

ACCREDITATION STANDARDS FOR PANCHAKARMA CLINICS



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NABH PLEDGES

Taking Quality to the Last Man in the Line

HAPPY INDEPENDENCE DAY

15th August 2020



PREFACE TO THE RE-PRINT

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

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

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

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

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

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

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

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

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

Jai Hind

(Dr. Atul Mohan Kochhar)
CEO-NABH

15th August 2020

ACCREDITATION STANDARDS FOR PANCHAKARMA CLINICS

1st Edition, February 2017

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

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FOREWORD

Ayurveda is the oldest known organized medicine on the Planet. The word 'Ayurveda' means knowledge of life and it is a part of Atharva Veda.

In the present scenario, Panchakarma is one of the most emerging part of Ayurveda as it plays a very important role in the effective management of life style disorders which are on increase at a high rate. It is practiced in different parts of India and in many other countries. Panchakarma treatment is unique in the sense that it includes preventive, curative and promotive actions for various diseases. Panchakarma purifies and detoxify the body by expelling metabolic toxins and in maintaining normal functioning of the body, improving metabolism and body coordination which may also help in various mental disorders.

Panchakarma treatment basically works by eliminating the disease causing factors and thus maintaining equilibrium in body tissues. Principles of Panchakarma works on various theories explained in Ayurvedic classic viz. Theory of Pancha Mahabhoota (five basic elements), Tridoshas (three humours), Saptadhatu (seven physiological system), Trimala (three bio waste), Ama (undigested metabolic toxin) etc. along with status of the patient and severity of disease.

Therefore, it is important that such services are offered in a scientific and reliable manner by trained and competent professionals. To ensure this, accreditation of Panchakarma clinics is a way forward. Accreditation provide a framework which helps a healthcare organisation to establish objective systems aiming to improve patient safety and quality of care. NABH, in order to operate specific accreditation program for Panchakarma clinics, has developed these accreditation standards with the help of experts in this field.

NABH is of strong view that by using these accreditation standards the Ayurveda healthcare organisations and professionals especially those engaged in Panchakarma practice would benefit immensely and eventually these benefits would be passed on to patients and other stakeholders.

Dr B K Rana

CEO in-Charge NABH



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सचिव

भारत सरकार

आयुर्वेद, योग व प्राकृतिक चिकित्सा
यूनानी, सिद्ध एवं होम्योपैथी (आयुष) मंत्रालय
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Foreword

1. Good health is a basic prerequisite to acquire materialistic, social and spiritual upliftment of the individual. Therefore, Ayurveda and particularly panchakarma put the great emphasis on preservation and promotion of health and prevention of disease. Panchakarma is one of the important techniques given in Ayurveda for body's purification as well as to cure various ailments which are difficult to be cured.

Panchakarma purifies the tissues at a very deep level. Panchakarma is the ultimate mind-body healing experience for detoxifying the body, strengthening the immune system, restoring balance and overall well-being. It is one of the most effective healing modality in Ayurvedic Medicine. It promotes Detoxification and Rejuvenation.

2. Panchakarma word is not just limited to five therapies rather "pancha" word in Sanskrit also considered as synonyms to "all" so all types of Ayurveda therapies can be included in terms of Panchakarma. Most of these therapies can be performed on OPD basis at Panchakarma Clinic.

Ministry of AYUSH and QCI-NABH has developed Panchakarma Clinic Accreditation program with the intention of providing safe and quality healthcare in Ayurveda Panchakarma. It will provide a framework of uniform standards and reduce unintentional patient harm.

3. National Accreditation Board for Hospitals and Healthcare Providers (NABH), a constituent board of Quality Council of India (QCI) has put in sincere efforts to bring out the quality standards for Panchakarma Clinics.

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

(Ajit M. Sharan)
Secretary (AYUSH)

Dated 30 January, 2017

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INTRODUCTION

Ayurveda the science of life has some particular aims or objectives which are of great importance in the present scenario.

“Swasthya swastha Rakshanam Athurasyasa Vikara Prashmanam”

The beautiful Sanskrit quotation tells the purpose of Ayurveda Science which means

Swasthya swastha Rakshanam i.e. people who are healthy should maintain their healthiness and Athurasyasa Vikara Prashmanam i.e. people who are unhealthy should be made free from diseases.

For this purpose Panchakarma plays a very important role because of its fast relief by throwing away the toxins out of the body in a proper way and thus detoxifying the body.

Panchakarma therefore is gaining more and more importance but this Panchakarma treatment can be even life threatening and fatal if it is not done by a qualified person and in a proper way and using proper precautions.

As patient safety is of more importance thus there is a need for setting up some accreditation standards for setting up a Panchakarma unit or a Panchakarma Clinic.

Accreditation Standards for Panchakarma Clinics comprises objective elements and corresponding interpretation and remarks. It explains the objective element and methods to achieve the same wherever possible.

The Panchakarma Clinic participating in accreditation will be expected to provide three types of evidence:

- Approved documents that identify relevant service policy, protocols and/or strategies and set out how the clinic plans to deliver each standard and objective element therein.
- Evidence that demonstrate that the Panchakarma Clinic is implementing these policies, protocols and/or strategies.
- Evidence that demonstrates that the Panchakarma Clinic is monitoring and evaluating its performance regularly in the implementation of its policies, protocols and strategies.

Scope of Panchakarma Clinic

Panchakarma Clinic is a standalone outpatient healthcare organization that provides Panchakarma treatment (consultation, medication and procedures) services by Vaidya(s) registered with state AYUSH systems practitioners' board/council.

Panchakarma Clinic includes the following types of facilities:

Sl. No.	Healthcare facility	Definition
1.	Consultation	The action or process of formally consulting or discussing.
2.	Ayurveda Pharmacy	Medicines from the Ayurvedic Pharmacopeia
3.	Panchakarma Procedure	Panchakarma ("Pancha" means five and "karma" means treatment) is done to detoxify the body according to Ayurveda. These procedures are claimed to eliminate the vitiated Doshas from the body.
4.	Post procedure observation	Panchakarma procedures requires Post procedure observation. If this observation period extends and requires overnight stay, then patient need to be transfer to Ayurveda hospital.

Panchakarma Clinic should provide those services which do not require overnight stay neither for procedure nor for observation. Leaving clinic after the treatment should not cause any harm to the individual.

It may be noted that Standards for Ayurveda Hospital accreditation includes services related with Panchakarma procedures which requires overnight stay under medical observation.

Web link: <http://nabh.co/AyurvedaStandard.aspx>

Chapter 1

Access Assessment and Continuity of Care (AAC)

Intent of the chapter:

Patients are well informed of the services that a Panchakarma Clinic provides. This will facilitate appropriately matching patients with the clinic's resources.

Patients that match the Panchakarma Clinics resources are treated using a defined process. Patients treated, undergo an established assessment and periodic and regular reassessments. Patient care is continuous and multidisciplinary in nature.

