IIHMR UNIVERSITY

"Gap Analysis and Implementation of NABH Entry level Patient Centric Standards at a Small Health Care Organization in Jodhpur"

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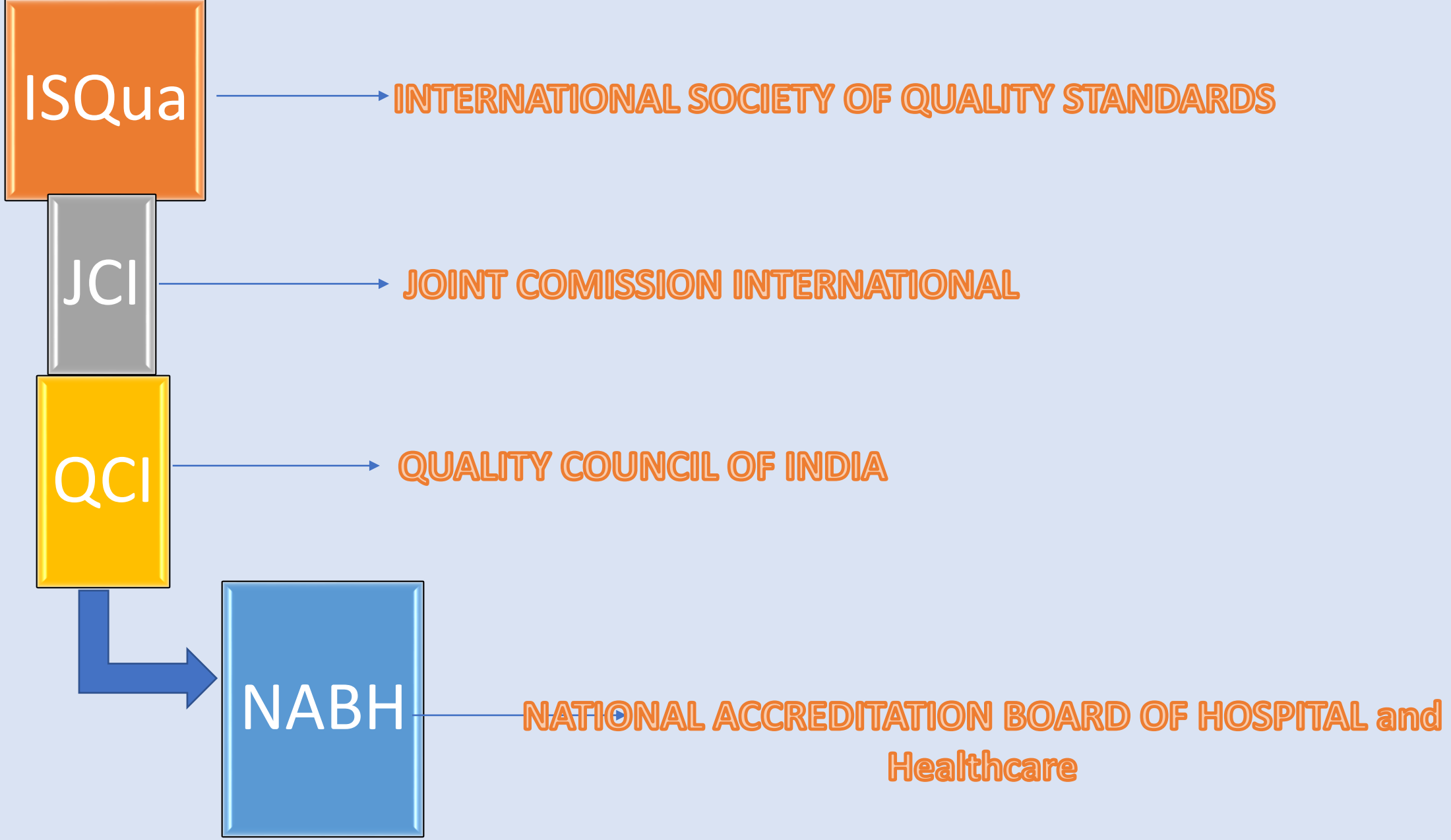
QUALITY JOURNEY IN INDIA:

- Globally there is ISQua (International Society for Quality in Healthcare), JCI in US(1994) etc. to make quality improvements in healthcare organizations.
- The Government of India, established in 1997, Quality Council of India, which is responsible for setting the quality initiative in India.
- To maintain the quality of hospitals and healthcare organization NABH was established.
- National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish (since 2006) and operate accreditation Programme for healthcare organizations. Like JCI, NABH is voluntary process.
- SHCO are those healthcare organization with less than 50 beds.
- Pre Accreditation Entry Level NABH Standards for SHCO has 10 Chapters containing41 Standards and 149 Objective Elements, keeping in view the SHCOs, so that they can easily implement it.


ISQua
INTERNATIONAL SOCIETY OF QUALITY STANDARDS
JCI
JOINT COMISSION INTERNATIONAL
QCI
QUALITY COUNCIL OF INDIA
NABH
NATIONAL ACCREDITATION BOARD OF HOSPITAL and Healthcare

RATIONALE

- According to NABH, more than 90% of HCOs in India are SHCO, thus catering huge population. Thus quality of care is very important.

- IRDAI (Insurance regulatory & development authority) in a circular issued in 2016, said that it is mandatory for SHCOs to at least have entry level Pre-accreditation NABH, for empanelment.

- The accredited SHCO can attract more patients as compared to non accredited ones. So for SHCOs also, accreditation is profitable. Thus, entry level pre-accreditation should be the stepping stone to full accreditation.

ABOUT HLFPPT

- HLFPPT is promoted by HLL Life care Ltd (a Mini Ratna PSU under the Ministry of Health and Family Welfare, GOI).
- HLFPPT is a national not-for-profit health services organization, working on the entire spectrum of RMNCH+A (Reproductive, Maternal, New born, Child & Adolescent Healthcare), including HIV Prevention & Control and Primary Healthcare.
- HLFPPT also works for Family Planning, WASH(Water, Sanitation, and Hygiene) Skills Development, CSR Partnership, Youth Health Care, Managing a Social Franchising health network that provides high quality MCH services, Educating communities about exclusive breastfeeding, managing baby diseases.

OBJECTIVES

- To identify gaps as per the NABH pre accreditation entry level **Patients centric standards** for SHCOs.
- To Compare the compliance of SHCOs for entry level pre-accreditation NABH standards, before and after obtaining entry level pre-accreditation NABH certification.
- To give suggestions/recommendations for filling the gaps in SHCOs, in accordance to pre-accreditation NABH entry level standards.

