventive & breakdown maintenance of fire equipment (fire extinguishers, sprinklers etc.). This shall adhere to manufacturers and/or statutory recommendations.

- c. Mock drills are held at least twice in a year.

**Interpretation:** This shall test all the components of the plan and not just awareness/ demonstration of practices. Simulated patients (not real) shall be used for evacuation. Mock drills are conducted at least twice a year for fire and important non fire emergencies.



## 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 hospital. This is based on the hospital’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 orientation training 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 hospital. The term “staff” refers to all personnel working in the hospital including employees, “fee for service” medical professionals, part-time workers, contractual personnel and volunteers. To be defined in glossary.

## Summary of Standards

<b>HRM. 1</b>	<b>The hospital has human resources system in place for providing safe patient care.</b>
<b>HRM. 2</b>	<b>There is an on-going programme for professional training and development of the staff.</b>
<b>HRM. 3</b>	<b>The hospital has a documented disciplinary and grievance handling procedure.</b>



## Standard

### HRM. 1

**The hospital has human resources system in place for providing safe patient care.**

## Objective Elements

- a. The hospital maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.

**Interpretation:** This shall be done in a structured manner keeping in mind the hospital's mission, volume and mix of patients, services, and medical technology. This is done with involvement of various stakeholders. It shall use recognised methods for determining levels of staffing. It shall match the strategic and operational plan of the hospital. The staff should be commensurate with the workload and the clinical requirement of the patients.

- b. There is a documented procedure for recruitment.

**Interpretation:** The recruitment process ensures an adequate number and skill mix of staff to provide the hospital's services. The procedure shall ensure that the staff has the necessary registration, qualifications, skills and experience to perform its work. Recruitment is undertaken in accordance with statutory requirements, where applicable. The laid-down recruitment procedure shall be adhered to. The entire process shall be documented. This shall ensure that the recruitment is done in a transparent manner.

- c. Health problems of the employees are taken care of in accordance with the hospital's policy.

**Interpretation:** This shall be in consonance with the law of the land. The health status of the employees shall be assessed at pre defined regular intervals.

- d. Occupational health hazards are adequately addressed.

**Interpretation:** Appropriate personal protective equipment are provided to the staff concerned and they are educated on how to use them

- e. Personal file is maintained for all staff and contains information regarding the qualification, disciplinary actions and training records.

**Interpretation:** Each file must be current and updated. The hospital maintains confidentiality and the access to personal file is controlled.

## Standard

### HRM. 2

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

## Objective Elements

- a. Staff member joining the hospital is provided induction training.

**Interpretation:** The hospital shall determine as to when induction training shall be conducted. However, it shall be within 15 days of the staff joining.

The induction training includes orientation to the hospital's vision, mission, awareness on employee rights and responsibilities, patients rights and responsibilities and service standards of the hospital.

- b. Staff is provided training on a regular basis.

**Interpretation:** Staff working in the hospital shall receive structured training on an ongoing basis. Records of the training shall be maintained. It is suggested that in addition to technical training, staff also receive training in soft skills such as communication, etiquette etc.

- c. Staff members can demonstrate and take actions to report, eliminate/ minimize risks.

**Interpretation:** The hospital shall define such risks that shall include patient, visitors and employee related risks. For example, fire and non-fire emergency, needle stick injury, etc. Staff should be able to practically demonstrate actions like taking care of blood spills, medication errors and other adverse event reporting systems.

- d. Training also occurs when job responsibilities change/ new equipment is introduced.

**Interpretation:** The training should focus on the revised job responsibilities as well as on the newly introduced equipment and technology. In case of new equipment, the operating staff should receive training on operational as well as daily-maintenance aspects.

## Standard

### HRM. 3

**The hospital has a documented disciplinary and grievance handling procedure.**

## Objective Elements

- a. A documented procedure with regard to disciplinary and grievance handling is in place.

**Interpretation:** The documentation shall be done keeping in mind principles of natural justice and is in consonance with the prevailing laws.