The intent of this document is to establish a standardised health care process where a patient and health care personnel interact with the aim to directly or indirectly improve the health state of that patient. The accompanying clinical processes are health care processes where subjects of care and health care personnel interact encompassing all health care activities related to one or more health issues.

Summary of Standards

AAC.1.	The Panchakarma Clinic defines and displays the services that it provides.
AAC.2.	The Panchakarma Clinic has a defined patient registration process
AAC.3.	There is an appropriate mechanism for transfer or referral of patients who do not match the Panchakarma Clinic resources.
AAC.4.	Patients cared for by the Panchakarma Clinic undergo an established initial assessment.
AAC.5.	All patients cared for by the Panchakarma Clinic undergo a regular reassessment
AAC.6	Patient care is continuous and multidisciplinary in nature.
AAC.7.	Panchakarma Clinic defines the content of the prescription including procedural details if any.

Standards and Objective Elements

Standard

AAC.1.	The Panchakarma Clinic defines and displays the services that it provides
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Objective Elements

a. The services provided are defined and displayed prominently.

Interpretation: The services so defined should be displayed prominently in an area visible to all patients entering the Panchakarma Clinic. The display could be in the form of boards, citizen's charter, scrolling messages etc. Display should be at least bi-lingual (English and the state language/language spoken by the majority of people in that area).

Remark(s): Claims of services should commensurate with the available expertise.

Care should be taken to ensure that the services are explained in a language the patient understands.

This standard outlines a clinical process that comprises of all kinds of health care activities, mainly those provided by health care professionals, but also self-care activities as prescribed or recommended by health care professionals of the said discipline.

Standard

AAC.2.	The Panchakarma Clinic has a defined patient registration process.
--------	--

Objective Elements

a. The Panchakarma Clinic has documented policies and procedures for registering the patients.

Interpretation: Panchakarma Clinic shall prepare document (s) detailing the policies and procedures for registration of patients. All patients who are assessed in the Panchakarma Clinic shall be registered.

- b. Patients are accepted only if the Panchakarma Clinic can provide the required service.**

Interpretation: The staffs handling registration needs to be aware of the services that the Panchakarma Clinic can provide. It is also advisable to have a system wherein the staffs are aware as to who to contact if they need any clarification on the services provided.

Remark(s): The patient's registration and assessment process is designed to give priority to those who are obviously sick or those with urgent needs.

- c. A unique identification number is generated at the end of registration.**

Interpretation: The Panchakarma Clinic shall ensure that every patient gets a unique number which is generated at the end of registration of the first interaction that the patient has with the Panchakarma Clinic. This number shall be used for identification of the patients across the Panchakarma Clinic and to ensure continuity of care across the Panchakarma Clinic. All Panchakarma Clinic records of the patients shall have this number. "Unique" implies that this is a one-time affair. Please note that a particular patient can have only one unique number.

- d. The staff is aware of these processes.**

Interpretation: All the staff handling these activities should be oriented to these policies and procedures. Orientation can be provided by documentation/ training.

Standard

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

Objective Elements

- a. Documented policies and procedures guide the transfer of patients to another facility in an appropriate manner.**

Interpretation: The documented procedure should address the methodology of safe transfer of the patients in a life-threatening situation to another organisation. It also includes patients being shifted for diagnostic tests.

- b. The Panchakarma Clinic gives a summary of patient's condition and the treatment given.**

Interpretation: The Panchakarma Clinic gives a case summary mentioning the significant findings and treatment given in case of patients who are being transferred from emergency. A copy of the same shall be retained by the Panchakarma Clinic.

Standard

AAC.4.	Patients cared for by the Panchakarma Clinic undergo an established initial assessment.
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Objective Elements

- a. The Panchakarma Clinic defines and documents the content of Initial assessment.**

Interpretation: The Panchakarma Clinic shall have a format using which a standardised assessment of patient is done.

Remark(s): Every assessment shall contain the presenting complaints, vital signs (temperature, pulse, BP and respiratory rate) Prakriti Pariksha and salient examination findings, past history, family history, rogi , roga pariksha etc in accordance of the system concerned.

- b. Initial assessment includes screening for nutritional needs.**

Interpretation: The protocol for patient's initial assessment should cover his/her nutritional needs This is only a screening for nutritional needs and not a complete assessment. A detailed nutritional assessment shall be done wherever necessary. This could be done by the treating vaidya. Questionnaires could be used for the same.

- c. Care plan has to be documented and is monitored after the initial assessment.**

Interpretation: This shall be documented by the treating vaidya or by a member of his team in the patient record. For definition of "care plan" refer to glossary

- d. The care plan also includes preventive aspects of the care where appropriate.**

Interpretation: The documented care plan should cover preventive actions as necessary in the case and could include diet, drugs etc. In conditions where it is not possible to incorporate this at the time of assessment (e.g. diagnosis not made/unclear) the same shall be done as soon as a definite diagnosis is arrived at. This could also be done through booklets/patient information leaflets etc. e.g. Madhumeha, Kushtaroga etc.

Standard

AAC.5.	All patients cared for by the Panchakarma Clinic undergo a regular reassessment
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Objective Elements

a. All Patients are reassessed at appropriate intervals.

Interpretation: After the initial assessment, the patient is reassessed periodically and this is documented in the medical record. The frequency may be different for different areas based on the setting and the patient's condition, e.g. patients undergoing Panchakarma treatment to be reassessed frequently. Reassessments shall also be done in response to significant changes in patient's condition.

b. Patients are informed of their next follow-up, where appropriate.

Interpretation: The reassessment notes shall reflect the patient's response to treatment and at a minimum capture the symptoms (change or fresh) and vital signs. This would not be applicable in cases where patient has come for just an opinion or the patient's condition does not warrant repeat visits.

c. Staff involved in direct clinical care document reassessments.

Interpretation: Actions taken under reassessment are documented. The staff could be the treating vaidya or any member of the team as per their domain of responsibility of care. At a minimum, the documentation shall include assessment as per Ayurveda such as Ashta sthana pareeksha, Dashavidha rogi pareeksha etc, vitals, systemic examination findings. (and medication orders). The Vaidya/Paricharaka (Panchakarma assistant or Panchakarma attendant or Panchakarma technician) can document patient's vitals. Only phrases like "patient well"; "condition better" would not be acceptable.

d. Patients are reassessed to determine their response to treatment and to plan further treatment.

Interpretation: Self-explanatory.

e. Continual improvement

Interpretation: Continual improvement of the Panchakarma Clinic's overall performance should be a permanent objective of the Clinic

Standard

AAC.6.	Patient care is continuous and multidisciplinary in nature.
---------------	--

Objective Elements

- a. During all phases of care, there is a qualified individual designated as responsible for the patient's care.**

Interpretation: The Panchakarma Clinic shall ensure that the care of patients is always given by appropriately-qualified medical personnel Vaidya, Paricharaka (Panchakarma assistant or Panchakarma attendant or Panchakarma technician).

