

SUMMER INTERNSHIP REPORT

AT

ZYNOVA SHALBY HOSPITAL, MUMBAI

(APRIL 18 TO JUNE 17 ,2022)

A REPORT ON

**“PREPARATION AND ASSESSMENT OF PRE-ENTRY LEVEL
CERTIFICATION”: JOURNEY TO NABH**

BY

MR. SREEVISHAK.S

PGDM (HOSPITAL AND HEALTH MANAGEMENT)

2021-2023



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI**

“Preparation and Assessment for Pre-Entry Level Certification”: Journey to NABH Accreditation

By

SreeVishak.S

ABSTRACT

The Hospital Accreditation strategy is a concept and practise that benefits patients, customers, hospital staff, healthcare faculty, society, and the country as a whole. Hospital accreditation encompasses implementing protocols and policies for patient care, medication management, consent process, patient safety, clinical outcomes, medical records, infection control, and staffing in accordance with national and international standards. Patients are treated with dignity, respect, and civility at all times, and are actively involved in the planning and decision-making processes. Patients' feedback is requested, and complaints are handled. The National Accreditation Body for Hospitals and Healthcare Providers (NABH) is a Quality Council of India (QCI) component board that was established to design and operate a Hospital Accreditation Program for healthcare organisations. The board is established to meet the requirements of consumers and to set standards for the health industry's success. While all parties, including business, consumers, and government, support the board, it operates with complete operational autonomy. QCI has launched a new web portal, Healthcare Organizations Platform for Entry Level Certification (HOPE), this portal will revamp entry level certification process for HCO/SHCO. The whole process includes registration, documentation and fee submission which will be carried out on HOPE portal. It is a multifarious platform for certification process of healthcare organizations with complete information about the simplified certification process, requirements and compliances.

The aim of the study is to learn the process and requirement for Pre-Entry Level NABH Accreditation for 100 bedded hospitals and assess the preparation of Zynova Shalby Hospital for Accreditation.

The Toolkit used:

1. NABH Tool Kit, analysing the compliant, partial compliant and non-compliant.
2. Internal Audit Checklist, used for open audit to analyse the compliant.

ACKNOWLEDGEMENT

Sincerity and hard work are the foundations of all successful projects. I was able to acquire a lot of information both in terms of application and theory throughout my two-month tenure at work. Without the wonderful assistance and guidance of respected trainers and other official staff, my internship would not have been achievable.

I would like to express my warm and heartfelt gratitude to Mr. Reny Varghese (CAO, Zynova Shalby Hospitals) for accepting me as an Administrative Intern at Zynova Hospitals, Mumbai. I am also thankful to Dr. Deepak Patial (Clinical Department Head, Zynova Shalby Hospitals), Mrs. Shreya Rane (Operations Head, Zynova Shalby Hospitals), Mr. Ashish Sharma (Sales and Marketing Head, Zynova Shalby Hospitals), Ms. Himanshu Bhatt (Quality Coordinator, Zynova Shalby Hospitals), and Dr. Mohd Waheed (NABH consultant, AAA Healthcare) for inducting me and for providing their valuable guidance throughout the training period.

I would like to thank my mentor, Mrs. Divya Aggarwal (Associate Dean- Academics, Accreditation and Marketing, IIMR-Delhi), without whom this project would have been a distant reality.

I express my deep sense of gratitude to the entire team of Zynova Hospitals for sharing their knowledge, cooperating with me, and motivating me throughout.

ZHPL/HR/INTERNSHIP/2022/12

Date: 18th June ,2022

Certificate

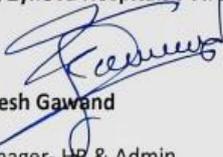
Internship Completion

This is to certify that **Mr. SreeVishak. S**, a student of Postgraduate Diploma in Hospital & Health Management from IIMR New Delhi, has completed in the duration (from 18th April 2022 to 17th June 2022) Internship programme in the Department of Hospital Administration (Quality, Clinical) at Zynova Hospitals Pvt. Ltd.

He has successfully completed the requisite hours of training during this period. During the period of his Internship Programme with us he was found punctual, hardworking and inquisitive.

We wish him every success in life and future endeavours.

For, Zynova Hospitals Pvt. Ltd.


Dinesh Gawand

Manager- HR & Admin



Zynova Hospitals Pvt. Ltd.

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Unit II - Trimurti Arcade, Near Sarvodaya Trust, L.B.S. Marg, Ghatkopar (W) Mumbai - 400 086. Tel.: 022 68900061

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FEEDBACK FORM

Name of student: Sree Vishak . S.

Summer Internship Institution: Zynova Shalby Multi-speciality
Hospitals, Mumbai

Area of Summer Internship: Quality, Clinical Administration

Attendance: A+

Objectives met: Yes

Deliverables: Completely Met.

Strength: Strong Organising abilities

Suggestions for Improvement: Local language.

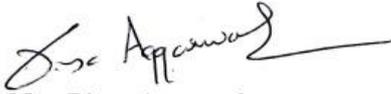
Date: 17th June 2022

Place: Mumbai


Name: Remy Varghese
Unit Head / CAO
Signature of officer in-charge:

Certification of Approval

The Summer Internship Project Titled "**PREPARATION AND ASSESSMENT FOR PRE-ENTRY LEVEL CERTIFICATION**": **JOURNEY TO NABH at ZYNOVA SHALBY MULTI-SPECIALITY HOSPITAL MUMBAI**, is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn there in but approve the report only for the it is submitted



Mrs. Divya Aggarwal

Associate Dean- Academics, Accreditation and Marketing

IHMR-Delhi

FEEDBACK FORM
MRS. DIVYA AGRAWAL

Name of the Student: See Vishak . S

Summer Internship Institution: Zynova Shalby Multi-Speciality Hospital,
Mumbai

Area of Summer Internship: Quality, Clinical Administration

Attendance: 100 %

Objective met: YES

Deliverables: Weekly Progress Report
→ Timely submission of Final Report

Strength: Hardworking and Hungry for new learnings.

Suggestion for Improvement: Should be more vocal in the class.

Date: 29 July 2022

Place: DELHI

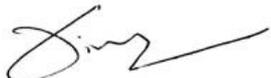

Signature of the Officer Incharge (Internship)

TABLE OF CONTENT

1. Abbreviations
2. About the Organization
 - i. Mission
 - ii. Vision
 - iii. Scope of Services
 - iv. Floor Directory
3. Learnings
4. NABH- National Accreditation Board for Hospitals & Healthcare Providers
 - i. Mission
 - ii. Vision
 - iii. Values
 - iv. Scope of NABH
 - v. Structure of NABH
5. NABH- Pre entry level regulation process and requirement
 - i. Portal- Online Registration
 - ii. Post Application Readiness
6. Findings and Result
7. References

ABBREVIATIONS

MoU- Memorandum of Understanding

CT- Computed Tomography

DSA- Digital Substraction Angiography

MRI- Magnetic Resonance Imaging

PET- Positron Emission Tomography

XRAY- X Radiation

EEG- Electro Encephalogram

PFT- Pulmonary Function Test

ICU- Intensive Care Unit

OT- Operations Theatre

PCPNDT- Pre Conception-Pre Natal-
Diagnostic Technique

SPCB- State Pollution Control Board

BMW- Bio Medical Waste

AERB- Atomic Energy Regulatory Board

OPG- Ortho Pantogram

RSO- Radiation Safety Officer

OPD- Out-Patient Department

IPD- In-Patient Department

UHID- Unique Health Identification

ECG- Electro Cardiogram

MLC- Medical Legal Case

LAMA- Leave Against Medical Discharge

DAMA- Discharge Against Medical
Discharge

NICU- Neonatal Intensive Care Unit

RSA- Root Cause Analysis

CAPA- Correction and Preventive Action

USG- Ultra Sonography

ENT- Ear Nose Throat

CCU- Critical Care Unit

PICU- Pediatric Intensive Care Unit

HCO- Health Care Organization

SHCO- Small Health Care Organization

SICU- Surgical Intensive Care Unit	
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(Table. 1)

ABOUT THE ORGANIZATION

HISTORY

"Zynova Shalby Multi-Speciality Hospital is a 100-bed multispecialty hospital in Ghatkopar, Mumbai, that provides comprehensive diagnosis and treatment services for a variety of ailments." Zynova Shalby Hospital, one of the leading hospitals in Ghatkopar, provides medical and surgical services to Mumbai residents. Cardiology, orthopaedics and joint replacement, spine, neurology and neurosurgery, oncology and once surgery, Laparoscopic surgeries, plastic and cosmetic surgeries, arthroscopic surgeries, trauma centre, and surgeries are among the major services provided. Beside General Medicines, General Surgery, Day Care Surgery, and Dialysis, CT scans, MRI, Mammography, 2D Echo, USG, Digital X-RAY, EMG, and Holter Monitoring Services

SPECIALISATION OF ZYNOVA HOSPITAL

Zynova Shalby Hospital is a well-known name in patient care in Mumbai. It was established in 2007 as Zynova Heartcare Hospitals. In the year 2021, they have done a Co-branding with Shalby group, a chain of 10 hospitals based out of Ahmedabad. Zynova Shalby Hospital is Ghatkopar West's well-known private hospital. They are one of the emerging brands in the healthcare business, with the objective of providing the finest inpatient care and equipped with technologically sophisticated healthcare facilities. This hospital is conveniently accessible by numerous modes of transportation. A team of highly qualified medical personnel, non-medical personnel, and experienced clinical technicians operate around the clock to provide a variety of services. Because of their skilled services, they are a sought-after private hospital in Mumbai. A doctor team on board, including specialists, is prepared with the knowledge and skills to handle many forms of medical conditions.