- b. The documented procedure is known to all employees in the hospital.

**Interpretation:** All the staff should be aware of the disciplinary procedure and the process to be followed in case they feel aggrieved.

- c. There is a provision for appeals in all disciplinary cases.

**Interpretation:** The hospital shall designate an appellate authority to consider appeals in disciplinary cases. Appellate authority should be higher than the disciplinary authority.



## Chapter : 10

# Information Management System (IMS)

### Intent of Standards

This chapter emphasizes the requirements of a medical record in the hospital. 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 hospital will lay down policies and procedures to guide the contents, storage, security, issue and retention of medical records. This applies to both physical and electronic form, if available.

## Summary of Standards

<b>IMS. 1</b>	<b>The hospital has a complete and accurate medical record for every patient.</b>
<b>IMS. 2</b>	<b>Documented procedures exist for retention time of medical records.</b>

## Standard

### IMS. 1

**The hospital has a complete and accurate medical record for every patient.**

## Objective Elements

- a. Every medical record has a unique identifier.

**Interpretation:** This shall also apply to records on digital media.

Every sheet in the medical record shall have this unique identifier. In case of electronic records, all entries for one unique identifier shall be available in one place. For example, CR number, UHID, hospital number, etc.

- b. The contents of medical record are identified and documented.

**Interpretation:** The hospital identifies which documents form part of the medical records, documents and implements the same. For example, admission orders, face sheet, IP sheet, discharge summary, doctor's order sheet, TPR chart, consent form, etc.

- c. Hospital identifies those authorized to make entries in medical record.

**Interpretation:** Hospital shall have a document authorizing who can make entries and the content of entries. There could be different category of personnel for different entries, but it shall be uniform across the hospital, e.g. progress record by doctor and medication administration chart by nursing care provider.

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

**Interpretation:** The hospital provides access to medical records (current and past) to designated healthcare providers (those who are involved in the care of that patient). For electronic medical record system, identified care providers shall have a user ID and a password.

- e. Confidentiality, security and integrity of medical record is maintained.

**Interpretation:** The hospital shall control the accessibility to the MRD (defined in glossary) and to its Hospital Information System. For physical records, it shall ensure the usage of tracer card for movement of the file in and out of the MRD.

It shall have a system in place to ensure that only the authorized care providers have access to the patient's record. In case of electronic systems it shall ensure that these cannot be copied at all locations. The procedure shall also address how entries in the patient record are corrected or overwritten.

- f. The hospital regularly carries out review of medical records.

**Interpretation:** The review is done periodically by identified individual(s) with the

hospital defining the periodicity. The review focuses on the timeliness, legibility and completeness of the medical records. A standardised checklist can be used for this purpose. The review uses a representative sample based on statistical principles and include all discharged and death patients as the pool from which the sample will be identified.

## Standard

<b>IMS. 2</b>	<b>Documented procedures exist for retention time of medical records.</b>
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## Objective Elements

- a. Documented procedures are in place on retaining the medical records.  
**Interpretation:** The hospital shall define the retention period for each category of medical records: Out-patient, in-patient and MLC. The procedures are in consonance with the local and national laws and regulations and respective state authority.
- b. The retention process provides expected confidentiality and security.  
**Interpretation:** This is applicable for both manual and electronic system.
- c. The destruction of medical records is in accordance with the laid down procedure.  
**Interpretation:** Destruction can be done after the retention period is over and after taking approval of the concerned authority (internal/external).