Remark(s): Although care may be provided by a team, the Panchakarma Clinic record shall identify a vaidya as being responsible for patient care.

- b. Care of patients is coordinated in all care settings within the Panchakarma Clinic.**

Interpretation: Care of patients is co-ordinated among various care-providers in a Panchakarma Clinic. The Panchakarma Clinic shall ensure that there is effective communication of patient requirements amongst the care-providers.

- c. Information about the patient's care and response to treatment is shared among medical, nursing and other care-providers.**

Interpretation: The Panchakarma Clinic ensures periodic discussions about each patient (covering parameters such as patient care, response to treatment, unusual developments if any, etc.) amongst medical, nursing and other care-providers.

Remark(s): This could be done on the basis of entries either on case sheet or on electronic patient records (EPR).

- d. Top management shall ensure that**

- i. Appropriate communication processes are established within the Panchakarma clinic and that communication takes place regarding the effectiveness of the quality management system,
- ii. Communication is established to facilitate the cooperation of different parts of the clinical processes in the delivery of health care services,
- iii. Communication takes place to achieve awareness of the effectiveness of the quality management system results related to the quality characteristics,

The Panchakarma clinic has an efficient and transparent information flow, in order to facilitate communication of clinical and other data related to the quality characteristics

in the cooperation and interaction of different clinical processes, functions and specialities in the delivery of health care services,

- i. Information relating to new statutory and other requirements affecting:
- ii. the provision of care,
- iii. changes in medical or technical equipment,
- iv. information from risk assessments,
- v. accidents, incidents and near misses

- e. **The patient's record(s) is available to the authorised care-providers to facilitate the exchange of information.**

Interpretation: Self-explanatory.

Standard

AAC.7.	The Panchakarma Clinic defines the content of the prescription including procedural details if any.
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Objective Elements

- a. **Documented policies and procedures exist for the prescription including procedural details.**

Interpretation: Prescription including procedural details are documented to ensure coordination amongst various departments including accounts.

- b. **Prescription including procedural details contains the patient's name, unique identification number, date and time of procedure, significant findings and diagnosis, investigation results, any procedure performed, medication administered and other treatment given, follow-up advice, medication and other instructions in an understandable manner.**

Interpretation: Self-explanatory.

Remark This shall also incorporate preventive aspects, where appropriate. The instructions shall be in a manner that the patient can easily understand and avoid use of medical terms, e.g. BID, TID, etc.

Chapter 2

Care of Patients (COP)

Intent of the chapter:

The Panchakarma Clinic provides uniform care to all patients. Policies, procedures, applicable laws and regulations guide all patient care activities.

Policies, procedures, applicable laws and regulations also guide care of vulnerable patients (elderly, physically and/or mentally-challenged and children), paediatric patients, patients undergoing Panchakarma procedures, patients undergoing procedures and research.

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

Summary of Standards

COP 1:	Care and treatment is provided in a uniform manner.
COP 2:	Patients with special needs & disabilities (vulnerable) shall be identified and treated accordingly.
COP 3:	Documented policies and procedures guide appropriate pain management.
COP 4:	Documented policies and procedures guide appropriate rehabilitative services if any.
COP 5:	Policies and procedures guide the Panchakarma Therapy.
COP 6:	Policies and procedures guide all research activities, if applicable..
COP.7.	Documented policies and procedures guide.pathaya/ apathaya ahara and vihara (diet and daily regimens)

Standards and Objective Elements

Standard

COP.1.	Care and treatment is provided in a uniform manner.
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Objective Elements

a. Care of patients shall be in consonance with the defined scope.

Interpretation: The Panchakarma Clinic shall have appropriate Staff, facilities, protocols and procedures in consonance with the scope of service.

Remark(s): The access and appropriateness of the care do not mismatch the scope of services.

b. Evidence based medicine and Clinical practice guidelines, as envisaged by respective systems of medicine, are adopted to guide patient care.

Interpretation: The Panchakarma Clinic could develop Clinical protocols based on these and the same could be followed in management of patients. These could then be used as parameters for audit of patient care.

Remark(s): e.g. Standardized protocols for care of diabetes, asthma, arthritis etc.

Standard

COP.2.	Patients with special needs & disabilities (vulnerable) shall be identified and treated accordingly.
---------------	---

Objective Elements

a. Patients with special needs & disabilities (vulnerable) shall be identified and treated accordingly.

Interpretation:

- The vulnerable patients include children, elderly, physically and/or mentally challenged.
- The Panchakarma Clinic provides for a safe and secure environment for this vulnerable group.
- Staff is trained to care for this vulnerable group.

Remark(s): Refer to disability act, mental act.

The Panchakarma Clinic shall provide proper environment taking into account the requirement of the vulnerable group.

- b. A Documented procedure shall govern related aspects (do's and don'ts) of Panchakarma therapy practised in the Panchakarma Clinic.**

Interpretation: A detailed description of various procedure of Panchakarma should be displayed at the Panchakarma Clinic for the proper understanding of the procedure along with the do and don'ts of the procedure.

- c. A documented procedure exists for obtaining informed consent from the appropriate legal representative.**

Interpretation: The informed consent for this group of people should be obtained from their family representative. Refer to PRE3c

- d. Staffs are trained to care for this vulnerable group.**

Interpretation: All staff involved in the care of this group shall be adequately trained in identifying and meeting their needs. Records of the same should be available.

Standard

COP.3.	Documented policies and procedures guide appropriate pain management.
---------------	--

Objective Elements

- a. Documented policies and procedures guide the management of pain.**

Interpretation: It shall include as to how patients are screened for pain, the mechanism to ensure that a detailed pain assessment is done (when necessary), pain mitigation techniques and monitoring.

- b. The Panchakarma Clinic respects and supports appropriate assessment and management of pain .**

Interpretation: Self-explanatory.

- c. Patient and family are educated on various pain management techniques, where appropriate.**

Interpretation: Self-explanatory.

Remark(s): This could be done only for patients who are likely to have long-term pain in view of the underlying condition not being treatable.

Standard

COP.4.	Documented policies and procedures guide appropriate rehabilitative services.
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Objective Elements

- a. **Documented policies and procedures guide the provision of rehabilitative services.**

Interpretation: Self-explanatory.

Remark(s): This includes physiotherapy, occupational therapy and speech therapy.

- b. **These services are commensurate with the clinic requirements.**

Interpretation: The scope of the services is in consonance with the scope of the Panchakarma Clinic.

- c. **There is adequate space and equipment to perform these activities.**

Interpretation: The equipment shall be as per the scope of rehabilitation services provided. However, equipment for resuscitation shall be available in these areas as appropriate

Standard

COP.5.	Policies and procedures guide the Panchakarma Therapy.
---------------	---

Objective Elements

- a. **The policies and procedures are documented.**

Interpretation: Self-explanatory.