VISION

“To provide healthcare to the patients confirming scientific and ethical standards.”

MISSION

“To become the most trusted hospital by providing excellent care and compassion to patient.”

CORE VALUES

Strive for excellence – To believe in having passion for excellence in every aspect of the work we do; in the overall delivery of services to our stakeholders, in ensuring that we meet the highest international standards.

Continual Education – To install a process of learning and self-improvement at every level through continuous training, focused research, and peer interview.

Integrity – To deal with all stakeholders- patients, partners, employees, vendors, and the community-in a spirit of fairness and integrity.

Empathy – To understand the beliefs, emotions and point of view of all our stakeholders so we can develop a relation of trust and faith.

Teamwork – To ensure best delivery of services to all our stakeholders we prioritize team effort as participation of each member matters in raising the bar of the quality patient care services.

SCOPE OF SERVICES

<ul style="list-style-type: none">• Accident & Emergency• Anaesthesiology• Cardiology• Cardio-Thoracic Surgery• Dentistry and Implantology• Critical Care• Dermatology• Endocrinology• ENT• Gastroenterology• General Surgery and Medicine• Interventional Cardiology• Interventional Neurology• Interventional Radiology• Internal Medicine• Minimal Access and Bariatric Surgery• Nephrology• Neurology	<p style="text-align: center;">DIAGNOSTIC SERVICES</p> <ul style="list-style-type: none">• Laboratory Services<ul style="list-style-type: none">○ Biochemistry○ Haematology○ Microbiology○ Clinical Pathology○ Immunology• Non-Invasive Cardiology<ul style="list-style-type: none">○ ECG-Electrocardiogram○ Echocardiography○ Treadmill Test (TMT)○ Holter Monitoring• Electro Neurophysiology<ul style="list-style-type: none">○ EEG-Routine○ EMG-Electromyogram○ VEP-Visual Evoked Potential• Radiology and Imaging<ul style="list-style-type: none">○ Digital X-Ray○ CT Scan○ Mammography
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<ul style="list-style-type: none"> • Neurosurgery • Obstetrics and Gynaecology • Orthopaedics • Ophthalmology • Plastic and Reconstructive surgery • Radiology • Respiratory Medicine • Surgical Oncology • Spine Surgery • Transfusion Medicine • Urology • Vascular Surgery • OPD Services • Operation Theatre • Cardiac Cath Lab <p>SERVICES EXCLUDED</p> <ul style="list-style-type: none"> • Burns • Rheumatology • Radiation Medicine • Psychiatry • Nuclear Medicine 	<ul style="list-style-type: none"> ○ MRI-Magnetic Resonance Imaging ○ USG-Ultrasonography • Other Diagnostics <ul style="list-style-type: none"> ○ Audiology ○ Bronchoscopy ○ Endoscopy ○ Pulmonary Function Test (PFT)
	<p>OTHER SERVICES</p> <ul style="list-style-type: none"> • Ambulance • Blood Storage Unit • Day Care Centre • Dialysis • Emergency Day Care • Nutrition and Dietetics • Oncology Day Care • 24x7 Pharmacy • Physiotherapy

(Table. 2)

FLOOR DIRECTORY

<p>BASEMENT 1&2</p> <ul style="list-style-type: none"> • Parking • Mortuary • STP 	<p>FIFTH FLOOR</p> <ul style="list-style-type: none"> • Administration Department • Dietetics Department • Economy Ward (Male/Female) • SICU
<p>GROUND FLOOR</p> <ul style="list-style-type: none"> • Emergency Department • Front desk and admission • OPD Pharmacy 	<p>SIXTH FLOOR</p> <ul style="list-style-type: none"> • Maternity • Nursing Superintendent • NICU • Economy Ward (Male/Female) • Premium Rooms-602,603,604,605 • Suite Room-601 • Twin Sharing-606,607
<p>FIRST FLOOR</p>	<p>SEVENTH FLOOR</p>

<ul style="list-style-type: none"> • OPDs • Health Checkup • 2D Echo • ECG, Holter and PFT • Endoscopy • EEG and EMG • USG • Gynecology OPD • Ophthalmology OPD • Dental OPD • Sample collection • ENT OPD 	<ul style="list-style-type: none"> • Nursing Station • Day Care-707,709 • Premium Room-701,702,705,711,712,713,714,716 • Suite Room-706,710,715 • Twin Sharing-703,704
<p style="text-align: center;">SECOND FLOOR</p> <ul style="list-style-type: none"> • ICU • MRI • CT SCAN • MAMMOGRAPHY • X-RAY 	<p style="text-align: center;">EIGHTH FLOOR</p> <ul style="list-style-type: none"> • Nursing Station • Day Care-807,808,809 • Premium Room-801,802,805,811,812,813,814,816 • Suite Room-806,810,815 • Twin Sharing-803,804
<p style="text-align: center;">THIRD FLOOR</p> <ul style="list-style-type: none"> • CATH LAB • OT COMPLEX 	<p style="text-align: center;">NINETH FLOOR</p> <ul style="list-style-type: none"> • Premium Room-901,902,904,905,906,907,909 • Suite Room-903,908
<p style="text-align: center;">FOURTH FLOOR</p> <ul style="list-style-type: none"> • CAO Cabin • CSSD Department • Engineering Department • Purchase Department • IT Department • IP Pharmacy • Server Room 	<p style="text-align: center;">AMBIKA SADAN</p> <ul style="list-style-type: none"> • FLOOR 1- Canteen • FLOOR 2- Physiotherapy and Rehab Centre • FLOOR 3- Pathology and Accounts

(Table. 3)

LEARNINGS

- **Floor Coordinator- Administration Department**

Floor Coordinators are the personals who are responsible for ensuring that all floor requirements are met. The major role of the floor coordinator in hospital comprises of Discharge confirmation from RMO, Collecting the patient feedbacks, coordinating with all department throughout the hospital Patient grievance handling which includes Root cause analysis, informing the department responsible, ensuring whether the grievance is resolved.

- **CODE RED – Fire and Safety Department**

CODE RED is an emergency procedure code for unexpected fire, flames, smoke, smell of smoke, unusual heat or any other indication of fire

<p style="text-align: center;">EMPLOYEE NEAR THE AREA</p> <ul style="list-style-type: none"> • Assess the severity of fire and shift immediate patients • Dial 999 and activate the code, followed by location. 	<p style="text-align: center;">CODE RED TEAM</p> <ul style="list-style-type: none"> • Brigade team arrives and diversify into 2 groups • Group 1 will arrive at the fire location and take charge from safety officer and start extinguish process. • Group 2 will go to other floor along with respective floor marshals and start evacuation. • Bring the rescued patients/staffs/visitors to assembly area, floor in charge and HR will perform head count according to the day attendance. • Injury will be assessed to provide triage band and shifts red band patient to MoU hospitals • Safety and brigade officer will check if people are evacuated from fire location and other floor
CODE RED DEACTIVATED BY FIRE SAFETY OFFICER	

(Table. 4)

- **CODE BLUE- Clinical Department**

Code BLUE is an emergency procedure codes for cardio pulmonary and life-threatening emergencies in area of the hospital.

<p style="text-align: center;">FIRST RESPONDER</p> <ul style="list-style-type: none"> • Check responsiveness- Shake and Shout • Scan the chest for breathing and pulse 	<p style="text-align: center;">SECOND RESPONDER</p> <ul style="list-style-type: none"> • Bring the Crash Trolley and defibrillator to the room. • Assist in CPR
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<ul style="list-style-type: none"> • Call for help and activate Code followed by location • Start CPR at the rate of 30:2 as per BLS Protocol • Continue CPR till CODE BLUE Team arrives 	
CODE BLUE TEAM	
<ul style="list-style-type: none"> • Check the patient's Heart rhythm and intubate the patient 	
PATIENT SHIFTED TO ICU- CODE BLUE DEACTIVATED BY THE ONE WHO ACTIVATED	

(Table. 5)

- **NABH-Quality Department**

NABH Accreditation adds a mark of excellence to the organization, enhancing its status. NABH-accredited hospitals will be recognized internationally because NABH is a member of ISQUA. It aids in the streamlining of all process in one move.