## 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.

<b>AYUSH Hospital</b>	<p><b>AYUSH Hospital:</b></p> <ul style="list-style-type: none"> <li>a) Central or State Government AYUSH (Ayurveda, Yoga &amp; Naturopathy, Unani, Siddha, Sowa Rigpa &amp; Homoeopathy) hospital.</li> <li>b) NABH accredited AYUSH Hospital.</li> <li>c) Teaching hospitals attached to AYUSH colleges recognised by the Central Government/ Central Council of Indian Medicine/ Central Council for Homoeopathy.</li> <li>d) Any AYUSH Hospital, standalone or otherwise, established for in-patient care and day care therapeutic procedures/interventions for diseases or disorders with indicated procedures; and which is registered with the local authorities, wherever applicable, and is under the supervision of a registered qualified AYUSH practitioner and complies with all the following criteria:             <ul style="list-style-type: none"> <li>i) at least 05 in-patient beds;</li> <li>ii) has qualified nursing care provider (AYUSH therapist) under its employment round the clock;</li> <li>iii) has qualified AYUSH practitioner in-charge round the clock;</li> <li>iv) has dedicated AYUSH therapy sections; and</li> <li>v) maintains daily records of the patients and will make these accessible to the insurance company's authorized representative.</li> </ul> </li> </ul>
<b>Accreditation</b>	<p>Accreditation is a self-assessment and external peer review process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system.</p>
<b>Accreditation assessment</b>	<p>The evaluation process for assessing the compliance of an organisation with the applicable standards for determining its accreditation status.</p>

<p><b>Adverse drug event and adverse drug reaction</b></p>	<p><b>Adverse event:</b> Any untoward medical occurrence that may present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment.</p> <p><b>Adverse Drug Reaction:</b> A response to a drug which is noxious and unintended and <b><i>which occurs at doses normally used in man</i></b> for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.</p> <p>Therefore ADR = Adverse Event with a causal link to a drug.</p> <p><b><u>Adverse drug event:</u></b> The FDA recognizes the term <i>adverse drug event</i> to be a synonym for <i>adverse event</i>.</p> <p>In the patient-safety literature, the terms <i>adverse drug event</i> and <i>adverse event</i> usually denote a causal association between the drug and the event, but there is a wide spectrum of definitions for these terms, including harm caused by a</p> <ul style="list-style-type: none"> <li>• drug</li> <li>• harm caused by drug use, and</li> <li>• a medication error with or without harm</li> </ul> <p>Institute of Medicine: “An injury resulting from medical intervention related to a drug”, which has been simplified to “<b><i>an injury resulting from the use of a drug</i></b>”</p> <p><u>Adverse drug events extend beyond adverse drug reactions to include harm from overdoses and under-doses usually related to medication errors.</u></p> <p>A minority of adverse drug events is medication errors, and medication errors rarely result in adverse drug events.</p>
<p><b>Adverse event</b></p>	<p>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).</p>
<p><b>Ambulance</b></p>	<p>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.</p>

<b>Assessment</b>	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.
<b>Basic life support</b>	Basic life support (BLS) is the level of medical care which is used for patients with life-threatening illnesses or injuries until the patient can be given full medical care.
<b>Breakdown maintenance</b>	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.
<b>Bylaws</b>	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
<b>Care Plan</b>	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.
<b>Clinical audit</b>	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)
<b>Competence</b>	Demonstrated ability to apply knowledge and skills (para 3.9.2 of ISO 9000: 2000).  Knowledge is the understanding of facts and procedures. Skill is the ability to perform specific action.
<b>Confidentiality</b>	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.

<b>Consent</b>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>
<b>Credentialing</b>	The process of obtaining, verifying and assessing the qualification of a healthcare provider.
<b>Data</b>	Facts or information used usually to calculate analyse or plan something.
<b>Discharge summary</b>	A part of a patient record that summarises the reasons for admission, significant clinical 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).
<b>Employees</b>	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.
<b>Ethics</b>	Moral principles that govern a person's or group's behaviour.
<b>Evidence-based medicine</b>	Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
<b>Extant</b>	Meaning "Still existing".
<b>Family</b>	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.