METHODOLOGY

- **Study Design:**

Descriptive Cross-sectional study, with in-depth review of NABH guidelines, Information was gathered by PMIS Scoring, direct observation, hospital and clinical record review.

- **Study Location and Duration:**

The study was done in one of the Small healthcare organizations in Jodhpur which is getting consultancy service from HLFPPT, Jaipur.

- **Duration-** 3 months.

METHODOLOGY Contd

- **Data collection tool**: Pre-accreditation entry level NABH self-assessment toolkit.
- **Data Collection Method**: The Pre-accreditation entry level NABH self-assessment toolkit was used for data collection, where for assessing some objective elements, observation was required, for some other elements reviewing of SHCO manuals, policies and records was required and in some, interview with the hospital staff and patients was required.
- HLFPPT using **PMIS software** for collecting and inserting data, where initial visits are called baseline visits, and scoring are baseline score and when implementations of standards start then it is called Ongoing visits and scoring are ongoing scores.

PARAMETERS OF STUDY

- Pre-accreditation Entry level NABH for SHCO has 10 chapters containing 41 standards that are again having 149 objective elements(OE), which every SHCO can easily implement.

According to guidebook form NABH for pre-accreditation entry level standards for SHCO:

- Definition of standards: A standard is a statement of expectation that defines structures and processes that must be substantially in place in an organization to enhance quality of care.
- Definition of Objective Elements(OE): It is that component of the standard which can be measured objectively on a rating scale. The acceptable compliance with the measurable elements will determine the overall compliance with the standards.

PATIENT CENTRIC CHAPTERS ARE-

Serial No.	Chapter	Standards	Elément
1	AAC (Access, Assessment and continuity of care)	7	26
2	COP (Care of Patients)	8	31
3	MOM(Management of Medications)	5	18
4	PRE (Patients' Rights and Education)	2	9
5	HIC (Hospital Infection Control)	3	13

PARAMETERS cont..

Regarding scoring following criteria would be applicable.

- Compliance to the requirement – 10
- Partial compliance to the requirement – 5
- Non-compliance to the requirement: 0
- Not Applicable: NA

Criteria of eligibility for certification of entry level NABH for SHCO)

- All the regulatory legal requirements should be fully met.
- No individual standard should have more than two zeros.
- The average score for individual chapter must be more than 5.
- The overall average score for all standards must exceed 5.

OBSERVATION/SCORES ON BASELINE VISIT

CHAPTER 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)	AVERAGE SCORE
AAC 1: The organization defines and displays the services that it can provide	0
AAC 2: The organization has a documented registration, admission and transfer process.	0
AAC.3 Patients cared for by the organization undergo an established initial assessment.	0
AAC.4 Patient care is continuous and all patients cared for by the organization undergo a regular reassessment.	3.8
AAC.5 Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.	0
AAC.6 Imaging services are provided as per the scope of the hospital's services and established radiation safety programme.	0
AAC.7 The organisation has a defined discharge process.	0
Chapter average score	0.5

PMIS INTERFACE USING BY HLFPPT

Chapter	Standard	Objective Element	Verification Criteria	Recorded Score	Visit Score
NABH / Chapter-01	01. The SCHO defines and displays the services that it can provide	01.1 The services being provided are clearly defined.		10	0
NABH / Chapter-01	01. The SCHO defines and displays the services that it can provide	01.2 The defined services are prominently displayed.		10	0
NABH / Chapter-01	01. The SCHO defines and displays the services that it can provide	01.3 The relevant staff are oriented to these services.		5	0
NABH / Chapter-01	02. The SCHO has a documented registration, admission and transfer process	02.1 Process addresses registering and admitting outpatients, inpatients, and emergency patients.		5	0
NABH / Chapter-01	02. The SCHO has a documented registration, admission and transfer process	02.2 Process addresses mechanism for transfer or referral of patients who do not match the SHCO's resources		10	0
NABH / Chapter-01	03. Patients cared for by the SHCO undergo an established initial assessment	03.1 The SHCO defines the content of the assessments for inpatients and emergency patients.		5	0
NABH / Chapter-01	03. Patients cared for by the SHCO undergo an established initial assessment	03.2 The SHCO determines who can perform the assessments.		10	0
NABH / Chapter-	03. Patients cared for by the SHCO undergo an established initial assessment	03.3 The initial assessment for inpatients is documented within 24 hours or earlier.		10	0

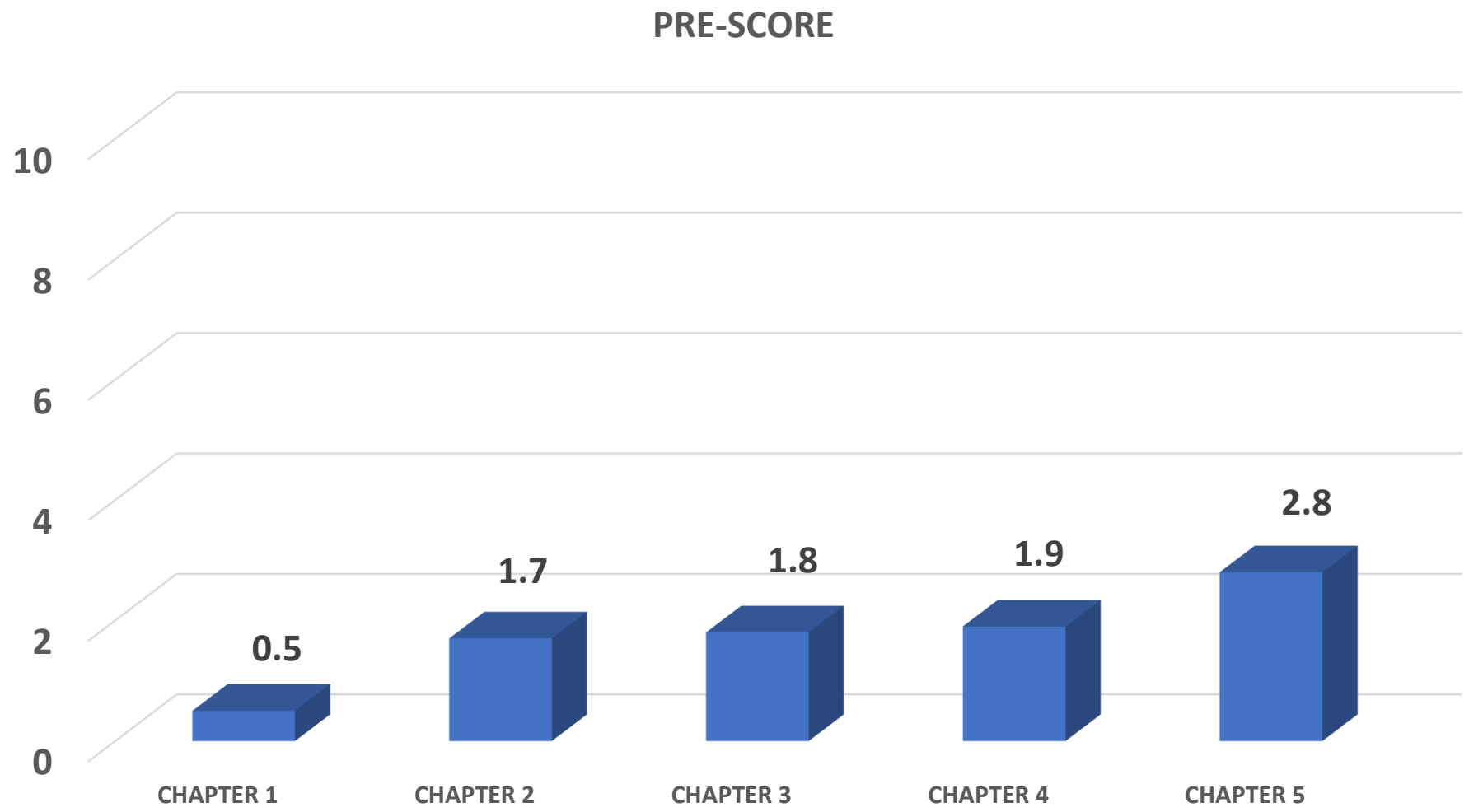
CHAPTER 2 CARE OF PATIENTS	AVERAGE SCORE
COP.1: Care of patients is guided by accepted norms & practice.	0
COP.2: Emergency services including ambulance are guided by documented procedures.	0
COP.3: Documented procedures define rational use of blood and blood products.	1.7
COP.4: Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency unit.	2.5
COP.5: Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital.	3.3
COP.6: Documented procedures guide the care of paediatric patients as per the scope of services provided by hospital.	1
COP.7: Documented procedures guide the administration of anaesthesia.	0.7
COP.8: Documented procedure guides the care of patients undergoing surgical procedures.	2.5
Average score of Chapter	1.7