- **OPEN AUDIT-Clinical Department**

Medical open audit is a chart review which is used to identify what is being done correctly and what is in need of improvement

1.	Choose the focus of your audit
2.	Define the measurement criteria
3.	Determine which record to review
4.	Decide sample size
5.	Develop Record keeping tool
6.	Gather Data
7.	Summarize your findings
8.	Analyze the data and implement appropriate changes

(Table. 6)

AUDIT FORM

	Patient 1	Patient 2
Name of the Auditor		
Date of the Audit Done		
NAME OF PATIENT:		
CONSULTANT NAME:		
DOA:		
UHID NA. / IP NA:		
Admission Profile		
Name of Patient		
Personal Details		
Signature of relative		
Admission History and Physical Form		
Allergies Identified		
Medication Reconciliation		
RMO Name & Signature		
Date & Time		
Plan of Care		

Provisional Diagnosis		
Consultant signature within 24 hrs		
Doctor's Progress Notes		
Reassessment done in every shift		
Documentation of Hand over done in every shift		
Date & Time,		
Name, Signature		
Reassessment done daily		
Invasive Procedures/Surgery & Anaesthesia		
Recovery room chart		
Endoscopy recovery room chart		
Pre-Op Diagnosis		
Post Op Diagnosis		
Complications		
Blood Loss		
Consent for procedure complete		
Consent for anaesthesia complete		
CT / MRI / HIV consent		
Procedure Safety check List		
Operative Notes		
Implant details where applicable		
PAC and Anaesthesia form filled		
Intra operative & Post OP		
Treatment Sheet- Physician Orders		
Capital letters		
Date, Time, Name & Sign		
Dose, Strength, Frequency & Route mentioned		
Unapproved abbreviations & symbols not used		
Allergies recorded		
High risk medication countersigned		
Diet		
Omit Orders Appropriateness		
Blood Administration		
Consent		
Documentation		
Blood bag sticker		
Transfused with in time limit		
Vital signs monitoring chart		
Restraint Both Chemical /Physical		
Restraint Consent obtained		
Assessment documented		
Nutritional / Physiotherapy Assessment & Screening		
Nutritional Screening		

Dietary daily Assessment		
Assessment done in 24 hours of admission		
Physiotherapy Assessment (when required)		

(Table.7)

- **Attended lectures on International Patient Safety Goals**

NABH-National Accreditation Board for Hospitals & Healthcare Providers

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organisations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry. The board while being supported by all stakeholders including industry, consumers, government, have full functional autonomy in its operation.

Vision:

To be the apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

Mission:

To operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon national or international standards, through process of self and external evaluation.

Values:

Credibility: Provide credible and value addition services

Responsiveness: Willingness to listen and continuously improving services

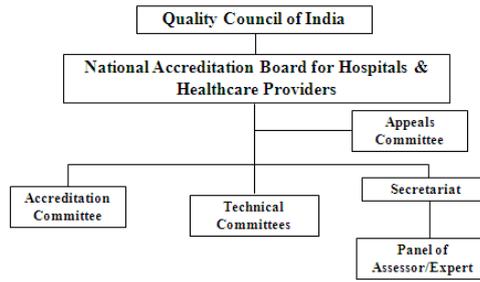
Transparency: Openness in communication and freedom of information to its stakeholders

Innovation: Incorporating change, creativity, continuous, learning and new ideas to improve the services being provided

Scope of NABH:

- Accreditation of healthcare facilities
- Quality promotion: initiatives like Nursing Excellence, Laboratory certification programs
- IEC Activities: Public Lecture, Advertisement, Workshop/Seminars
- Education and training for quality and patient safety
- Recognition: Endorsement of various Healthcare quality courses/workshops

Structure of NABH:



(fig. 1)

Entry Level NABH

Entry level NABH Certification is not a one-time phenomenon. The validity of NABH Entry Level Certificate is 2 years; post the validity period, the organization need to re-apply for their Re-Certification and the application should be submitted 6 months prior to the expiry of the certificate. Entry level NABH standards are set for both HCO and SHCO (up to 50 beds). NABH has set up 10 chapters for HCOs which include 45 standards that mentions 167 objective elements.

NABH CHAPTERS FOR ENTRY LEVEL HCOs	
1. AAC-ASSESSMENT AND CONTINUITY OF CARE	PATIENT-CENTERED
2. COP-CARE OF PATIENT	
3. MOM-MANAGEMENT OF MEDICATION	
4. PRE-PATIENT RIGHTS AND EDUCATION	
5. HIC-HOSPITAL INFECTION CONTROL	
6. CQI-CONTINUOUS QUALITY IMPROVEMENT	ORGANIZATON-CENTERED
7. ROM-RESPONSIBILITY OF MANAGEMENT	
8. FMS-FACILITY MANAGEMENT AND SAFETY	
9. HRM-HUMAN RESOURCE MANAGEMENT	
10. IMS-INFORMATION MANAGEMENT SYSTEM	

(Table. 8)

HCO		
Chapters	Standards	Total OE
AAC	7	29
COP	8	38
MOM	7	22
PRE	2	9
HIC	3	13
CQI	2	5
ROM	3	9
FMS	4	14
HRM	5	12
IMS	4	16
Total	45	167

(Table. 9)

METHODOLOGY

Area of Study:

Zynova Shalby Hospital

Acme Elanza, CTS 1900 – 1917,

LBS Marg, Ghatkopar (W), Mumbai, 400 086.

Duration of Study:

April 18, 2022 – June 17, 2022

Study Design:

Qualitative Study

Specialized Department:

- Quality Department
- Operations Department
- Medical Services

Study Tool:

MS. Word

Sources of Data:

- Primary Observation
- Annexure

NABH PRE-ENTRY LEVEL REGISTRATION PROCESS AND REQUIREMENTS

Readiness/ availability of the following are ensured.

- General information on hospital names, address, incorporation date, beds (sanctioned & commissioned) etc.
- All statutory Licenses and regulatory certificates of the hospitals
- Scope of services to applied for
- Details of clinician- OP & IP as per the scope, with registration number, qualification and experience
- Details of Nursing staffs with their registration number, qualification and experience
- Details of Paramedical staffs with their qualification and experience
- Details of Administrative staffs with their qualification and experience
- All signage displays
- OPD and IPD data for past 12 months
- ICU data- inpatient days and inpatient bed days
- Physical infrastructure details-Built up area
- OT and CSSD zoning
- Elevator details
- Trolleys availability with safety belts/ side rails
- Ambulance accessibility in hospital
- Implementation details of quality indicators
- Consent forms- general, anesthesia, blood transfusion, surgery etc.
- Case sheet assessment in IP, Nursing assessment
- Case sheet for pediatric assessment
- Anesthesia monitoring
- Surgical site checklist
- Medication orders, medication storage
- Nursing medication administration
- Staff training records- Induction, Safety and IC, Mock drills
- Microbial surveillance details
- BMW Management details- Segregation, Storage, Disposal
- Organogram

- Handling records of patient grievances
- Committee details- Minutes of meeting, Review meeting
- All KPIs monitored- with Analysis and CAPA
- Safety inspection rounds
- Floor plan with safe exits
- Color coding of cylinders, storage and firefighting equipment provision
- IP records of patients- Medical Record Completeness
- Documented Procedure stipulated in standard (22)

PORTAL – ONLINE REGISTRATION

Step 1: Go to <http://hope.qcin.org> to open the webpage and click on REGISTER.

Fill in all the details in the registration form:

Hospital User Registration Form

- Hospital Name
- SPOC Name
- SPOC Designation
- Email ID
- Mobile number
- State
- District
- Pin code
- Total Number of Sanctioned Bed

After this procedure a Temporary Application Number is provided to the hospital along with the username and password to login into the portal.

Step 2: Login to portal using the username and password

Step 3: Fill up all the details in the seven sections highlighted in “**REGISTRATION**” Tab

- **General Information**
- **Statutory Compliance**

- **Hospital Staffing**
- **Clinical Service Details**
- **Physical Infrastructure**
- **Quality improvement Process**
- **Documentation**

General Information:

- Name of the Hospital
- Upload Registration Certificate of Hospital
- Information regarding patient stay at night (YES/NO)

Contact Details

- Name of Building
- Address
- State
- District
- Pin code
- Telephone number
- Fax
- Email ID
- Website
- Does the hospital have split location? (YES/NO)

Hospital Information

- Date of Establishment
- Under which body, hospital is registered (SLSHRB, CEA, SEA) & upload the certificate.
- Registration Number
- Date of Registration Certificate
- Expiry date of Registration Certificate
- Month and year in which clinical functions started
- Type of ownership- (Unit of Public Limited Company, Private-corporate, Partnership between doctors, Partnership includes non-medical persons,

Proprietary, Charitable Trust, Cooperative society, Section 25 company,
Government, Armed Forces, Unit under Public Sector Unit)

- Schemes that the hospital is already empaneled with
 - CGHS (YES/NO)
 - Railways (YES/NO)
 - Ayushman Bharat (YES/NO)
 - Public Health Insurance Schemes (YES/NO)
 - ECHS (YES/NO)
 - State Government Health Scheme (YES/NO)
 - None (YES/NO)

Statutory Compliance:

Mention whether the organization have following statutory compliances. If yes, upload document.