- b. **An informed consent is obtained by a Vaidya prior to the treatment process.**

Interpretation: The consent shall be taken by the Vaidya or a member of his team before any Panchakarma procedure.

- c. **Documented policies and procedures exist to prevent adverse events**

Interpretation: Procedure should be available for preventing adverse events like for example excessive dehydration caused by excessive Swedana. The Panchakarma Clinic should be able to demonstrate methods to prevent these events.

- d. Persons qualified are permitted to perform the procedures that they are entitled to perform.**

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

- e. A brief note is documented prior to transfer of patient from Panchakarma procedure room**

Interpretation: This note provides information about the procedure performed and the status of the patient before shifting and shall be documented by the Vaidya. At a minimum, it shall include the Panchakarma procedure performed, name of the Vaidya, salient steps of the procedure and the key findings. It includes monitoring of samyak and asamyak lakshanas of the procedure. If it is documented by a person other than the vaidya, the same shall be countersigned by the vaidya.

- f. The vaidya documents the post-procedure plan of care.**

Interpretation: Post-procedure plan shall include advice on medication, nursing care, observing for any vyapathas (complication) etc. For post- procedures, the plan shall include advice pathya-apathya, nursing care, observing for any vyapaths, etc.

- g. A procedure to check the maintenance of Panchakarma procedure room.**

Interpretation: For Panchakarma procedures, the Panchakarma Clinic hand-washing area, Panchakarma therapy rooms, storage area, recovery room, collection area for waste and linen toilet and bathroom with hot water facility should be available. The rooms shall have sufficient light and ventilation.

- h. Guidelines for various Panchakrama therapies are prepared separately and adhered.**

Interpretation: For Panchakarma therapy and other Treatment procedures like, Abhyanga protocol, Netra tarpana protocol, pichu protocol, etc followed in the HCO shall be documented. For Panchakarma therapy and other Treatment procedures, SOP for the documented procedures are prepared based on classical texts like Charaka Samhita, Susruta samhita, Astangahridaya, etc.

- i. Panchakarma therapies are done only under the guidance of Vaidya.**

Interpretation: Self-explanatory.

- j. Patients shall have a preprocedure Panchakarma assessment and a provisional diagnosis documented prior to procedures**

Interpretation All Panchakarma procedures are assessed before the procedure by the vaidya and should include yogya-ayogya for the particular therapy, and a provisional

diagnosis is made which is documented. This shall be applicable for both routine and emergency cases.

- k. A quality assurance program (Clinical Audit) is followed for the Panchakarma therapy and other treatment services.**

Interpretation: This shall be an integral part of the Panchakarma Clinic 's overall quality assurance programme. It shall focus on post procedure complications example burn, dizziness in swedana For Panchakarma therapy & other treatment procedures, it shall focus on yogya-ayogya lakshanas, samyak-asamyak lakshanas, vyapaths, etc.

Standard

COP.6.	Policies and procedures guide all research activities, if applicable.
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Objective Elements

- a. Policies and procedures guide all research activities in compliance with the applicable law and national and international guidelines.**

Interpretation: Self explanatory

- b. Policies and procedures address Patient's informed consent, their right to withdraw, their refusal to participate in the research activities.**

Interpretation: Patients are informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal. Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the Panchakarma Clinic's services.

- c. Patient's informed consent is obtained before entering them in research protocols.**

Interpretation: This shall be done in a language that the patient understands.

- d. The objective of the research process is to contribute to knowledge and subsequently improvement in health care.**

Interpretation: Self explanatory

Standard

COP.7.	Documented policies and procedures guide pathaya/apathaya ahara and vihara (diet and daily regimens).
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Objective Elements

- a. Documented policies and procedures guide implementation of pathaya/apathaya ahara and vihara after assessment and reassessment of patient needs.**

Interpretation: This shall at a minimum, incorporate as to whom assessment–will be done, how it will be done, how the ahara–is prepared and ensured that the patient receives food as per the diet order. Assessment shall be done by vaidya for all patients found at risk during screening.

- b. Patients receive ahara according to their clinical needs.**

Interpretation: A vaidya shall do the assessment of the patient and advice regarding food. E.g. pathya and apathya ahara etc.

- c. There is a written order for the pathya/apathaya ahara.**

Interpretation: The vaidya shall prepare this in the form of a diet sheet and patient shall receive ahara accordingly. This shall be written in a uniform location in the medical record.

- d. When families provide food, they are educated about the patient's pathya and apathya.**

Interpretation: The vaidya shall ensure this during planning.

Chapter 3

Management of Medication (MOM)

Intent of the chapter:

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

The standards encourage integration of the pharmacy into everyday functioning of Panchakarma Clinics and patient care. The pharmacy should guide and audit medication process. The pharmacy should have oversight of all medications stocked out of the pharmacy. The pharmacy should ensure correct storage (as regards to temperature, look-alike, sound-alike etc.), expiry dates and maintenance of documentation.

The process also includes monitoring of patients after administration and procedures for reporting and analysing medication errors.

Patients and family members are educated about safe medication and food-drug interactions.

Summary of Standards

MOM.1.	Documented policies and procedures guide the Panchakarma Clinic pharmacy services and usage of medication.
MOM.2.	There is a Panchakarma Clinic formulary.
MOM.3.	Documented policies and procedures exist for storage of medication.
MOM.4.	Documented policies and procedures exist for prescription of medications.
MOM.5.	Documented policies and procedures guide the safe dispensing of medications .
MOM.6.	There are defined procedures for medication management.
MOM.7.	Patients are monitored after medication administration.
MOM.8.	Near misses, medication errors and adverse drug events are reported and analysed.
MOM.9.	Documented policies and procedures guide the use of medical supplies and consumables.

Standards and Objective Elements

Standard

MOM.1.	Documented policies and procedures guide the Panchakarma Clinic of pharmacy services and usage of medication.
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Objective Elements

- a. **There is a documented policy and procedure for pharmacy services and medication usage.**

Interpretation: The policies and procedures shall address the issues related to procurement, storage, formulary, prescription, dispensing, administration, monitoring and use of medications.

Standard

MOM.2.	There exists a Panchakarma Clinic formulary.
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Objective Elements

- a. **A list of medication appropriate for the patients and Panchakarma Clinic's resources is developed.**

Interpretation: The Panchakarma Clinic's formulary shall be prepared and be preferably updated at regular intervals. The formulary could be prepared keeping in mind Department of AYUSH "Essential Drug List" (EDL).

- b. **The formulary is available for vaidys to refer and adhere to.**

Interpretation: The formulary shall be made available to all treating vaidya of the Panchakarma Clinic. The Panchakarma Clinic shall ensure that the prescriptions are as per the formulary. It shall monitor the frequency of prescriptions being rejected because it contained non-formulary drugs. The formulary could be made available in either physical or electronic form.