CHAPTER 3: MANAGEMENT OF MEDICATION	Average score
“MOM.1 Documented procedures guide the organization of pharmacy services and usage of medication.	1
MOM.2: Documented policies & procedures guide the storage of medications.	2.5
MOM.3: Documented procedures guide the prescription of medications.	2.5
MOM.4: Policies & procedures guide the safe dispensing of medications.	3
MOM.5: There are defined procedures for medication administration.	0
Chapter average score”	1.8

CHAPTER 4: PATIENT RIGHTS AND EDUCATION (PRE)	AVERAGE SCORE
PRE.1: Patient rights are documented displayed and support individual beliefs, values and involve the patient and family in decision making processes.	1.4
PRE.2: Patient and families have a right to information and education about their healthcare needs.	2.5
Chapter average score	1.9

CHAPTER 5: HOSPITAL INFECTION CONTROL (HIC)	AVERAGE SCORE
HIC.1: The hospital has an infection control manual, which is periodically updated and conducts surveillance activities.	3
HIC.2: The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees.	3.3
HIC.3: Bio-medical Waste (BMW) management practices are followed.	2
Chapter average score	2.8

GRAPHICAL REPRESENTATION OF AVERAGE SCORE OF BASELINE VISIT OF CHAPTER 1-5



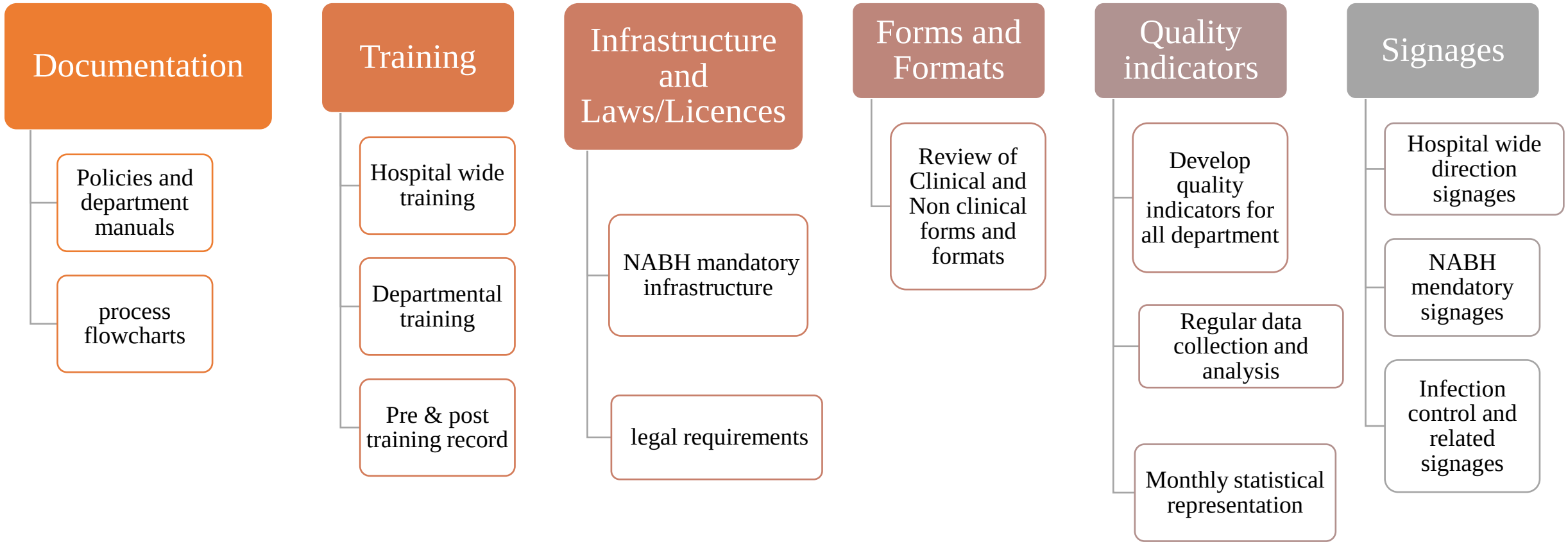
INTERPRETATION OF BASELINE SCORING:

- Legal requirements are not fulfilled as there were no legal file containing all the licences MOUs and agreements.
- Individual standard have more than two zeros.
- The average score for individual standard is less than 5 of every chapter.
- The average score for individual chapter is not more than 5.
- The overall average score for all standards is not exceed 5.