- Legal status for conducting business under Shops and Commercial Establishments Act (YES/NO)
- SPCB Consent to generate BMW (YES/NO)
- MoU with BMW collecting agency (YES/NO)
- PCB License for water and air pollution (YES/NO)
- Registration under PC-PNDT Act (YES/NO)
- Registration under MTP Act (YES/NO)
- AERB License for Xray (YES/NO)
- AERB License for Mobile Xray (YES/NO)
- AERB License for Dental Xray (YES/NO)
- AERB License for OPG (YES/NO)
- AERB License for CT scan (YES/NO)
- AERB License for Mammography (YES/NO)
- AERB License for BMD (YES/NO)
- AERB License for C-Arm (YES/NO)
- AERB License for Cath Lab (YES/NO)
- RSO Level I, II, III (YES/NO)
- Nuclear Medicine (YES/NO)
- PET Scan (YES/NO)

- SPET/CT (YES/NO)
- Radiotherapy (YES/NO)
- IMRT (YES/NO)
- Cobalt (YES/NO)
- Linear Accelerator (YES/NO)
- Brachytherapy (YES/NO)
- Narcotics License (YES/NO)
- Pharmacy License (YES/NO)
- Details of various Outsourced services related to the hospital

Service name	Agency name	Available	Valid from	Valid till	Action

(Table. 10)

Hospital Staffing:

- **General Duty Medical Officers**

S. N	Doctor's Name	Designation	Qualification	Council of Registration	Registration Number
Joining Date	Department	Action			

(Table. 11)

- **Nurses**

S. N	Nurse's Name	Designation	Qualification	Nursing Council	Registration Number
Joining Date	Department	Action			

(Table. 12)

- **Paramedical Staff (OT, ECG, Radiology, PFT, Lab, Optometrist, EMG, Dialysis)**

S. N	Staff Name	Designation	Qualification	Joining Date	Department
Action					

(Table. 13)

- **Administrative & Support Staff**

S. N	Staff Name	Designation	Qualification	Joining Date	Department
Action					

(Table. 14)

- **Nurse Patient ratio** in following areas: (x: y)
 - Ward
 - ICU (Ventilated)
 - ICU (Non-Ventilated)

Clinical Service Details:

- **OPD and IPD Data**
 - Number of OPD patients for the past 12 months
 - Number of admissions in past 12 months
- **Average Occupancy Rate**
 - Number of Inpatient in a month
 - Number of available beds

- ICU Data
 - Number of ICU inpatient days
 - Number of available ICU bed days
- Ten most frequent clinical services where admission takes place
- Ten most frequent Diagnosis for in-patients
- Ten most frequent surgical procedures at your hospital

SCOPE OF SERVICES

Clinical Services	Out Patient	In Patient	Emergency	Action

(Table. 15)

- Are services related to Cardiology offered at your hospital? (YES/NO)
 - If YES, what is the number of angiograms in last one year?
- Are services related to orthopedics offered at your hospital? (YES/NO)
 - If YES, what is the number of joint replacements in last one year?

OT

- Specify number of OTs in the hospital
- Is OT Zoning done as Un-sterile, Semi-Sterile, Sterile? (YES/NO)

Sterilization Method

- Choose the Sterilization Method used in the hospital
 - Steam Autoclave (YES/NO)
 - ETO (YES/NO)
 - Plasma (YES/NO)
 - Flash sterilization (YES/NO)
 - Others (YES/NO)

Physical Infrastructure:

- Hospital built up area (in sq.mt)

- Number of buildings
- Upload Copy of Rent or Land Agreement
- Local details of Services offered: (If “YES” enter the building name and floor details)
 - Anesthesia (YES/NO)
 - Blood Bank (YES/NO)
 - Blood Collection Centre (YES/NO)
 - Cardiac OT (YES/NO)
 - Cath Lab (YES/NO)
 - CCU (YES/NO)
 - Chemo Ward (YES/NO)
 - CSSD (YES/NO)
 - Dialysis (YES/NO)
 - Emergency (YES/NO)
 - Endoscopy (YES/NO)
 - Gyno Ward (YES/NO)
 - ICCU (YES/NO)
 - ICU (YES/NO)
 - Labor Room (YES/NO)
 - Medical Ward (YES/NO)
 - NICU (YES/NO)
 - Nuclear Medicine (YES/NO)
 - Obs Ward (YES/NO)
 - OPDs (YES/NO)
 - Ortho Ward (YES/NO)
 - OT (YES/NO)
 - Pead Ward (YES/NO)
 - Physiotherapy (YES/NO)
 - PICU (YES/NO)
 - SICU (YES/NO)
 - Stores (YES/NO)
 - Surgery (YES/NO)
 - Surgical Ward (YES/NO)

- General Ward (YES/NO)
- High Dependency Unit (YES/NO)
- Isolation Ward (YES/NO)
- Laboratory Services (If “YES” enter the Status of Location)
 - Clinical Bio-Chemistry (YES/NO)
 - Clinical Microbiology and Serology (YES/NO)
 - Clinical Pathology (YES/NO)
 - Cytopathology (YES/NO)
 - Genetics (YES/NO)
 - Hematology (YES/NO)
 - Histopathology (YES/NO)
 - Toxicology (YES/NO)
 - Molecular Biology (YES/NO)
- Diagnostic Imaging (If “YES” enter the Status of Location)
 - Bone Densitometry (YES/NO)
 - CT Scanning (YES/NO)
 - DSA Lab (YES/NO)
 - Gamma Camera (YES/NO)
 - Mammography (YES/NO)
 - MRI (YES/NO)
 - Nuclear Medicine (YES/NO)
 - PET (YES/NO)
 - Ultrasound (YES/NO)
 - Urodynamic Studies (YES/NO)
 - X-Ray (YES/NO)
- Other Services
 - 2D Echo (YES/NO)
 - Audiometry (YES/NO)
 - EEG (YES/NO)
 - EMG/EP (YES/NO)
 - Holter Monitoring (YES/NO)
 - Spirometry-PFT (YES/NO)
 - Treadmill Testing (YES/NO)
 - Any other Diagnostic Service (s) (YES/NO)

If yes, “Enter details for all other diagnostic services”

- Availability of electrical supplies:
 - Is UPS System present at the hospital? (YES/NO)
If yes, Mention the capacity of UPS in KV
 - Is a generator present at the hospital (YES/NO)
If YES, Mention the Capacity of Generator in KV
and Upload Photo of Generator in Hospital
- Are the following areas covered under backup option?
If yes, Upload respective photos.
 - All ICUs such as Cardiac, Neonatal, Pediatric etc. (YES/NO)
 - OT (YES/NO)
 - Ward (YES/NO)
 - Labor Room (YES/NO)
 - Others (YES/NO)
- Water Supplier
 - Total Number of Water Tanks
 - Total capacity of water tanks (in 1000 liters)
 - Is there any other source of water? (YES/NO)
If YES, Mention the alternate source of water and upload the photo.
- Elevators
 - Number of elevators for trolleys/beds present in the premise
Upload the scanned copy of license/safety certificate for each elevator.
 - Number of elevators for people present in the premise
Upload the scanned copy of license/safety certificate for each elevator.
- Type of Trolleys present at the hospital
 - Are trolleys with safety belts or side rails present at the hospital?
(YES/NO)
 - Are wheel chairs with safety belts present at the hospital?
(YES/NO)
- Ambulance Accessibility
 - Is there demarcated parking for Ambulance Vehicles? (YES/NO)

- Uniform Signage System in the Facility (If more than 1 location add those location and upload the photo)
 - Radiation Hazard-LOCATION #1(Upload the photo)
 - Declaration under PCPNDT Act-LOCATION #1(Upload the photo)
 - Bio Hazard-LOCATION #1(Upload the photo)
 - Scope of Services-LOCATION #1
 - Patient's rights and responsibility-LOCATION #1
 - Fire Exit Signage-LOCATION #1
 - Directional-LOCATION #1
 - Departmental-LOCATION #1
- Repair and Maintenances
 - Are breakdown maintenances in house or outsourced (In-house/Outsourced)
 - Are scheduled preventive maintenance in house or outsourced (In-house /Outsourced)

Quality Improvement Process:

Committee/Coordinator

- Does the organization have a committee/coordinator for the following activities?
 - Quality and Safety (YES/NO)
 - Infection Control (YES/NO)
 - Pharmacy and Therapeutic (YES/NO)
 - Medical Records (YES/NO)
 - Blood Transfusion (YES/NO)
- Upload documents for any 2 changes made in hospital which are related to quality and patient safety along with the expense incurred certified by the top management (Upload photo of first change and Photo of second change)
- Upload documents for any 5 indicators data signed by Top Management (Data of preceding 3 months should be added)

Patient and Family Education (Understandable language by patients)

- Blood and blood products transfusion consent
 - Blood and blood product consent of patient #1(Upload scanned copy)
 - Blood and blood product consent of patient #2(Upload scanned copy)
 - Blood and blood product consent of patient #3(Upload scanned copy)
- Blood donation consent
 - Blood and blood product consent of patient #1(Upload scanned copy)
 - Blood and blood product consent of patient #2(Upload scanned copy)
 - Blood and blood product consent of patient #3(Upload scanned copy)
- Education on safe parenting nutrition and Immunization
 - Training material on safe parenting, nutrition and immunization should be uploaded
- Anesthesia Consent
 - Anesthesia Consent of patient #1(Upload scanned copy)
 - Anesthesia Consent of patient #2(Upload scanned copy)
 - Anesthesia Consent of patient #3(Upload scanned copy)
- Surgery Consent
 - Surgery consent of patient #1(Upload scanned copy)
 - Surgery consent of patient #2(Upload scanned copy)
 - Surgery consent of patient #3(Upload scanned copy)