<b>Formulary</b>	<p>An approved list of drugs. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective.</p> <p>The list is compiled by professionals and physicians in the field and is updated at regular intervals. Changes may be made depending on availability or market.</p>
<b>Goal</b>	<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>
<b>Grievance-handling procedures</b>	Sequence of activities carried out to address the grievances of patients, visitors, relatives and staff.
<b>Healthcare-associated infection</b>	<p>Healthcare-associated infections (HAIs) are infections caused by a wide 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>
<b>Healthcare organisation</b>	Generic term is used to describe the various types of organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.
<b>Incident reporting</b>	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.
<b>In service education/training</b>	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.
<b>Indicator</b>	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.
<b>Information</b>	Processed data which lends meaning to the raw data.
<b>Intent</b>	A brief explanation of the rational, meaning and significance of the standards laid down in a particular chapter.

<b>Inventory control</b>	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.
<b>Job description</b>	<ol style="list-style-type: none"> <li>1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job.</li> <li>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 <b>job specifications</b> 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.</li> </ol>
<b>Job specification</b>	<ol style="list-style-type: none"> <li>1. The qualifications/physical requirements, experience and skills required to perform a particular job/task.</li> <li>2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.</li> </ol>
<b>Laws</b>	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.
<b>Maintenance</b>	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)
<b>Medical equipment</b>	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.
<b>Medication error</b>	A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packing and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. (Zipperer, et al)

<b>Medication Order</b>	<p>A written order by a physician, dentist, or other designated health professional for a medication to be dispensed by a pharmacy for administration to a patient. (<i>Reference: Mosby's Medical Dictionary, 9th edition, Elsevier</i>)</p> <p>Primary difference between <i>Prescription &amp; Medication Order</i> is that the medication order is used after Prescription, to get medicines issued/ dispensed from Pharmacy.</p> <p>Medication Order is an active Record, while Prescription is a Document.</p>
<b>MRD</b>	Medical Record Department
<b>Mission</b>	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.
<b>Monitoring</b>	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.
<b>Multi-disciplinary</b>	A generic term which includes representatives from various disciplines, professions or service areas.
<b>Notifiable disease</b>	<p>Certain specified diseases, which are required by law to be notified to the public health authorities. Under the international health regulation (WHO's International Health Regulations 2005) the following diseases are notifiable to WHO:</p> <ul style="list-style-type: none"> <li>(a) Smallpox</li> <li>(b) Poliomyelitis due to wild-type poliovirus</li> <li>(c) Human influenza caused by a new subtype</li> <li>(d) Severe acute respiratory syndrome (SARS).</li> </ul>

<b>Notifiable disease</b>	<p>In India, the following is a indicative list of diseases which are also notifiable, but may vary from state to state:</p> <ul style="list-style-type: none"> <li>(a) Polio</li> <li>(b) Influenza</li> <li>(c) Malaria</li> <li>(d) Rabies</li> <li>(e) HIV/AIDS</li> <li>(f) Louse-borne typhus</li> <li>(g) Tuberculosis</li> <li>(h) Leprosy</li> <li>(i) Leptospirosis</li> <li>(j) Viral hepatitis</li> <li>(k) Dengue fever</li> </ul> <p>The various diseases notifiable under the factories act lead poisoning, byssinosis, anthrax, asbestosis and silicosis.</p>
<b>Objective</b>	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)
<b>Objective element</b>	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.
<b>Occupational health hazard</b>	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.
<b>Operational plan</b>	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.
<b>Organogram</b>	A graphic representation of reporting relationship in an organisation.



<b>Outsourcing</b>	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.
<b>Patient-care setting</b>	The location where a patient is provided health care as per his needs, e.g. ICU, speciality ward, private ward and general ward.
<b>Patient record / medical record / clinical record</b>	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)
<b>Performance appraisal</b>	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.
<b>Personal protective equipment</b>	Specialised clothing or equipment worn by an employee for protection against infectious materials (OSHA).
<b>Policies</b>	They are the guidelines for decision-making, e.g. admission, discharge policies, antibiotic policy, etc.
<b>Preventive maintenance</b>	<p>It is a set of activities that are performed on plant equipment, machinery, and systems before the occurrence of a failure in order to protect them and to prevent or eliminate any degradation in their operating conditions.</p> <p>The maintenance carried out at predetermined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item.</p>