It means SHCO is not fulfilling the eligibility criteria of Pre-entry level certification for NABH

IMPLIMENTATION PLAN AS PER ACCREDITATION PARAMETER:

1. Documentation of hospital Policies, manuals and SOPs
2. Training of staff
3. Infrastructure changes as per NABH,
4. laws/licences of hospital's various departments and services
5. Forms and formats as per NABH
6. Quality indicator.
7. Signages of hospital


Documentation
Policies and department manuals
process flowcharts
Training
Hospital wide training
Departmental training
Pre & post training record
Infrastructure and Laws/Licences
NABH mandatory infrastructure
legal requirements
Forms and Formats
Review of Clinical and Non clinical forms and formats
Quality indicators
Develop quality indicators for all department
Regular data collection and analysis
Monthly statistical representation
Signages
Hospital wide direction signages
NABH mendatory signages
Infection control and related signages

Formation of committees:

a. Quality committee.
b. Hospital safety management committee.
c. Infection control committee
d. Drug & therapeutic committee

Legal and Licencing:

a. NOC from chief fire officer
b. NOC from pollution control board
c. Radiation protection certification
d. RSO certificate.
e. Radiation room layout approval
f. Approval for lift and Escalator
g. Registration of ambulances
h. Billing registration
i. Pharmacy registration

Policies and procedures:

a. Policy of registration admission and discharge
b. Policy and infection control programs
c. Policy on Blood transfusion
d. Anesthesia policy
e. Emergency."

Implementing emergency codes:

CODES	CONDITION
Red	Fire
Blue	Medical emergency
Pink	Child abduction
Yellow	Hazardous Spill
Orange	External disaster

Display of Signages, TAT and scope of services:

1. We displayed the signages at reception area, lobby area, all necessary signages of laboratory, imaging services, fire safety, stairs, lift, direction signages, BMW area signages etc.
2. We displayed the scope of services in laboratory, imaging service also.
3. Displayed organogram and emergency contact number at reception.
4. Displayed RACE-PASS signages near fire extinguisher.
5. Displayed hazardous signages wherever required.
6. Placed TAT in laboratory and imaging service.
7. Displayed hand hygiene and five moments of hand hygiene posters.
8. BMW segregation in respective color coded dustbins posters placed.
9. Emergency TRIAGE codes poster also placed
10. Labelling of necessary equipment.

IMPLIMENTATION IMAGES:

Fig- Staff training

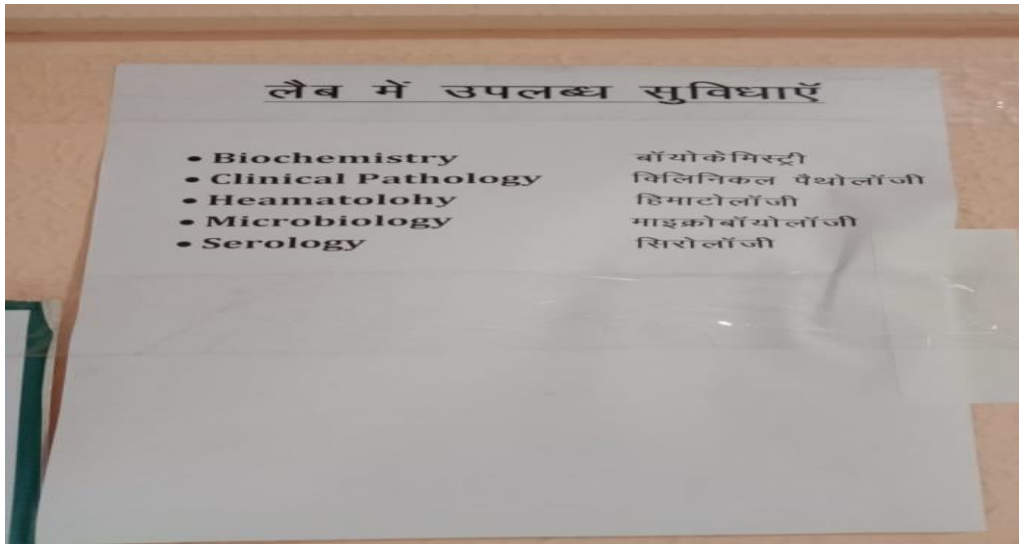
Fig- LASA At Pharmacy

Fig-Fire extinguisher with RACE-PASS

HOSPITAL STAFF IN PPE AFTER TRAINING

SIGNAGES:


NOTICE
PREGNANT PATIENTS
गर्भवती महिलाऐं
IF YOU ARE PREGNANT OR THINK YOU MAY BE, PLEASE TELL THE X-RAY TECHNICIAN BEFORE HAVING AN X-RAY TAKEN
यदि आप गर्भवती है या संभावना है तो एक्स–रे करवाने से पहले कृपया टेक्नीशियन को बताये।
Shot on Y95


लैब में उपलब्ध सुविधाएँ
• Biochemistry
• Clinical Pathology
• Heamatolohy
• Microbiology
• Serology
बॉयोकेमिस्ट्री
क्लिनिकल पैथोलॉजी
हिमाटोलॉजी
माइक्रोबॉयोलॉजी
सिरोलॉजी


X-RAY
एक्स-रे


SEX DETERMINATION OF FETUS IS PUNISHABLE UNDER LAW.
यहाँ गर्भावस्था के दौरान भ्रूण के लिंग की जाँच नहीं की जाती है । यह कानूनन अपराध है । कृपया इसके लिये आग्रह नहीं करें ।


MTP FACILITY IS AVAILABLE HERE
यहाँ एम.टी.पी. की सुविधा उपलब्ध है।

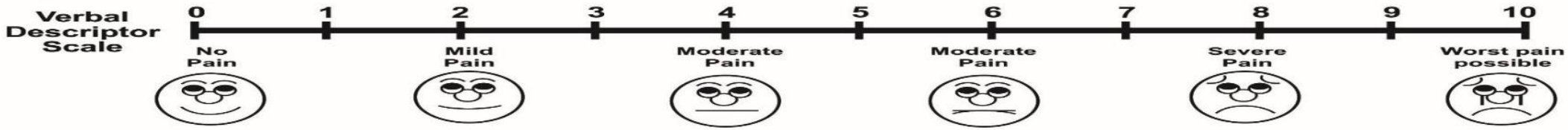
BMW COLLECTION WITH BMW HAZARDOUS SIGN

	LEGAL COMPLIANCE TRACKER					
S.N	Name of Document	Valid From	Valid Till	Resposible Person	Send for Renewal By	Remarks (valid / Expired)
1	Registering under Hospital Act					
2	Pollution contol Certificate ANDagreement					
3	AERB Licenses					
4	Building Permit					
5	Individual Machines or Equippents (amc or cmc)					
6	NOC from fire department					
7	Ambulence reg no					
8	ambulence mou if ambulence in house					
9	medical certificates of staff					
10	Drug & Pharmacy Licenses					
11	Food Safety Licenses					
12	Narcotic Drug License or mou					
13	Medical Gases License or MOU					
14	Blood Bank licnese or Mou					
15	Outsourced Lab mou					
16	PNDT					
17	MTP					
18	Doctor degree licenses					
19	Nursing Degree, ot technician, lab technician, radiology					
20	Clinical establishment act (if applicable)					
21	BLS certificates (OT & Nurse staff)					
22	Lower staff police verification					
23	Mortuary Mou (if applicable)					
24	Laundary Mou (if applicable)					
25	Security Mou (if applicable)					
26	Housekeeping Mou (If applicable)					
27	Doctor on call contracts					
28	icu mou					
29	radiology mou					