Patient Related Process

- OPD
 - Upload UHID of any one patient and corresponding filled Initial Assessment Form
- IPD
 - Upload UHID of any one patient and corresponding filled Initial Assessment Form
- IPD by Nurse

- Upload UHID of any one patient and corresponding filled Initial Assessment Form
- Emergency
 - Upload UHID of any one patient and corresponding filled Initial Assessment Form or copy of Emergency Register
- MLC
 - Upload any one MLC form or Police intimation form or MLC Register
- Obstetrics
 - Upload a copy of scope of obstetrics Service
 - Upload UHID of any one patient and corresponding copies of Ante natal checkups, maternal nutrition, growth and post-natal care
- Pediatrics
 - Upload UHID of any one patient and corresponding filled copy of assessment sheet including nutritional, growth and immunization
 - Upload a copy of Scope of Pediatrics service
- Referral and Transfer
 - Upload register of patient who were referred/ transferred
- Reassessment-IPD
 - Upload a filled Patient case sheet from the ICU
 - Upload a filled Patient case sheet from any 1 ward
- Anesthesia and Surgery
 - Upload a copy of 1 patient case sheet having pre anesthesia assessment format
 - Upload a copy of 1 patient case sheet having anesthesia monitoring format
 - Upload a copy of 1 patient case sheet having post anesthesia status monitoring format
 - Has there been any adverse anesthesia event in past 3 months? (YES/NO)
If yes, Upload a copy of adverse anesthesia events records in past 3 months
 - Upload a copy of any 1 patient case sheet having Preoperative assessment and provisional diagnosis
 - Upload a copy of any 1 patient case sheet having operative notes and post operative plan of care
- Discharge Summary
 - Upload filled ward discharge summary of any one patient

- Upload filled discharge summary of any one LAMA patient

Nursing Care Process

- Upload 1 copy of Nursing Documentation
- Upload 1 copy of Nursing Monitoring Charts
- Upload 1 copy of Nurses Notes

Medication Management

- Look alike Sound alike drugs
 - Upload photo of storage of look-alike sound-alike drugs
- Emergency Medication
 - Upload photo of list of emergency and high-risk medication
 - Upload photo of stock of emergency medications
- Prescription (Upload copies of prescription of any 3 patients)
- Medication Order (Upload copy of medication order from each of these departments)
 - ICU
 - Ward
 - Emergency
 - Obs & Gyn
 - Pediatric
- Labelling
 - Upload photo of medication labelling with date and time of preparation, name of the drugs and its dilution

Human Resource Training

If yes, Upload the respective documents in the space provided.

- Has a training on Scope of Services been conducted? (YES/NO)
- Has a training on Safe Practices in Laboratory been conducted? (YES/NO)
- Has a training on Safe Practices in Imaging been conducted? (YES/NO)
- Has a training on Care of Emergency Patient in consonance with the scope of the services of hospital been done? (YES/NO)
- Has a training on Child Abduction Prevention been conducted? (YES/NO)
- Has a training on Infection Control Practices been conducted? (YES/NO)

- Have Fire Mock Drills been conducted? (YES/NO)
- Has a training on Spill Management been conducted? (YES/NO)
- Has a training on Safety Education Programme been conducted? (YES/NO)
- Has a training on Needle Stick Injury been conducted? (YES/NO)
- Has a training on Medication Error been Conducted? (YES/NO)
- Has a training on Disciplinary Procedures been conducted? (YES/NO)
- Has a training on Grievance Handling Procedures been conducted (YES/NO)
- Has a training on handling Chemotherapeutic drugs been conducted? (YES/NO)
- Upload a photo of Staff Wearing Heavy Duty Gloves, Earplug, Industrial Boots etc.

Infection Control

- Hand Hygiene Guidelines
 - Photo displaying Handwashing in any 3 areas
- General Cleanliness
 - Photo of Hospital maintaining cleanliness in any 3 areas
- Housekeeping
 - Copy of Housekeeping checklist in any 3 areas
- Sterilization
 - Photo of Autoclaving Records Indicator
 - Photo of Sterile Tray showing expiry date and batch number on the package
- Laundry
 - Laundry photographs showing segregation, washing and drying
- Surveillance

Upload Microbiological surveillance culture report of the following critical areas (past 3 months)

 - OT
 - Labor Room
 - ICU
 - NICU
- Standard precaution and personal protective equipment
 - Upload photo of personal protective equipment such as gloves, mask, cap
- Occupational Health

- Upload photo of relevant staff and waste handlers wearing heavy duty gloves, earplugs, industrial boots etc.
- Pre and post exposure prophylaxis
 - Upload records of pre and post exposure prophylaxis provided to staff
- Bio Medical Waste
 - Does the hospital have Bio Medical Waste authorization from pollution control board? (YES/NO)
 - Upload photo of various color-coded Bio Medical Waste Bin
 - Upload photo of display of work instruction for segregation and handling of Bio Medical Waste
 - Upload photo of Transportation of biomedical waste in closed container/ trolley
 - Upload photo of staff using needle cutters for cutting the syringe hub
 - Upload photo of storage facility available for Bio Medical Waste
 - Upload photo of Biohazard sign prominently displayed at storage area
 - Upload
 - Record of Fee
 - Document submitted to competent authorities
 - Report submitted to competent authorities
 - Photo of Housekeeping staff and waste handlers using appropriate PPE

Management Process

- Upload the organization's organogram
- Upload the handling record of patient grievance
- **Committees (provide details of all committees in the hospital)**
 - Name of committee
 - Upload the docs of composition of committee
 - Upload copy of terms of reference of the committee
 - Upload a copy of minutes of meeting of the committee for last 3 months
- Medication Error and Adverse drug reaction
 - Upload scanned data of Medication Error and Adverse drug reaction of last 3 months
 - Upload scanned RCA and CAPA of Medication Error and adverse drug reaction of last 3 months

- Laboratory
 - Upload scope of laboratory services
 - Upload the scanned copy of critical result reporting register pertaining to the following:
 - Time at which the test result was ready
 - Time at which the test result has been communicated
 - Name of the individual to whom the test results has been conveyed
 - Name and signature of the person who has conveyed the result
- Imaging
 - Upload scope of imaging service
 - Upload a scanned copy of critical result reporting register pertaining to the following
 - Time at which the test results was ready
 - Time at which the test results has been communicated
 - Name of the individual to whom the test result has been conveyed
 - Name and signature of person who has conveyed the result
- Blood Bank
 - Upload copies of blood transfusion record which has the orders for transfusion, pre-transfusion medications, record of verification of cross matching, label of transfused blood product, monitoring of patient during the transfusion (Any 3 patients)
 - Upload scanned copy of Filled Blood Transfusion Reaction form in past 3 months
 - Upload scanned copy of the blood transfusion committee's minutes, discussed reaction and CAPA

Safety Management

- Upload photographs of following Safety Management Device/Procedures
 - Department where Radioactive drugs are used
 - Copy of facility inspection rounds
 - Copy of document of maintenance plan of medical gases and vacuum systems
 - Copy of floor plan with safe exit routes

- Upload photograph covering all the following things
 - Standardized color coding for the cylinders and pipelines
 - Storage of cylinders
 - Gas Manifold room and Fire Fighting Equipment
 - Display of No Smoking Sign

Record Management

- In patient Record
 - Upload Checklist of completeness of Medical Records
 - Upload filled case sheet of patient having name, signature, date and time (1 from each)
 - Any ICU
 - Operative Patient
 - Ward
 - Emergency
 - Obs & Gyn

Documentations Required

Upload scanned copies of all the following documents

- Procedure(s) guide collection, identification, handling, safe transportation, processing and disposal of specimens
- Process addresses discharge of all patients including Medico-legal cases and LAMA
- Documented procedure(s) address care of patients arriving in the emergency including handling of MLCs
- Documented policies and procedures are used to guide the rational use of blood and blood products
- Documented procedures govern transfusion of blood and blood products
- Documented procedure for the administration of anesthesia
- Defined criteria to transfer the patient from the recovery area
- Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery
- Documented procedure incorporating purchase, storage, prescription and dispensation of medication.

- Documented procedure address procurement and usage of implantable prosthesis
- Documented policies and procedure exit for storage of medications
- Documented policies and procedures govern usage of radioactive drugs
- Policies and procedures include the safe storage, preparation, handling, distribution and disposal of radioactive drugs
- Infection control manual, which is periodically updated and conduct surveillance activities
- Documented operational and maintenance plan for clinical and support service equipment
- The organization has a documented safe exit plan in case of fire and non-fire emergencies
- Well defined staff recruiting process
- Documented disciplinary and grievance handling procedure
- Documented policies and procedures for maintaining confidentiality, integrity and security of records, data and information
- Documented procedures exist for retention time of medical records, data and information
- Define process to whom the patient record can be released
- Procedure on destruction of medical records

POST APPLICATION READINESS

- Post online application filling, the hospital needs to regularly log in to HOPE portal and check for any comments from NABH
- Any additional details/ Non-Compliances (NCs) are communicated through the portal only.
- In the interest of completing all the formalities and be prepared for the assessment, the coordinator shall do periodical checks of the portal.
- The coordinator should ensure that the quality systems and practices are maintained. So that anytime the assessment dates are announced and the hospital is ready for the same.