<b>Prescription</b>	<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>
<b>Privileging</b>	It is the process for authorising all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications and skills.
<b>Procedure</b>	<ol style="list-style-type: none"> <li>1. A specified way to carry out an activity or a process (Para 3.4.5 of ISO 9000: 2000).</li> <li>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.</li> </ol>
<b>Process</b>	A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000: 2000).
<b>Programme</b>	A sequence of activities designed to implement policies and accomplish objectives.
<b>Protocol</b>	A plan or a set of steps to be followed in a study, an investigation or an intervention.
<b>Quality</b>	<ol style="list-style-type: none"> <li>1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2000).</li> </ol> <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> <ol style="list-style-type: none"> <li>2. Degree of adherence to pre-established criteria or standards.</li> </ol>
<b>Quality assurance</b>	Part of quality management focussed on providing confidence that quality requirements will be fulfilled (Para 3.2.11 of ISO 9000:2000).
<b>Quality improvement</b>	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.

<b>Radiation Safety</b>	<p><b>Radiation safety</b> refers to safety issues and protection from radiation hazards arising from the handling of radioactive materials or chemicals and exposure to Ionizing &amp; 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 which they may be exposed. <i>(Reference: McGraw-Hill Dictionary of Scientific &amp; Technical Terms)</i></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 &amp; radioactive waste are also potential Hazards.</p> <p><b>Imaging Safety</b> includes safety measures to be taken while performing an MRI, Radiological interventions, Sedation, Anaesthesia, Transfer of patients, Monitoring patients during imaging procedure etc.</p>
<b>Re-assessment</b>	It implies continuous and ongoing assessment of the patient which is recorded in the medical records as progress notes.
<b>Resources</b>	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.
<b>Risk assessment</b>	Risk assessment is the determination of quantitative or qualitative value of risk related to a concrete situation and a recognised threat (also called hazard). Risk assessment is a step in a risk management procedure.
<b>Risk management</b>	Clinical and administrative activities to identify evaluate and reduce the risk of injury.
<b>Risk reduction</b>	<p>The conceptual framework of elements considered with the possibilities to minimise vulnerabilities and disaster risks throughout a society to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.</p> <p>It is the decrease in the risk of a healthcare facility, given activity, and treatment process with respect to patient, staff, visitors and community.</p>

<b>Root Cause Analysis (RCA)</b>	<p>Root Cause Analysis (RCA) is a structured process that uncovers the physical, human, and latent causes of any undesirable event in the workplace. Root cause analysis (RCA) is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events.</p> <p>RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented. The process involves data collection; cause charting, root cause identification and recommendation generation and implementation.</p>
<b>Safety</b>	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
<b>Safety programme</b>	A programme focused on patient, staff and visitor safety.
<b>Scope of services</b>	Range of clinical and supportive activities that are provided by a healthcare organisation.
<b>Security</b>	Protection from loss, destruction, tampering, and unauthorised access or use.
<b>Sedation</b>	<p>The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation. There are three levels of sedation:</p> <p><b>Minimal Sedation</b> (anxiolysis) - A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are not affected.</p> <p><b>Moderate Sedation/Analgesia</b> (conscious sedation) - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are needed to maintain a patent airway.</p> <p><b>Deep Sedation/Analgesia</b> - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation. Patients may need help in maintaining a patent airway.</p>

<b>Sentinel events</b>	<p>A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or <b>major and enduring loss of function</b> for a recipient of healthcare services.</p> <p><b>Major and enduring loss of function</b> 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>
<b>Staff</b>	All personnel working in the hospital including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.
<b>Standard precautions</b>	<ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol> <p><b>Standard Precautions</b> 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>
<b>Standards</b>	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.
<b>Sterilisation</b>	It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.

<b>Strategic plan</b>	<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>
<b>Surveillance</b>	<p>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.</p>
<b>Values</b>	<p>The fundamental beliefs that drive organisational behaviour and decision-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>
<b>Vision</b>	<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>
<b>Vulnerable patient</b>	<p>Those patients 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>





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