SOME FORMS AND FORMATS
1. INITIAL ASSESSMENT

Patient Name_____Age/Sex_____UHID/IPD No._____
D.O.A._____Unit/Ward/Bed No._____
General Information: Diagnosis_____ **Time Of Arrival**_____
Mode of Admission: Walking/Wheelchair/ Stretcher, Patient accompanied on admission: Yes/ No
If Yes, Name_____Relation_____Contact No_____
Primary language spoken (Hindi/English/International)_____ Interpreter needed: Yes / No
Cultural/religious barrier : Yes / No If yes, describe:_____
Patient Status : Conscious/ unconscious / Disoriented Patient Vulnerable: Yes / No
Psychological Status : Clam ☐ Anxious ☐ Withdrawn ☐
Agitated ☐ Depressed ☐ Sleeping Difficulty ☐

Vital Signs:
Temp:_____Pulse:_____, BP :_____,Spo2_____,Resp._____Ht._____Wt._____
Pain: Yes☐ No☐ , If Yes score (0-10)_____Duration:_____Sharp/dull/aching/ Burning
Location_____,Increasing factors_____
Decreasing factors:_____,Action Needed Yes ☐ No ☐
Wong and Baker facial Grimace Scale:



Orient Patient if: Conscious ☐ **Orient Patient Attendant if :** Unconscious ☐ Disoriented ☐
Room ☐ Side Rail ☐ Toilet Bell ☐ Visiting Policy ☐
Bathroom ☐ Bed Controls ☐ Use of Footstool ☐ Grab Bars ☐
Emergency Light ☐ Nurse Call ☐ Television ☐
Light Control ☐ Telephone ☐ Smoking Policy
Allergies / Adverse Reaction : Yes ☐ No ☐
Medication ☐ Blood Transfusion ☐ Food ☐ Not Known ☐
I f Yes Specify_____

Specific Needs

S.No.	Specific Needs	Yes/ No	If Yes describe	Action
1	Sensory Impairment (Hearing/visual)?			
2	Is There a Speech problem			
3	Does the patient have any artificial prosthesis?			
4	any other problem?			

Current Medications(as used by patient at the time of admission)

Name Of Drug	Dose	Frequency	Date/Time of last Dose
1.			
2.			
3.			
4.			

Medicines brought to the hospital: Yes ☐ No☐ If Yes Disposition: Sent Home ☐ Other Placement ☐

2. REASSESSMENT FORM

D.O.A._____Unit/ward/Bed No._____Date of Assessment_____

arameters	Nursing Diagnosis		M	E	N	Nursing Intervention	M	E	N	Nursing Ootcome		
										Morning	Evening	Night
AIRWAYS	Clear											
	Secreation present					Medication						
						Nebulization						
						Suction						
						Stream Inhalation						
BREATHING	Breathing	Normal										
		Abnormal				Medication						
						Nebulization						
	Ronchi	Absent										
		Present				Medication						
						Nebulization						
						RR						
CIRCULATION	PR					>100or<60 check for any medication (inform doctor)						
	BP					Any Abnormal result-inform Doctor						
	Spo2											
FEVER & ANAXIETY	Absent											
	Present (Temp.)					Medication						
BOWEL	Normal											
	Constipation Medication											
	Diarrhoea (Medication)											
BLADDER	Voiding normally (Monitor I/O chart)											

POST IMPLIMENTATION SCORES OF ONGOING VISITS ARE:

“CHAPTER 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)	AVERAGE SCORE
AAC 1: The organization defines and displays the services that it can provide	6.6
AAC 2: The organization has a documented registration, admission and transfer process.	5
AAC.3 Patients cared for by the organization undergo an established initial assessment.	8.3
AAC.4 Patient care is continuous and all patients cared for by the organization undergo a regular reassessment.	5
AAC.5 Laboratory services are provided as per the scope of the hospital’s services and laboratory safety requirements.	7.5
AAC.6 Imaging services are provided as per the scope of the hospital’s services and established radiation safety programme.	6.2
AAC.7 The organisation has a defined discharge process.	5
Chapter average score”	6.2