FINDINGS AND RESULT

The Major Findings were as follows:

- With Dedication and Efficiency, all required data and documents for desktop assessment were uploaded on time.
- NABH Accreditation adds a mark of excellence to the organization which uplifts the status of the organization
- CAUTI, CLABSI, VAP, SSI, and Attrition Rate were designated as key performance indicators for NABH Desktop Assessment.
- Clinical personnel started following SNDT after verbally instructing them to do so.
- Signages were made bilingual during the process of Desktop assessment.
- In certain departments, the scope of services was not displayed.
- The forms in ongoing and Mrd files are a mix of new and old format forms.
- The turnaround time of every procedure were displayed in respective laboratory during the process of accreditation
- Nurses are unaware of the new forms and they continue to keep the files in the old format.
- All the consents were not bilingual at initial stage of accreditation but later all the forms were made bilingual
- 21 NCs were raised at first and after resolving those, 2 NCs were raised during the time of desktop assessment and it was resolved in a week time.

AUDIT CHECKLIST AND FINDINGS

STANDARD	ELEMENTS	FINDINGS
AAC-Access, Assessment and Continuity		
AAC.1		
AAC.1. a	The services being provided are clearly defined	Compliant
AAC.1. b	The defined services are prominently displayed	Partially Compliant
AAC.1. c	The staff is oriented to these services	Partially Oriented
AAC.2		
AAC.2. a	Process addresses registering and admitting out-patients, in-patients and emergency patients	Compliant
AAC.2. b	Process addresses mechanism for transfer or referral of patients who do not match the organizational resources	Compliant

AAC.3		
AAC.3. a	The organization defines the content of the assessments for the out-patients and emergency patients	Compliant
AAC.3. b	The organization determines who can perform the assessments	Compliant
AAC.3. c	The initial assessment for in-patient is documented within 24 hours or earlier	Compliant
AAC.3. d	Initial assessment of in-patient includes nursing assessment which is done at the time of admission and documented	Compliant
AAC.4		
AAC.4. a	During all the 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.	Partially Compliant
AAC.4. b	All patients are reassessed at appropriate intervals	Compliant
AAC.4. c	Staff involved in direct clinical care document reassessment	Compliant
AAC.4. d	Patients are reassessed to determine their response to treatment and to plan further treatment or discharge	Compliant
AAC.5		
AAC.5. a	Scope of laboratory services are commensurate to the services provided by the organization	Compliant
AAC.5. b	Procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens	Partially Compliant
AAC.5. c	Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel	Partially Compliant
AAC.5. d	Adequately trained personnel perform, supervise and interpret the investigation	Compliant

AAC.5. e	Laboratory personnel are trained in safe practices and are provided with appropriate safety equipment/devices	Compliant
AAC.5. f	Laboratory tests are not available in the organisation are outsourced	Compliant
AAC.6		
AAC.6. a	Scope of imaging services are commensurate to the services provided by the organization	
AAC.6. b	Imaging signages are prominently displayed in all appropriate locations	Partially Compliant
AAC.6. c	Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel	Partially Compliant
AAC.6. d	Imaging personnel are trained in safe practices and are provided with appropriate safety equipment/devices	Partially Compliant
AAC.7		
AAC.7. a	Process addresses discharge of all patients including medico-legal cases and patients leaving against medical advice	Compliant
AAC.7. b	A discharge summary is given to all the patients leaving the organization (including patients LAMA)	Compliant
AAC.7. 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.	Compliant
AAC.7. d	Discharge summary contains follow up advice, medication and other instructions in an understandable manner	Compliant
AAC.7. e	Discharge summary incorporates instructions about when and how to obtain urgent care	Partially Compliant
AAC.7. f	In case of death, the summary of the case also includes the cause of death	Compliant

COP-Care of Patient

COP.1		
COP.1. a	The care and treatment orders are signed and dated by the concerned doctor	Partially Compliant
COP.1. b	Critical Practice Guidelines are adopted to guide patient care wherever possible	Compliant
COP.2		
COP.2.a	Documented procedures address care of patients arriving in the emergency including handling of medico-legal cases.	Partially Compliant
COP.2. b	Staff should be well versed in the care of emergency patients in consonance with the scope of the services of hospital	Partially Compliant
COP.2. c	Admission or discharge to home or transfer to another organization is also documented	Partially Compliant
COP.2. c	Ambulance is appropriately equipped	Compliant
COP.2. d	Ambulance(s) is manned by trained personnel	Compliant
COP.3		
COP.3. a	Documented policy and procedure are used to guide the rational use of blood and blood products	Compliant
COP.3. b	Documented procedures govern transfusion of blood and blood products	Compliant
COP.3. c	The transfusion services are governed by the applicable laws and regulations	Compliant
COP.3. d	Informed consent is obtained for donation and transfusion of blood and blood products	Compliant
COP.3. e	Procedure addresses documenting and reporting of transfusion reactions	Compliant
COP.4		
COP.4. a	Care of patients is in consonance with the documented procedures	Compliant
COP.4. b	Adequate staff and equipment are available.	Partially Compliant
COP.5		

COP.5. a	The organization defines the scope of obstetric services.	Compliant
COP.5. b	Obstetric patient's care includes regular ante-natal check-ups, maternal nutrition and post-natal care.	Partially Compliant
COP.5. c	The organization has the facilities to take care of neonates	Compliant
COP.6		
COP.6. a	The organization defines the scope of its paediatric services.	Not Applicable
COP.6. b	Provisions are made for special care of children by competent staff.	Not Applicable
COP.6. c	Patient assessment includes detailed nutritional, growth, and immunization assessment.	Not Applicable
COP.6. d	Procedure addresses identification and security measures to prevent child/ neonate abduction and abuse.	Partially Compliant
COP.6. e	The children's family members are educated about nutrition and immunization.	Partially Compliant
COP.7		
COP.7. a	There is a documented policy & procedure for the administration of anaesthesia.	Compliant
COP.7. b	All patients for anaesthesia have a pre-anaesthesia assessment by a qualified/ trained anaesthetist.	Compliant
COP.7. c	The pre-anaesthesia assessment results in formulation of an anaesthesia plan which is documented.	Compliant
COP.7. d	An immediate pre-operative re- evaluation is documented.	Compliant
COP.7. e	Informed consent for administration of anaesthesia is obtained by the anaesthetist.	Compliant
COP.7. f	Anaesthesia 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.	Compliant

COP.7. g	Each patient's post-anaesthesia status is monitored and documented.	Partially Compliant
COP.7. h	Defined criteria are used to transfer the from the recovery area	Partially Compliant
COP.7. i	Adverse anaesthesia events are recorded and monitored	Partially Compliant
COP.8		
COP.8. a	Surgical patients have a preoperative assessment and a provisional diagnosis documented prior to surgery.	Partially Compliant
COP.8. b	An informed consent is obtained by a surgeon prior to the procedure.	Compliant
COP.8. c	Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.	Partially Compliant
COP.8. d	Qualified persons are permitted to perform the procedures that they are entitled to perform.	Compliant
COP.8. e	The operating surgeon documents the operative notes and post- operative plan of care.	Compliant
COP.8. f	The operation theatre is adequately equipped and monitored for infection control practices.	Compliant
COP.8. g	Patients, personnel and material flow conform to infection control practices.	Compliant
MOM-Management of Medication		
MOM.1		
MOM.1. a	Documented procedure shall incorporate purchase, storage, prescription and dispensation of medications.	Compliant
MOM.1. b	Documented procedure address procurement and usage of implantable prosthesis	Compliant
MOM.2		
MOM.2. a	Documented policies & procedures exist for storage of medication	Compliant

MOM.2. b	Medication is stored in clean, safe and secure environment, incorporate manufacturer's recommendation	Partially Compliant
MOM.2. c	Sound alike and look alike medications are stored separately.	Partially Compliant
MOM.2. d	Beyond expiry date medications are not stored/used	Compliant
MOM.2. e	List of emergency medicines is defined, stored, and available all the time.	Compliant
MOM.3		
MOM.3. a	The organization determines who can write orders.	Compliant
MOM.3. b	Orders are written in a uniform location in the medical records.	Compliant
MOM.3. c	Medication orders are clear, legible, dated and signed.	Partially compliant
MOM.3. d	The organization defines a list of high-risk medication & process to prescribe them.	Compliant
MOM.4		
MOM.4. a	Medications are checked prior to dispensing, including the expiry date to ensure that they are fit for use.	Partially Compliant
MOM.4. b	High risk medication orders are verified prior to dispensing.	Compliant
MOM.5		
MOM.5. a	Medications are administered by trained personnel.	Compliant
MOM.5. b	Prior to administration medication order including patient, dosage, route and timing are verified.	Compliant
MOM.5. c	Prepared medication is labelled prior to preparation of a second drug.	Compliant
MOM.5. d	Medication administration is documented.	Compliant
MOM.5. e	A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.	Compliant
MOM.6		
MOM.6. a	Adverse drug events are defined and monitored	Compliant