- c. **There is a defined process for preparation of these medications.**

Interpretation: SOP will be developed for preparation of medications required for out-Patients, Panchakarma therapies, other treatment procedures, etc The medicine preparation of Panchakarma therapies and other treatment procedures may be

included in the “Guideline for Panchakarma therapies and other treatment procedures” “Panchakarma protocol”. e.g. yoga, Putapaka for netra rogas, Yoni pichu etc.

d. There is a process to obtain medications not listed in the formulary.

Interpretation: For example, local purchase (for immediate requirement).

Standard

MOM.3.	Documented policies and procedures exist for storage of medications.
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Objective Elements

a. Documented policies and procedures exist for storage of medications .

Interpretation: These should address issues pertaining to temperature (refrigeration), light, ventilation, preventing entry of pests/rodents, vermin etc.

b. Medications are stored in a clean, safe and secure environment; and incorporating manufacturer’s recommendation(s).

Interpretation: The Panchakarma Clinic shall also ensure that the storage requirements of the drug as specified by the manufacturer are adhered to. Medication shall be protected from loss or theft. The overall cleanliness of the storage area shall be maintained.

c. Sound inventory control practices guide storage of the medications..

Interpretation:- The medication shall be stored in alphabetical or company’s name.

d. Sound alike and look alike medications are identified and stored separately.

Interpretation: Many drugs may look-alike or sound-alike. They should be documented, segregated and stored separately at all locations. The Panchakarma Clinic can follow a method of storing drugs in an alphabetical order to address this issue. The list will have to be identified at regular intervals depending on the changes in the formulary and changes in packaging (in case of look-alike).

Standard

MOM.4.	Documented policies and procedures exist for prescription of Medications
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Objective Elements

a. Documented policies and procedures exist for prescription of medications.

Interpretation: Refer to MOM 1a. It could also incorporate objective elements “b”, “f” and “g” of MOM 4.

b. The Panchakarma Clinic determines the minimum requirements of a prescription.

Interpretation: This shall adhere to national/international guidelines where appropriate. At a minimum, the prescription shall have the date, name of the patient, unique Panchakarma Clinic number, name of the drugs, dose, route and frequency of administration of the medicine, name, signature of the prescribing vaidya.

c. The Panchakarma Clinic determines who can write orders.

Interpretation: This shall be done by a vaidya who at a minimum holds a recognized qualification in Ayurveda.

d. Orders are written in a uniform location in the medical records.

Interpretation: All the orders for medicines are recorded on a uniform location in the medical record. Electronic orders when typed shall again follow the same principles. It is preferable that prescription and administration record is on the same sheet. This would help minimize medication errors.

e. Medication orders are clear, legible, dated, timed, named and signed.

Interpretation: Only approved abbreviations by the Panchakarma Clinic shall be used. The Panchakarma Clinic can explore the possibility of writing orders in block letters so that the issue of legibility is addressed.

f. Medication orders contain the name of the medicine, route of administration, dose to be administered and frequency/time of administration.

Interpretation: Medication orders include for those medications required for Panchakarma therapies and other procedures. In case of a medication having two or more drugs (tablet/capsule/churna) the dose of all the individual drugs shall be written. For example, in a combination of medicines a, b & c the individual dose of a, b & c and

the dose of the such mixture to be administered is clearly written. In case abbreviations are used, a standardized list of approved abbreviations for medications shall be used throughout the Panchakarma Clinic.

g. The Panchakarma Clinic defines a list of high alert medication.

Interpretation: High-Alert medications are medications involved in a high percentage of medication errors or sentinel events and medications that carry a high risk for abuse, error, or other adverse outcomes. Examples include look-alike and sound-alike medications, medications containing Visha and Upa-visha dravya, Kupa pakwa rasayanas, etc.

h. High Alert medication orders are verified prior to dispensing.

Interpretation: Self-explanatory.

Standard

MOM.5.	Documented policies and procedures guide the safe dispensing of medications
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Objective Elements

a. Documented policies and procedures guide the safe dispensing of medications.

Interpretation: Clear policies to be laid down for dispensing of medication e.g. route of administration, dosage, rate of administration, expiry date etc. This shall include both bulk and retail pharmacy..

b. Expiry dates are checked prior to dispensing, wherever applicable.

Interpretation: This shall be done at all levels e.g. pharmacy,

c. Labeling requirements are documented and implemented by the Panchakarma Clinic.

Interpretation: At a minimum, labels must include the drug name, quantity, frequency of administration (in a language the patient understands) and expiry dates. This is applicable to all dispensing areas wherein medicines are dispensed either as cut strips or from bulk containers.

Standard

MOM.6.	There are documented policies and procedures for medication management.
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Objective Elements**a. Medications are administered by those who are permitted to do so.**

Interpretation: Refer to statutory requirements. In addition to doctors, Nursing staff, Panchkarma therapist, Paricharakas may also administer. This does not apply to topical administration.

b. Prepared medication is labeled prior to preparation of a second drug.

Interpretation: E.g. while preparing multiple kashaya dravya, the first yoga is prepared & labeled and then the subsequent yogas should be prepared & labeled.

c. Patient is identified prior to administration.

Interpretation: Identification shall be done by unique identification number (e.g. Panchakarma Clinic number and/or name).

d. Medication is verified from the order prior to administration.

Interpretation: Staff administering medications should go through the treatment orders before administration of the medication and then only administer them. It is preferable that they also check the general appearance of the medication (e.g. broken tablet, clumped choorna etc.) before dispensing.

If any of the parameters with respect to an order namely name, dose, route or frequency/time are missing/incomplete the medication administration shall be deferred. However, to ensure that patient care does not suffer a verbal order may be got from the treating doctor followed by ratification of the same (refer to MOM 4e).

In case of high alert medication(s), the verification shall be done by at least two staff (Paricharaka-Paricharaka, Paricharaka-doctor or Paricharaka-doctor) independently and documented.

e. Dosage is verified from the order prior to administration.

Interpretation: Self-explanatory.

f. Route is verified from the order prior to administration.

Interpretation: Where applicable the site of administration shall also be verified.

g. Timing is verified from the order prior to administration.

Interpretation: The Panchakarma Clinic needs to define the timing of administration of medications. e.g. o.d, b.i.d, t.i.d, q.i.d, h.s., stat, sos.

h. Medication administration is documented.

Interpretation: The Panchakarma Clinic shall ensure that this is done in a uniform location and it shall include the name of the medication, dosage, route of administration, timing and the name and signature of the person who has administered the medication.

i. Policies and procedures govern patient's self administration of medications.

Interpretation: The policy shall include the medications which the patient can self-administers.

Standard

MOM.7.	Patients are monitored after medication administration.
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Objective Elements

a. Documented policies and procedures guide the monitoring of patients after medication administration.

Interpretation: The purpose of monitoring is to verify that the medicine is having its intended effect. In addition this would help identify near misses, medication errors and adverse drug events.

b. The Panchakarma Clinic defines those situations where close monitoring is required.

Interpretation: E.g. observation after administration of swedana yoga

c. Monitoring is done in a collaborative manner.