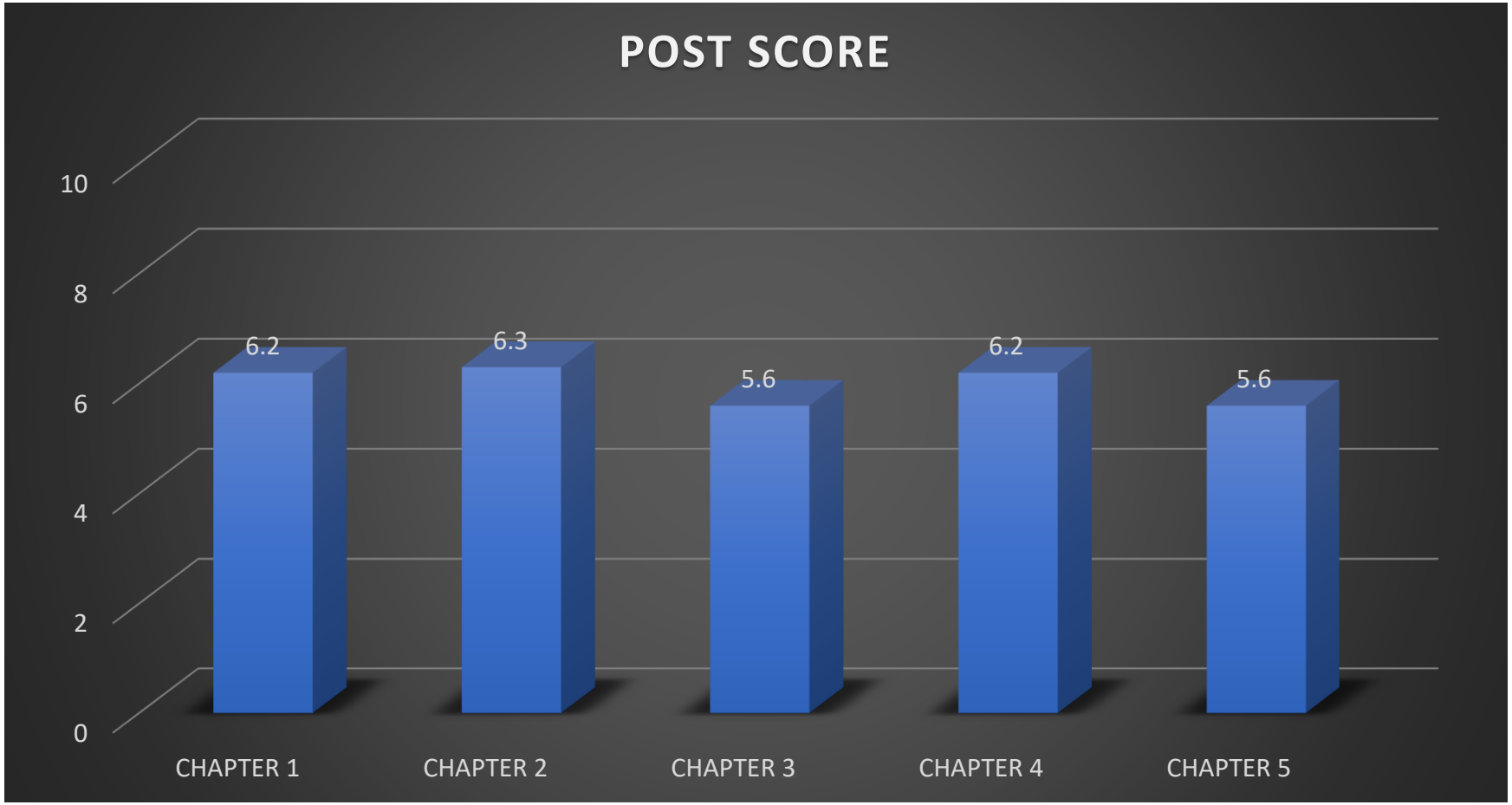
“CHAPTER 2: CARE OF PATIENTS	AVERAGE SCORE
COP.1: Care of patients is guided by accepted norms & practice.	5
COP.2: Emergency services including ambulance are guided by documented procedures.	6.6
COP.3: Documented procedures define rational use of blood and blood products.	8.3
COP.4: Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency unit.	7.5
COP.5: Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital.	6.6
COP.6: Documented procedures guide the care of paediatric patients as per the scope of services provided by hospital.	6
COP.7: Documented procedures guide the administration of anaesthesia.	5
COP.8: Documented procedure guides the care of patients undergoing surgical procedures.	5.8
Average score of Chapter	6.35

“CHAPTER 3: MANAGEMENT OF MEDICATION	Average score
MOM.1 Documented procedures guide the organization of pharmacy services and usage of medication.	5
MOM.2: Documented policies & procedures guide the storage of medications.	6.2
MOM.3: Documented procedures guide the prescription of medications.	5
MOM.4: Policies & procedures guide the safe dispensing of medications.	7
MOM.5: There are defined procedures for medication administration.	5
Chapter average score”	5.64

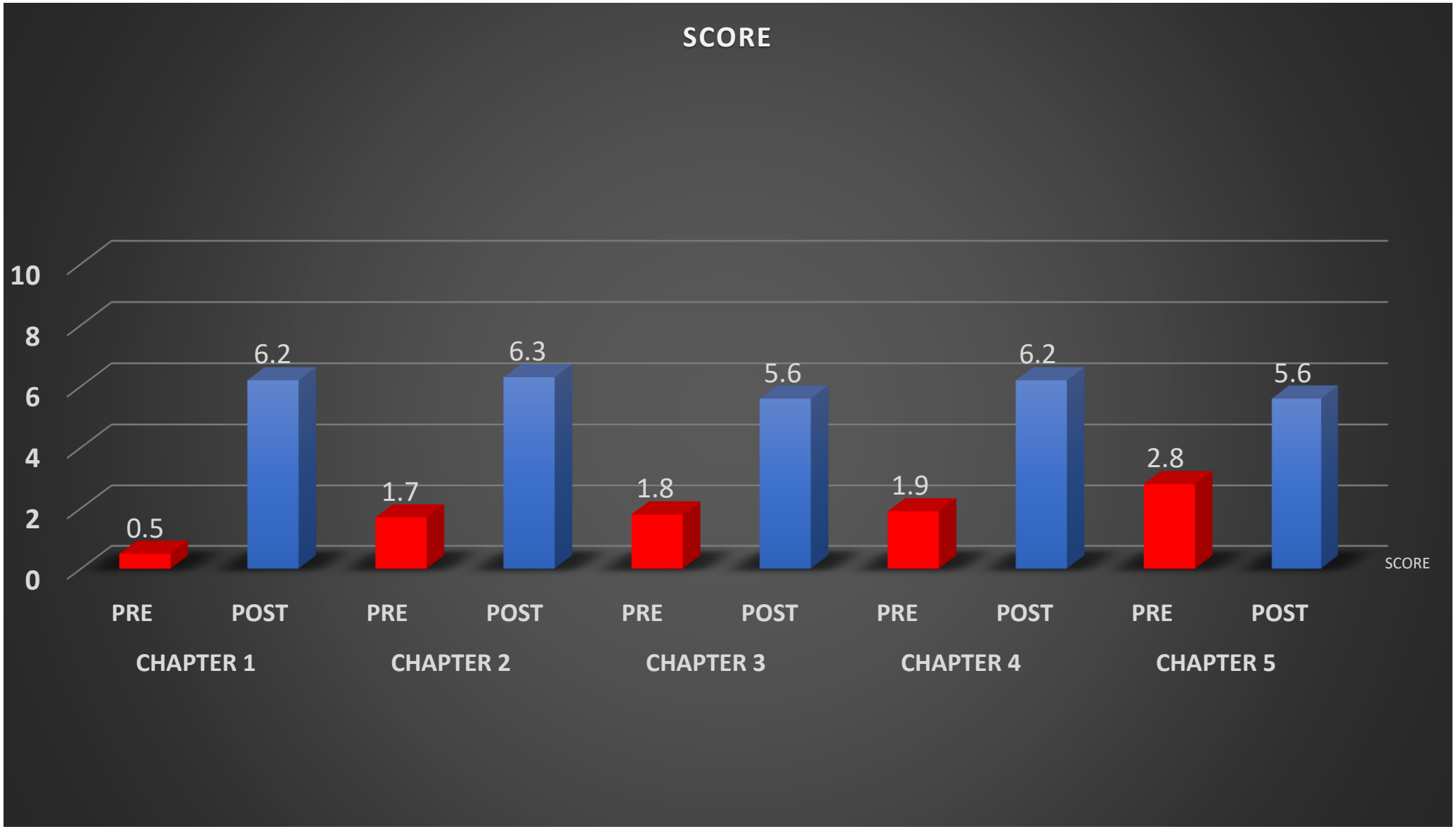
“CHAPTER 4: PATIENT RIGHTS AND EDUCATION (PRE)	AVERAGE SCORE
PRE.1: Patient rights are documented displayed and support individual beliefs, values and involve the patient and family in decision making processes.	5
PRE.2: Patient and families have a right to information and education about their healthcare needs.	7.5
Chapter average score”	6.25