MOM.6. b	Adverse drug events are documented and reported within a specified time frame.	Partially Compliant
MOM.7		
MOM.7. a	Documented policies and procedures govern usage of radioactive drugs.	NA
MOM.7. b	Policies and procedures include the safe storage, preparation, handling, distribution and disposal of radioactive drugs	NA
PRE-Patient Right and Education		
PRE.1		
PRE.1. a	Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.	Not Compliant
PRE.1. b	Patient rights include protection from physical abuse or neglect.	Not Displayed
PRE.1. c	Patient rights include treating patient information as confidential.	Compliant, Not displayed
PRE.1. d	Patient rights include obtaining informed consent before carrying out procedures.	Compliant, Not displayed
PRE.1. e	Patient rights include information on how to voice a complaint.	Partially Compliant
PRE.1. f	Patient rights include information on the expected cost of the treatment.	Compliant, Not displayed
PRE.1. g	Patient has a right to have an access to his / her clinical records.	Compliant, Not displayed
PRE.2		
PRE.2. a	Patients and families are educated on plan of care, preventive aspects, possible complications, medications, the expected results and cost as applicable.	Compliant, Not displayed
PRE.2. b	Patients are taught in a language and format that they can understand.	Partially Compliant
HIC-Hospital Infection Control		
HIC.1		

HIC.1. a	It focuses on adherence to standard precautions at all times.	Partially Compliant
HIC.1. b	Cleanliness and general hygiene of facilities will be maintained and monitored.	Partially Compliant
HIC.1. c	Cleaning and disinfection practices are defined and monitored as appropriate.	Partially Compliant
HIC.1. d	Equipment cleaning, disinfection and sterilization practices are included.	Partially compliant
HIC.1. e	Laundry and linen management processes are also included.	Compliant
HIC.2		
HIC.2. a	Hand hygiene facilities in all patient care areas are accessible to health care providers.	Compliant
HIC.2. b	Adequate gloves, masks, soaps, and disinfectants are available and used correctly.	Compliant
HIC.2. c	Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.	Partially Compliant
HIC.3		
HIC.3. a	The hospital is authorised by prescribed authority for the management and handling of Bio- Medical Waste.	Compliant
HIC.3. b	Proper segregation and collection of Bio-Medical Waste from all patient care areas of the hospital is implemented and monitored.	Compliant
HIC.3. c	Bio-Medical Waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorised contractor(s).	Partially Compliant
HIC.3. d	Requisite fees, documents and reports are submitted to competent authorities on stipulated dates.	Compliant
HIC.3. e	Appropriate personal protective measures are used by all categories of staff handling Bio- Medical Waste.	Compliant
CQI-Continuous Quality Improvement		
CQI.1		

CQI.1. a	There is a designated individual for coordinating and implementing the quality improvement and patient safety programme.	Partially Compliant
CQI.1. b	The quality improvement and patient safety programme is a continuous process and updated at least once in a year.	Compliant
CQI.1. c	Hospital Management makes available adequate resources required for quality improvement and patient safety programme.	Compliant
CQI.2		
CQI.2. a	Organization may identify the appropriate key performance indicators in both clinical and managerial areas.	Partially compliant
CQI.2. b	KPI's shall be monitored.	Partially Compliant
ROM-Responsibility of Management		
ROM.1		
ROM.1. a	The organization has a documented organogram.	Compliant
ROM.1. b	The organization is registered with appropriate authorities as applicable.	Compliant
ROM.1. c	The organization has a designated individual(s) to oversee the hospital wide quality and safety programme.	Compliant
ROM.2		
ROM.2. a	The management makes public the mission statement of the organization.	Compliant, Not displayed.
ROM.2. b	The leaders/management guides the organization to function in an ethical manner.	Compliant
ROM.2. c	The organization discloses its ownership.	Compliant
ROM.2. d	The organization's billing process is accurate and ethical.	Compliant
ROM.3		
ROM.3. a	These committees include Quality and Safety, Infection Control, Pharmacy and	Compliant

	Therapeutics, Blood Transfusion, and Medical Records.	
ROM.3. b	The membership, responsibilities, and periodicity of meetings shall be defined.	Partially compliant
FMS-Facility Management and Safety		
FMS.1		
FMS.1. a	Internal and External Signage's shall be displayed in a language understood by the patients and families.	Partially Compliant
FMS.1. b	Maintenance staff is contactable round the clock for emergency repairs.	Compliant
FMS.1. c	There the hospital has a system to identify the potential safety and security risks including hazardous materials.	Not Compliant
FMS.1. d	Facility inspection rounds to ensure safety are conducted periodically.	Compliant
FMS.1. e	There is a safety education programme for relevant staff.	Compliant
FMS.2		
FMS.2. a	The organization plans for equipment in accordance with its services.	Compliant
FMS.2. b	There is a documented operational and maintenance (preventive and breakdown) plan.	Compliant
FMS.3		
FMS.3. a	Potable water and electricity are available round the clock.	Compliant
FMS.3. b	Alternate sources are provided for in case of failure and tested regularly.	Compliant
FMS.3. c	There is a maintenance plan for medical gas and vacuum systems.	Compliant
FMS.4		

FMS.4. a	The organization has plans and provisions for detection, abatement and containment of fire and non-fire emergencies.	Compliant
FMS.4. b	The organization has a documented safe exit plan in case of fire and non-fire emergencies.	Partially Compliant
FMS.4. c	There is a maintenance plan for medical gas and vacuum systems.	Compliant
FMS.4. d	Mock drills are held at least twice in a year.	Compliant
HRM-Human Resource Management		
HRM.1		
HRM.1. a	The mix of staff is commensurate with the volume and scope of the services.	Partially Compliant
HRM.1. b	Staff recruitment process is well defined	Compliant
HRM.2		
HRM.2. a	All staff is trained on the relevant risks within the hospital environment.	Partially compliant
HRM.2. b	Staff members can demonstrate and take actions to report, eliminate/ minimize risks.	Partially compliant
HRM.2. c	Training also occurs when job responsibilities change/ new equipment is introduced.	Partially Compliant
HRM.3		
HRM.3. a	A documented procedure with regard to disciplinary and grievance handling is in place.	Compliant
HRM.3. b	The documented procedure is known to all categories of employees in the organization.	Partially Compliant
HRM.3. c	Actions are taken to redress the grievance.	Compliant
HRM.4		
HRM.4. a	Health problems of the employees are taken care of in accordance with the organization's policy.	Partially Compliant
HRM.4. b	Occupational health hazards are adequately addressed.	Not Compliant
HRM.5		
HRM.5. a	Personal files are maintained in respect of all employees.	Compliant

HRM.5. b	The personal files contain personal information regarding the employee's qualification, disciplinary actions and health status. The disciplinary procedure is in consonance with the prevailing laws.	Partially Compliant
IMS-Information Management System		
IMS.1		
IMS.1. a	Every medical record has a unique identifier.	Compliant
IMS.1. b	Organization identifies those authorized to make entries in medical record.	Compliant
IMS.1. c	Every medical record entry is dated and timed.	Partially Compliant
IMS.1. d	The author of the entry can be identified.	Compliant
IMS.1. e	The contents of medical record are identified and documented.	Compliant
IMS.2		
IMS.2. a	The record provides an up-to-date and chronological account of patient care.	Compliant
IMS.2. b	The medical record contains information regarding reasons for admission, diagnosis and plan of care.	Compliant
IMS.2. c	Operative and other procedures performed are incorporated in medical record	Compliant
IMS.2. d	The medical record contains a copy of the discharge note duly signed by appropriate and qualified.	Compliant
IMS.2. e	In case of death, the medical records contain a copy of the death certificate indicating the cause, date and time of death.	Compliant
IMS.2. f	Care providers have access to current and past medical record.	Compliant
IMS.3		
IMS.3. a	Documented procedures exist for maintaining confidentiality, security and integrity of information.	Partially compliant

IMS.3. b	Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorization.	Compliant
IMS.4		
IMS.4. a	Documented procedures are in place on retaining the patient's clinical records, data and information.	Compliant
IMS.4. b	The retention process provides expected confidentiality and security.	Partially Compliant
IMS.4. c	The destruction of medical records, data and information is in accordance with the laid down procedure.	Compliant

(Table. 16)

List of Partial Compliance and Non-Compliance as per NABH

Partial Compliance	Non-Compliance	Corresponding NABH Chapter	Action to be taken
The defined services are prominently displayed.		AAC.1. b	Scope of services should be displayed near reception, patient waiting area, near the main entrance. Floor wise departmental list to be displayed in all lifts.
The staff is oriented to these services.		AAC.1. c	Conduct training session on the scope of services available and maintain the training record for the same.