Interpretation: This shall be done by the vaidya Paricharaka

d. Medications are changed where appropriate based on the monitoring.

Interpretation: This also includes dose adjustment

Standard

MOM 8.	Near misses, medication errors and adverse drug events are reported and analysed
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Objective Elements

- a. Documented procedure exists to capture near miss, medication error and adverse drug event.**

Interpretation: This shall outline the process for identifying, capturing, reporting, analysing and taking action.

- b. Near miss, medication error and adverse drug event are defined.**

Interpretation: The Panchakarma Clinic shall define as to what constitutes these. This shall be in consonance with best practices. Refer to glossary for “near miss”, “medication error” and “adverse drug event”.

- c. These are reported within a specified time frame.**

Interpretation: The Panchakarma Clinic shall define the time frame for reporting once any of this has occurred.

- d. They are collected and analysed.**

Interpretation: All these incidents are analysed regularly. The analysis shall be completed in a defined time frame.

- e. Corrective and/or preventive action(s) are taken based on the analysis where appropriate.**

Interpretation: Self-explanatory.

Standard

MOM 9.	Documented policies and procedures guide the use of medical supplies and consumables.
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Objective Elements

- a. Medical supplies and consumables are used in a safe manner, where appropriate.**

Interpretation: Self-explanatory.

- b. Medical supplies and consumables are stored in a clean, safe and secure environment and incorporating manufacturer's recommendation(s).**

Interpretation: The Panchakarma Clinic shall ensure that the storage requirements are as specified by the manufacturer as are adhered to. Panchakarma clinic should mention their Source of Raw material either wet or dry drugs used for various treatment procedures. They shall be protected from loss or theft. Overall cleanliness of the storage area shall be maintained at all times.

Chapter 4

Patient Rights and Education (PRE)

Intent of the chapter:

The Panchakarma Clinic defines the patient and family rights and responsibilities. The staffs are aware of these and are trained to protect patient rights. Patients are informed of their rights and educated about their responsibilities. They are informed about the disease, the possible outcomes and are involved in decision making. The costs are explained in a clear manner to patient and/or family. The patients are educated about the mechanisms available for addressing grievances.

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

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

Summary of Standards

PRE 1:	The Panchakarma Clinic protects patient and family rights.
PRE 2:	Patient rights support individual beliefs, values and involve the patient and family in decision making processes.
PRE 3:	A documented process for obtaining patient and / or families consent exists for informed decision making about their care.
PRE 4:	Patient and families have a right to information and education about their healthcare needs.
PRE 5:	Patient and families have a right to information on expected costs.

Standards and Objective Elements

Standard

PRE.1.	The Panchakarma Clinic protects patient and family rights.
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Objective Elements

a. Patient and family rights and responsibilities are displayed.

Interpretation: The Panchakarma Clinic should respect patient's rights and inform them of their responsibilities.

All the rights of the patients should be displayed.

b. Staff is aware of their responsibility in protecting patient's rights.

Interpretation: Training and sensitisation programmes shall be conducted to create awareness among the staff.

c. Appropriate corrective/preventive measures are taken in case patient's rights are violated.

Interpretation: Where patients' rights have been infringed upon, Panchakarma Clinic must keep records of such violations, as also a record of the consequences, e.g. corrective actions to prevent recurrences.

d. Patients and families are informed of their rights and responsibilities in a format and language that they can understand.

Interpretation: This could be done in the form of permanent displays at strategic locations within the Panchakarma Clinic. Pamphlets could be provided regarding the same

Standard

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

- a. Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.**

Interpretation: During all stages of patient care, be it in examination or carrying out a procedure, staff shall ensure that patient's privacy and dignity is maintained. The Panchakarma Clinic shall develop the necessary guidelines for the same. During procedures the Panchakarma Clinic shall ensure that the patient is exposed just before the actual procedure is undertaken.

With regards to photographs/recording procedures; the Panchakarma Clinic shall ensure that consent is taken and that the patient's identity is not revealed.

- b. Patient rights include protection from physical abuse or neglect.**

Interpretation: Special precautions shall be taken especially w.r.t vulnerable patients e.g. elderly, neonates etc.

Remark(s): Examples of this include falling from the bed/trolley due to negligence, assault, repeated internal examinations, manhandling etc.

- c. Patient and family rights include treating patient information as confidential.**

Interpretation: The Panchakarma Clinic shall keep the records in a secure manner and will release only under authorisation of the patient except under statutory obligation.

- d. Patient has the right to make an informed choice including the option of refusal.**

Interpretation: The treating vaidya shall discuss all the available options and allow the patient to take the decision.

Remark(s): In case of refusal, the treating vaidya shall explain the consequences of refusal of treatment and document the same.

- e. Patient and family rights include informed consent any invasive / high risk procedures / treatment.**

Interpretation: Self-explanatory.

f. Patient has a right to have an access to his / her Clinical records.

Interpretation: The Panchakarma Clinic shall ensure that every patient has access to his/her record. This shall be in consonance with the code of medical ethics and statutory requirements.

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

Interpretation: Refer PRE5

h. Patient and family rights include information on care plan, progress and information on their health care needs.

Interpretation: The care plan as decided by the vaidya on duty or the patient management team (as the case may be) is to be discussed with the patient and/or family members. This should be done in a language the patient/attendant can understand. The above information is to be documented and signed by the vaidya concerned. Refer AAC 4 c,d and PRE 4

Standard

PRE.3.	A documented process for obtaining patient and / or families consent exists for informed decision making about their care.
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Objective Elements

a. The Panchakarma Clinic has listed those procedures and treatment where informed consent is required.

Interpretation: A list of procedures should be made for which informed consent should be taken.

b. Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.

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

c. The policy describes who can give consent when patient is incapable of independent decision making.

Interpretation: The Panchakarma Clinic shall take into consideration the statutory norms. This would include next of kin/legal guardian. However in case of unconscious/unaccompanied patients the treating vaidya can take a decision in life saving

circumstances.

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

Interpretation: The process for taking informed consent shall specify the various steps involved with the responsibility. A list of procedures should be made for which informed consent should be taken. This shall be prepared keeping in mind the requirements of this standard and statutory requirement. E.g pre procedure consent.

Standard

PRE.4.	Patient and families have a right to information and education about their healthcare needs.
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Objective Elements

- a. When appropriate, patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.**

Interpretation: Self-explanatory.

Remark(s): Education regarding the importance of taking a medicine at a specific time e.g. Accha snehapana

- b. Patient and families are educated about diet and nutrition.**

Interpretation: Self-explanatory.

- c. Patient and families are educated about their specific disease process, prognosis, complications and prevention strategies.**

Interpretation: Self-explanatory. This could also be done through patient education booklets/videos/leaflets etc.

- d. Patient and families are educated about preventing infections.**

Interpretation: Self-explanatory.

Remark(s): For example, hand washing and avoiding overcrowding near the patient.

- e. Patient and/or family are educated in a language and format that they can understand.**

Interpretation: Self-explanatory.