“CHAPTER 5: HOSPITAL INFECTION CONTROL (HIC)	AVERAGE SCORE
HIC.1: The hospital has an infection control manual, which is periodically updated and conducts surveillance activities.	6
HIC.2: The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees.	5
HIC.3: Bio-medical Waste (BMW) management practices are followed.	6
Chapter average score”	5.6

GRAPHICAL REPRESENTATION OF POST IMPLIMENTATION OF STANDARDS



PRE-POST ANALYSIS OF STANDARDS



RECOMMENDATIONS/SUGGESTIONS:

- ✓ **Facilities should opt for NABH accreditation as they get quality at less efforts.**
- ✓ **Facilities Should more focus on fundamental things like staff trainings, Signage, availability of all registers and forms.**
- ✓ **Facilities Should more focus on assessing the gaps as per the toolkit of NABH.**
- ✓ **Facilities should more focus on continuity and monitoring of all compliances.**
- ✓ **More Trainings should be given so Staff Can follow safe and qualitative practices.**
- ✓ **Mock Drills be conducted for hospital staffs so that they can handle emergency situations easily**
- ✓ **Higher authority of hospital should have active participation in the improvement of the hospital.**

RECOMMENDATION Contd:

- **Safe sample collection and transport practices need to be followed.**
- **Hospital staff should be trained and retrained properly to follow safe practices.**
- **Medicine and store inventory need to be monitored strictly.**
- **Fridge temperature monitoring should be strictly followed as per guidelines.**
- **Quality indicators should be monitored regularly and for that raw data, should be collected promptly to catch the actual state.**

CONCLUSION

- ✓ **The gap analysis has revealed non-compliance as per NABH standards which need to be addressed for quality improvement of the hospital.**
- ✓ **By achieving the quality care hospital is able to get certification of NABH.**
- ✓ **Gaps of the study were- process gaps, infrastructure gaps, equipment and manpower gaps.**
- ✓ **Study also revealed that properly implementation of standards can reduce the gaps.**
- ✓ **Trainings are the necessary part of quality care, it should be conducted time to time for nurses, doctors, and all the other staff**
- ✓ **Study also revealed that after implementation of the standards most of the gaps and findings were closed as required for NABH certification.**

REFERENCES:

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- QCI Retrieved From: http://www.qcin.org/

THANK-YOU

ANNEXURE

Self Assessment Toolkit

Organisation is required to provide self assessment report in the format 'Self Assessment Toolkit' given below. All the entries are to be properly filled up. Regarding scoring following criteria would be applicable.

Compliance to the requirement: 10
Partial compliance to the requirement: 5 (if any of the sample is found to be noncomplying out of total samples selected)
Non-compliance to the requirement: 0
Not Applicable: NA

Evaluation Criteria:

- Overall score of minimum 50% in all standards
- Overall score of minimum 50% in each chapter

(Name & Address of the Hospital)

SELF ASSESSMENT TOOLKIT

Elements			Documentation (Yes/ No)	Implementation (Yes/ No)	Evidence (cross reference to documents/ manuals etc.)	Scores (0/ 5/ 10)
Chapter 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)						
AAC.1: The organization defines and displays the services that it can provide.						
	a	The services being provided are clearly defined.				
	b	The defined services are prominently displayed.				
	c	The staff is oriented to these services.				
AAC.2: The organization has a documented registration, admission and transfer process.						
	a.	Process addresses registering and admitting out-patients, in-patients and emergency patients.				
	b.	Process addresses mechanism for transfer or referral of patients who do not match the organizational resources.				
AAC.3 Patients cared for by the organization undergo an established initial assessment.						
	a.	The organization defines the content of the assessments for the out-patients, in-patients and emergency patients.				
	b.	The organization determines who can perform the assessments.				
	c.	The initial assessment for in-patients is documented within 24 hours or earlier.				
	d.	Initial assessment of inpatients includes nursing assessment which is done at the time of admission and documented.				

AAC.4 Patient care is continuous and all patients cared for by the organization undergo a regular reassessment.						
	a.	During all phases of care, there is a qualified individual identified as responsible for the patient's care who coordinates the care in all the settings within the organization.				
	b.	All patients are reassessed at appropriate intervals.				
	c.	Staff involved in direct clinical care document reassessments.				
	d.	Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.				
AAC.5 Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.						
	a.	Scope of the laboratory services are commensurate to the services provided by the organization.				
	b.	Procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.				
	c.	Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.				
	d.	Adequately trained personnel perform, supervise & interpret the investigations.				
	e.	Laboratory personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.				
	f.	Laboratory tests not available in the organization are outsourced.				
AAC.6 Imaging services are provided as per the scope of the hospital's services and established radiation safety programme.						
	a.	Scope of the imaging services are commensurate to the services provided by the organization.				
	b.	Imaging signages are prominently displayed in all appropriate locations.				
	c.	Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.				

	d.	Imaging personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.				
AAC.7 The organisation has a defined discharge process.						
	a.	Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.				
	b.	A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice).				
	c.	Discharge summary contains the reasons for admission, significant findings, investigation results, diagnosis, procedure performed (if any), treatment given and the patient's condition at the time of discharge.				
	d.	Discharge summary contains follow up advice, medication and other instructions in an understandable manner.				
	e.	Discharge summary incorporates instructions about when and how to obtain urgent care.				
	f.	In case of death the summary of the case also includes the cause of death.				
Chapter 2: CARE OF PATIENTS (COP)						
COP.1: Care of patients is guided by accepted norms & practice.						
	a	The care and treatment orders are signed and dated by the concerned doctor.				
	b	Critical Practice Guidelines are adopted to guide patient care wherever possible.				
COP.2: Emergency services including ambulance are guided by documented procedures.						
	a	Documented procedures address care of patients arriving in the emergency including handling of medico-legal cases.				
	b	Staff should be well versed in the care of emergency patients in consonance with the scope of the services of hospital.				