<p>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.</p>		<p>AAC.4. a</p>	<p>MBBS RMO's registered with MCI (Medical Council of India) to be appointed as per bed strength and occupancy of the hospital. GNM and B.Sc. Nursing (Registered with Nursing council of India) to be appointed as per bed strength and occupancy of the hospital.</p>
<p>Procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.</p>		<p>AAC.5. b</p>	<p>STP (Sewage Treatment Plant) & ETP (Effluent Treatment Plant) to be installed and made functional as per latest Biomedical waste management guidelines by Government of India and Government of Maharashtra in accordance with hospital scope and bed strength.</p>
	<p>Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.</p>	<p>AAC.5. c</p>	<p>1. Turnaround time (TAT) for outsourced laboratory services to be clearly defined and displayed in the sample collection area.</p>

<p>Imaging signage are prominently displayed in all appropriate locations.</p>		<p>AAC.6. b</p>	<p>Turn Around Time (TAT) for each Imaging services should be defined & displayed In sonography department, circular for PCPNDT act for sex determination by Government should be displayed. In mammography, signage for changing room and mammography room to be displayed.</p>
<p>Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.</p>		<p>AAC.6. c</p>	<p>Maintain critical findings register for all imaging services.</p>
<p>Imaging personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.</p>		<p>AAC.6. d</p>	<p>TLD badges assessment reports should be made available. Staff training is required in safety practices.</p>
<p>Discharge summary incorporates instructions about when and how to</p>		<p>AAC.7. e</p>	<p>Discharge summary should be completely filled and rechecked.</p>

obtain urgent care.			
The care and treatment orders are signed and dated by the concerned doctor.		COP.1. a	SNDT (Sign, Name, Date and Time) should be strictly followed
Documented procedures address care of patients arriving in the emergency including handling of medico-legal cases.		COP.2. a	MLC form to be modified as per standard format Training is required on the MLC cases and their management
Staff should be well versed in the care of emergency patients in consonance with the scope of services		COP.2. b	Training is required on BLS and ACLS to the emergency staff
Admission or discharge to home or transfer to another organization is also documented.		COP.2. c	Bilingual admission consent should be made available. All consent forms should be bilingual
Adequate staff and equipment are available.		COP.4. b	GNM and B.Sc. Nursing (Nursing council of India) to be appointed as

			per bed strength and occupancy of the hospital
Obstetric patient's care includes regular ante-natal check-ups, maternal nutrition and post-natal care.		COP.5. b	Every obstetric patient file should have documentation for regular ante-natal check-ups, maternal nutrition and post-natal care.
Procedure addresses identification and security measures to prevent child/ neonate abduction and abuse.		COP.6. d	All hospital staff should be trained for CODE PINK (child abduction) Mock drills for the same should be conducted at regular intervals. Records of the same to be maintained.
The children's family members are educated about nutrition and immunization.		COP.6. e	Educational material to be made available for patient's relatives eg. flyers, pamphlets, standees etc.
Each patient's post-anaesthesia status is monitored and documented.		COP.7. g	Post-anaesthesia monitoring should be done and documented.
Defined criteria are used to transfer the from the recovery area		COP.7. h	Defined criteria for transfer of the patients from recovery area should be followed and Documented

Adverse anaesthesia events are recorded and monitored		COP.7.i	Adverse anaesthesia event is being captured and recorded, also it should be analysed as one of the KPI. (Key performance Indicators)
Surgical patients have a preoperative assessment and a provisional diagnosis documented prior to surgery.		COP.8. a	Preoperative assessment and a provisional diagnosis form should be implemented and documented.
Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.		COP.8. c	Surgical safety checklist should be filled and signed for each surgical case.
Medication is store in clean, safe and secure environment, incorporate manufacturer's recommendation		MOM. 2. B	Refrigerator temperature should be monitor and maintained between 2- 8 degree Celsius. The refrigerator alarm should be regularly checked and repaired for any breakdown wherever necessary.
Sound alike and look alike medications are stored separately.		MOM. 2. C	Medicine boxes to be colour coded as per LASA medicines and policy.

Medication orders are clear, legible, dated and signed.		MOM. 3.c	Consultants, RMO, Nursing Staff should be advised to maintain legibility. SNTD format should be followed.
Medications are checked prior to dispensing, including the expiry date to ensure that they are fit for use.		MOM. 4. A	1. Near Expiry medicines register should be maintained.
High risk medication orders are verified prior to dispensing.		MOM. 4. B	There should be evident verification before dispensing the high-risk medications.
Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.		PRE. 1. A	Patient should be educated about patient rights and responsibilities on admission. Patient rights and responsibility should be prominently displayed in the patient waiting area All hospital staff should be trained for patient rights and responsibility
	Patient rights include protection from physical abuse or neglect.	PRE.1. b	Patient rights include protection from physical or neglect to be displayed
Patient rights include information on		PRE.1. e	Complaint -cum- suggestion box is installed but concerned person's contact and mail ID to be posted on

how to voice a complaint.			suggestion box.
Patients are taught in a language and format that they can understand.		PRE.2. b	Consent needs to be revisited and all consent forms, patient education material, all displays should be bilingual.
It focuses on adherence to standard precautions at all times.		HIC.1. a	Staff to be trained and monitored for adherence to all standard precautions.
Cleanliness and general hygiene of facilities will be maintained and monitored.		HIC.1. b	Cleanliness and general hygiene of all the facilities should be maintained and monitored.
Cleaning and disinfection practices are defined and monitored as appropriate.		HIC.1. c	Cleaning and disinfection practices to be monitored. 5 moments & 7 step of hand hygiene should be displayed and followed. How to perform 'hand scrub' to be displayed at scrub station in OT complex.
Equipment cleaning, disinfection and sterilization practices are included.		HIC.1. d	Make the equipment cleaning schedule and monitor accordingly.
Appropriate pre and post exposure prophylaxis is		HIC.2. c	All staff should be vaccinated. Train staff for needle stick injury, post exposure prophylaxis

provided to all concerned staff members.			policy.
Bio-Medical Waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorised contractor(s).		HIC. 3. C	STP (Sewage Treatment Plant) & ETP (Effluent Treatment Plant) to be installed and made functional as per latest Biomedical waste management rules by Government Of India and Government Of Maharashtra in accordance with hospital scope and bed strength.
There is a designated individual for coordinating and implementing the quality improvement and patient safety programme.		CQI. 1. A	Designated person is required as Quality coordinator. The job description for Quality coordinator needs to be defined and evidenced in their respective personnel file.
Organization may identify the appropriate key performance indicators in both clinical and managerial areas.		CQI. 2. A	KPIs to be monitored on a regular basis. After capturing of KPIs, proper analysis should be conducted and corrective and preventive action to be taken.
The management makes public the mission statement		ROM. 2. A	Mission & vision should be displayed at waiting area and also on website, if available. Staff should be

of the organization.			trained for mission and vision statement.
The membership, responsibilities, and periodicity of meetings shall be defined.		ROM. 3. B	All committee meetings to be conducted at defined intervals. Also, Minutes of meeting to be recorded and implementation of the decisions taken by committee should be done at the earliest.
Internal and External Signage's shall be displayed in a language understood by the patients and families.		FMS. 1. A	All the lacking/missing internal and external signages are explained to management to be displayed at the earliest.
The hospital has a system to identify the potential safety and security risks including hazardous materials.		FMS. 1. C	Documentary evidence of potential safety and security risk as well as hazardous material needs to be defined and uniformly available in hospital areas. Training needs to be imparted to the staff to handle spill management. MSDS Sheet to be displayed where the hazardous material is stored and staff to be trained for the same. Rubber mats to be placed in front of all electrical panel units Both the autoclave machines in CSSD to be closed from both the Sides

<p>The organization has a documented safe exit plan in case of fire and non-fire emergencies.</p>		<p>FMS. 4. B</p>	<p>Directional signage for Assembly point to be displayed</p> <p>Each floor staircase should have 'glow in the dark' exit arrows in case of fire emergencies.</p> <p>Display for 'How to use a fire extinguisher' should be displayed near each fire extinguisher.</p>
<p>The mix of staff is commensurate with the volume and scope of the services.</p>		<p>HRM. 1. A</p>	<p>MBBS RMO's registered with MCI (Medical Council of India) to be appointed as per bed strength and occupancy of the hospital</p> <p>2. GNM and B.Sc. Nursing (Nursing council of India) to be appointed as per bed strength and occupancy of the Hospital</p>
<p>All staff is trained on the relevant risks within the hospital environment.</p>		<p>HRM. 2. A</p>	<p>Staff to be trained regularly for environmental risks and hospital risks</p>
<p>Staff members can demonstrate and take actions to report, eliminate/ minimize risks.</p>		<p>HRM. 2. B</p>	<p>Staff should be able to practically demonstrate action like taking care of blood/mercury spillage, medication error and adverse event reporting system</p>
<p>The documented procedure is known to all categories of</p>		<p>HRM. 3. B</p>	<p>Staff should be aware about all documented policies.</p>

employees in the organization.			
Health problems of the employees are taken care of in accordance with the organization's policy.		HRM. 4. A	Health check-up and vaccination of all staff should be done and documented.
	Occupational health hazards are adequately addressed.	HRM. 4. B	Staff training is required and MSDS sheet to be displayed wherever necessary.
The personal files contain personal information regarding the employee's qualification, disciplinary actions and health status. The disciplinary procedure is in consonance with the prevailing laws.		HRM. 3. B	Employee files to be completed as per checklist. Vaccination record to be added in the employees (personnel) file.
Every medical record entry is dated and timed.		IMS. 1. C	SNDT format should be Followed
Documented procedures exist		IMS. 3. A	There is an open pipe line in the current MRD which can lead to water

for maintaining confidentiality, security and integrity of information.			leakage and potentially destroy the medical records. It has to be closed on priority.
The retention process provides expected confidentiality and security		IMS. 4. B	Retention period should be displayed in the MRD. Training on the retention policy should be given to the staff.

(Table. 17)

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