Standard

PRE.5.	Patient and families have a right to information on expected costs.
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Objective Elements

a. The tariff list is available to patients.

Interpretation:

- Ethical billing practices are ensured.
- The Panchakarma Clinic shall ensure that there is an updated tariff list and that this list is available to patients.
- The Panchakarma Clinic shall charge as per the tariff list. Additional charges should also be enumerated in the tariff and the same communicated to the patients.
- The tariff rates should be uniform and transparent.

b. Patients are informed about the estimated costs of treatment.

Interpretation: The patients are informed about the approximate cost of treatment in lieu with the line of treatment followed and the tariff list.

Remark(s): The inference should be drawn based on the recorded line of management collaborating the cost.

c. Billing, receipts and records are maintained as per statutory requirements.

Interpretation: Self-explanatory.

Chapter 5

Infection Control (IC)

Intent of the chapter:

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

The Panchakarma Clinic measures and takes action to prevent or reduce the risk of Panchakarma associated Infection in patients and employees.

The Panchakarma Clinic provides proper facilities and adequate resources to support the Infection Control Programme.

The programme includes an action plan to control outbreaks of infection, disinfection activities, biomedical waste (BMW) management, training of staff and employee health.

Summary of Standards

IC.1.	The Panchakarma Clinic has a well-designed, comprehensive and coordinated infection control programme aimed at reducing/ eliminating risks to patients, visitors and providers of care.
IC.2.	The Panchakarma Clinic provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI).
IC.3.	Biomedical waste (BMW) is handled in an appropriate and safe manner.
IC.4.	The infection control programme is supported by the Panchakarma clinic's management and includes training of staff

Standards and Objective Elements

Standard

IC. 1.	The Panchakarma Clinic has a well-designed, comprehensive and coordinated infection control programme aimed at reducing/ eliminating risks to patients, visitors and providers of care
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Objective Elements

- a. **The Panchakarma Clinic infection control programme is documented which aims at preventing and reducing risk of healthcare associated infections.**

Interpretation: This shall be based on current scientific knowledge, guidelines from international/national and professional bodies and statutory requirements, wherever applicable. Reference documents could include WHO guidelines, CDC Guidelines and Manual for Control of Hospital Associated Infections, Ministry of Health and Family Welfare, Govt. of India.

- b. **The infection prevention and control programme is a continuous process and updated at least once in a year.**

Interpretation: The updation shall be done based on newer literature on infection prevention and outbreak prevention mechanisms, infection trends and outcomes of the audit processes.

- c. **The Panchakarma Clinic adheres to hand-hygiene guidelines.**

Interpretation: The Panchakarma Clinic shall adhere to international/national guidelines on hand hygiene. A good reference is the latest WHO guidelines. The Panchakarma Clinic could display the necessary instructions near every hand-washing area.

- d. **The Panchakarma Clinic adheres to cleaning and disinfection practices.**

Interpretation: It shall be addressed at all levels of the Panchakarma Clinic, example Panchakarma therapy room. It is preferable that the Panchakarma Clinic follows a uniform policy across different departments within the Panchakarma Clinic.

- e. **Laundry and linen management processes are also included**

Interpretation: The laundry can be in-house or outsourced. The Panchakarma Clinic shall have a policy for change of linen. There shall be separate washing protocols for different categories of linen including blankets (where applicable). If outsourced, the

Panchakarma Clinic shall ensure that it establishes adequate controls to ensure infection prevention and control.

f. Engineering controls to prevent infections are included.

Interpretation: This shall include design of patient care areas, Panchakarma therapy room, air quality and water supply. Issues such as air-conditioning plant and equipment maintenance, cleaning of AC ducts, replacement of filters, seepage leading to fungal colonisation, replacement/repair of plumbing, sewer lines (in shafts) should be included. Water-supply sources and system of supply, testing for water quality must be included. Any renovation work in Panchakarma Clinic patient-care areas should be planned with infection control team with regard to architectural segregation, traffic flow, use of materials, etc.

g. The Panchakarma Clinic adheres to housekeeping procedures.

Interpretation: This should include categorisation of areas/surfaces, general- cleaning procedures for surfaces, furniture/fixtures, and items used in patient care. It should also include procedures for terminal cleaning, blood and body fluid cleanup and all high-risk (critical) areas. The common disinfectants used, dilution factors and methodology should be specified.

Standard

IC. 2.	The Panchakarma Clinic provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI).
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Objective Elements

a. Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.

Interpretation: They should be available at the point of use and the Panchakarma Clinic shall ensure that it maintains an adequate inventory.

Personal protective equipment includes:

- i. Gloves
- ii. Protective eye wear (goggles)
- iii. Mask
- iv. Apron
- v. Gown

- b. Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to healthcare providers.**

Interpretation: The Panchakarma Clinic shall ensure that it provides necessary infrastructure to carry out the same.

Standard

IC. 3.	Biomedical waste (BMW) is handled in an appropriate and safe manner.
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Objective Elements

- a. The Panchakarma Clinic adheres to statutory provisions with regard to biomedical waste.**

Interpretation: The Panchakarma Clinic shall be authorized by the prescribed authority for management and handling of biomedical waste. The occupier shall apply in the prescribed form and get approval from the prescribed authority e.g. pollution control board/committee. It shall adhere to the various requirements specified in the bio-medical waste management rules

- b. Proper segregation and collection of biomedical waste from all patient-care areas of the Panchakarma Clinic is implemented and monitored.**

Interpretation: Wastes to be segregated and collected in different colour coded bags and containers as per statutory provisions. Monitoring shall be done by members of the infection control committee/team. Biomedical waste shall be handled in the proper manner.

- c. The Panchakarma Clinic ensures that biomedical waste is stored and transported to the site of treatment and disposal in proper covered vehicles within stipulated time limits in a secure manner.**

Interpretation: The waste is transported to the pre-defined site at definite time intervals (maximum within 48 hours) through proper transport vehicles in a safe manner. If this activity is outsourced, the Panchakarma Clinic shall ensure that it is done through an authorized contractor. Monitoring of this activity should be done by an infection control team.

- d. Biomedical waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorized contractor(s).**

Interpretation: If the Panchakarma Clinic has waste treatment facility within its premises then it has to be in accordance with statutory provisions or it can outsource it

to a central facility. Outsourced facility shall be visited by the Panchakarma Clinic at least once in six months to ensure waste disposal according to the BMW rules.

- e. **Appropriate personal protective measures are used by all categories of staff handling biomedical waste.**

Interpretation: Example gloves and masks, protective glasses, gowns, etc.

Standard

IC. 3.	The infection control programme is supported by the Panchakarma Clinic's management and includes training of staff.
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Objective Elements

- a. **Panchakarma Clinic management makes available resources required for the infection control programme.**

Interpretation: The Panchakarma Clinic shall ensure that the resources required by the personnel should be available in a sustained manner. This includes both men and materials.