	c	Admission or discharge to home or transfer to another organization is also documented.				
	d	Ambulance is appropriately equipped.				
	e	Ambulance(s) is manned by trained personnel.				
COP.3: Documented procedures define rational use of blood and blood products.						
	a	Documented policies and procedures are used to guide the rational use of blood and blood products.				
	b	Documented procedures govern transfusion of blood and blood products.				
	c	The transfusion services are governed by the applicable laws and regulations.				
	d	Informed consent is obtained for donation and transfusion of blood and blood products.				
	e	Procedure addresses documenting and reporting of transfusion reactions.				
COP.4: Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency unit.						
	a	Care of patients is in consonance with the documented procedures.				
	b	Adequate staff and equipment are available.				
COP.5: Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital.						
	a	The organization defines the scope of obstetric services.				
	b	Obstetric patient's care includes regular ante-natal check ups, maternal nutrition and post-natal care.				
	c	The organization has the facilities to take care of neonates.				

COP.6: Documented procedures guide the care of pediatric patients as per the scope of services provided by hospital.					
a	The organization defines the scope of its pediatric services.				
b	Provisions are made for special care of children by competent staff.				
c	Patient assessment includes detailed nutritional, growth, and immunization assessment.				
d	Procedure addresses identification and security measures to prevent child/ neonate abduction and abuse.				
e	The children's family members are educated about nutrition and immunization				
COP.7: Documented procedures guide the administration of anesthesia.					
a.	There is a documented policy & procedure for the administration of anesthesia.				
b.	All patients for anesthesia have a pre-anesthesia assessment by a qualified/ trained anesthetist.				
c.	The pre-anesthesia assessment results in formulation of an anesthesia plan which is documented.				
d.	An immediate preoperative re-evaluation is documented.				
e.	Informed consent for administration of anesthesia is obtained by the anesthetist.				
f.	Anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency and End tidal carbon dioxide.				
g.	Each patient's post-anesthesia status is monitored and documented.				
h.	Defined criteria are used to transfer the patient from the recovery area.				
i.	Adverse anesthesia events are recorded and monitored.				

COP.8: Documented procedure guides the care of patients undergoing surgical procedures.						
	a.	Surgical patients have a preoperative assessment and a provisional diagnosis documented prior to surgery.				
	b.	An informed consent is obtained by a surgeon prior to the procedure.				
	c.	Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.				
	d.	Qualified persons are permitted to perform the procedures that they are entitled to perform.				
	e.	The operating surgeon documents the operative notes and post-operative plan of care.				
	f.	The operation theatre is adequately equipped and monitored for infection control practices.				
	g.	Patients, personnel and material flow conform to infection control practices.				
Chapter 3: MANAGEMENT OF MEDICATION (MOM)						
MOM.1: Documented procedures guide the organization of pharmacy services and usage of medication.						
	a	Documented procedure shall incorporate purchase, storage, prescription and dispensation of medications.				
	b	Documented procedures address procurement and usage of implantable prostheses.				
MOM.2: Documented policies & procedures guide the storage of medications.						
	a	Documented policies and procedures exist for storage of medication				
	b	Medications are stored in a clean, safe and secure environment, and incorporate manufacturer's recommendations.				
	c	Sound alike and look alike medications are stored separately.				

	d	Beyond expiry date medications are not stored/used.				
	e	List of emergency medicines is defined, stored, and available all the time.				
MOM.3: Documented procedures guide the prescription of medications.						
	a	The organization determines who can write orders.				
	b	Orders are written in a uniform location in the medical records.				
	c	Medication orders are clear, legible, dated and signed.				
	d	The organization defines a list of high risk medication & process to prescribe them.				
MOM.4: Poilicies & procedures guide the safe dispensing of medications.						
	a	Medications are checked prior to dispensing, including the expiry date to ensure that they are fit for use.				
	b	High risk medication orders are verified prior to dispensing.				
MOM.5: There are defined procedures for medication administration.						
	a	Medications are administered by trained personnel.				
	b	Prior to administration medication order including patient, dosage, route and timing are verified.				
	c	Prepared medication is labelled prior to preparation of a second drug.				
	d	Medication administration is documented.				
	e	A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.				
MOM.6: Adverse drug events are monitored.						

	a	Adverse drug events are defined & monitored.				
	b	Adverse drug events are documented and reported within a specified time frame.				
MOM.7: Documented policies & procedures govern usage of radioactive drugs.						
	a	Documented policies and procedures govern usage of radioactive drugs.				
	b	Policies and procedures include the safe storage, preparation, handling, distribution and disposal of radioactive drugs.				
Chapter 4: PATIENT RIGHTS AND EDUCATION (PRE)						
PRE.1: Patient rights are documented displayed and support individual beliefs, values and involve the patient and family in decision making processes.						
	a.	Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.				
	b.	Patient rights include protection from physical abuse or neglect.				
	c.	Patient rights include treating patient information as confidential.				
	d.	Patient rights include obtaining informed consent before carrying out procedures.				
	e.	Patient rights include information on how to voice a complaint.				
	f.	Patient rights include information on the expected cost of the treatment.				
	g.	Patient has a right to have an access to his / her clinical records.				
PRE.2: Patient and families have a right to information and education about their healthcare needs.						
	a	Patients and families are educated on plan of care, preventive aspects, possible complications, medications, the expected results and cost as applicable.				

	b	Patients are taught in a language and format that they can understand.				
Chapter 5: HOSPITAL INFECTION CONTROL (HIC)						
HIC.1: The hospital has an infection control manual, which is periodically updated and conducts surveillance activities.						
	a	It focuses on adherence to standard precautions at all times.				
	b	Cleanliness and general hygiene of facilities will be maintained and monitored.				
	c	Cleaning and disinfection practices are defined and monitored as appropriate.				
	d	Equipment cleaning, disinfection and sterilization practices are included.				
	e	Laundry and linen management processes are also included				
HIC.2: The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees.						
	a	Hand hygiene facilities in all patient care areas are accessible to health care providers.				
	b	Adequate gloves, masks, soaps, and disinfectants are available and used correctly.				
	c	Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.				
HIC.3: Bio-medical Waste (BMW) management practices are followed.						
	a	The hospital is authorised by prescribed authority for the management and handling of Bio-Medical Waste.				
	b	Proper segregation and collection of Bio-Medical Waste from all patient care areas of the hospital is implemented and monitored.				
	c	Bio-Medical Waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorised contractor(s).				
	d	Requisite fees, documents and reports are submitted to competent authorities on stipulated dates.				