- b. **The Panchakarma Clinic conducts induction training for all staff.**

Interpretation: There must be a documented evidence of induction training for all categories of staff before joining department(s) concerned. It should include the policies, procedures and practices of the infection control programme. Doctors also need to be trained.

- c. **The Panchakarma Clinic conducts appropriate “in-service” training sessions for all staff at least once in a year.**

Interpretation: Self-explanatory.

Chapter 6

Continual Quality Improvement (CQI)

Intent of the chapter:

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

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

To be able to define and describe the quality in health care the quality characteristics need to be identified and described. A quality characteristic always relates to a quality requirement. Therefore eleven quality characteristics of health care services with interrelated quality requirements are identified as:

appropriate, correct care;

availability;

continuity of care;

effectiveness;

efficiency;

equity;

evidence/knowledge based care;

patient centred care including physical, psychological and social integrity;

patient involvement;

patient safety;

timeliness/accessibility

Summary of Standards

CQI 1:	There is a structured quality improvement and continuous monitoring programme.
CQI 2:	The Panchakarma Clinic identifies key indicators which are used as tools for continual improvement.
CQI.3.	Incidents, complaints and feedback are collected and analysed to ensure continual quality improvement.

Standards and Objective Elements

Standard

CQI.1.	There is a structured quality improvement and continuous monitoring programme.
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Objective Elements

- a. The quality improvement programme is commensurate with the size and complexity of the Panchakarma Clinic and is documented.

Interpretation: This should be documented as a manual. The manual shall incorporate the mission, vision, quality policy, quality objectives, service standards, important indicators as identified etc. The manual could be stand alone and should have cross linkages with other manuals.

- b. The quality improvement programme is reviewed at predefined intervals and opportunities for improvement are identified.

Interpretation:

As quality improvement is a dynamic process, it needs to be reviewed at regular pre-defined intervals (as defined by the Panchakarma Clinic in the quality improvement manual but at least once in a year) by conducting internal audits.

The Panchakarma Clinic shall do the needful to identify the areas for improvement and the corrective measures shall be documented.

Standard

CQI.2.	The Panchakarma Clinic identifies key indicators which are used as tools for continual improvement.
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Objective Elements

- a. The Panchakarma Clinic develops appropriate key performance indicators suitable to monitor clinical structures, processes and outcomes.

Interpretation:

- Monitoring may include:
- Appropriate patient assessment.

- Safety and quality control programmes of the diagnostics services.
- Adverse drug events.
- Content of medical records-
- Infection control activities.
- Clinical research.
- Panchakarma therapies and treatment procedures

Remark(s): Refer to ICMR guidelines and GCP for reporting time of serious adverse events.

b. The Panchakarma Clinic develops appropriate key performance indicators suitable to monitor managerial structures, processes and outcomes.

Interpretation:

- Monitoring may include
- Procurement of medication essential to meet patient needs.
- Reporting of activities as required by laws and regulations.
- Risk management.
- Patient satisfaction
- Staff satisfaction.
- Data collection to support further study for improvements.
- Adverse events and near misses.

Remark(s): For law & regulations example, tax, EPF, notifiable diseases, PNDDT act, AERB guidelines etc.

c. Corrective and preventive actions are taken and monitored for effectiveness with respect to activities being managed or monitored.

Interpretation: This data is analysed for improvement opportunities and the same are carried out.

Standard

CQI.3.	Incidents, complaints and feedback are collected and analysed to ensure continual quality improvement.
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Objective Elements

a. The Panchakarma Clinic has an incident reporting system.

Interpretation: The incident reporting system includes:

- i. Identification ii. Reporting iii. Review iv. Action on incidents

While capturing the Panchakarma Clinic shall capture all incidents without going into the severity or whether harm was caused.

b. The Panchakarma Clinic has a process to collect feedback and receive complaints.

Interpretation: This shall be communicated to the patients using displays or brochures.

c. The Panchakarma Clinic has established processes for analysis of incidents, feedbacks and complaints.

Interpretation: This could preferably be done by identifying the root cause. Where possible, it is preferable that patients be included in analyzing the feedback and complaint.

d. Corrective and preventive actions are taken based on the findings of such analysis.

Interpretation: The objective of this is to continually improve the quality of patient-care services. All such action shall be documented.

e. Feedback about care and service is communicated to staff.

Interpretation: At a minimum, patient satisfaction levels shall be communicated on a monthly basis. This could be done using internal communication. It is equally important that positive feedback about care and service is communicated to staff.

f. The focus of this activity includes a commitment to comply with requirements and continually improve the effectiveness of the quality management system as a system and also through feedback received from all stakeholders.

Interpretation: Self-explanatory.

Chapter 7

Responsibilities of Management (ROM)

Intent of the chapter:

The standards encourage the governance of the Panchakarma Clinic in a professional and ethical manner. The responsibilities of the management are defined. The Panchakarma Clinic complies with all applicable regulations. The Panchakarma Clinic is led by a suitably qualified and experienced individual.

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

Summary of Standards

ROM 1:	The Panchakarma Clinic shall identify a responsible person, who has the defined responsibility and authority to ensure that the quality programme is maintained and run in an ethical manner.
ROM 2:	The Panchakarma Clinic is managed by the leaders in an ethical manner.
ROM 3:	Those responsible for management have addressed all applicable aspects of human resource management.

Standards and Objective Elements

Standard

ROM.1.	The Panchakarma Clinic shall identify a responsible person, who has the defined responsibility and authority to ensure that the quality programme is maintained and run in an ethical manner.
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Objective Elements

- a. The Panchakarma Clinic identifies documents and records evidence of compliance to applicable legislations and regulations.**

Remark(s): Refer This shall include central legislations (e.g. Drugs and Cosmetics act, bio medical waste act, Air (Prevention and Control of Pollution) Act, 1981, License under Bio-medical Management and Handling Rules, 1998, respective state legislations (e.g. Maharashtra Maintenance of Clinical Records act, Clinical establishment of West Bengal)and local regulations (e.g. building byelaws).

All records established to provide evidence of conformity to requirements and of the effective operation of the quality management system shall be controlled.

The Panchakarma clinic shall establish a documented procedure to define the controls needed for the identification, storage, protection, retrieval, retention and disposition of records.

Records shall remain legible, readily identifiable and retrievable.

- b. Appropriate authorities shall be informed about the notifiable diseases.**

Interpretation: Self-explanatory.

- c. Those responsible for governance support safety initiatives and quality-improvement plans.**

Interpretation: All risk assessment and risk reduction is known and measures to reduce are discussed for corrective actions.

- d. The individual and the system collective has to ensure that processes needed for the quality management system are established, implemented and maintained.**

Interpretation: Self-explanatory.

Standards

ROM.2.	The Panchakarma Clinic is managed by the leaders in an ethical manner.
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Objective Elements

- a. The Panchakarma Clinic functions in an ethical manner.

Interpretation: "Code of medical ethics" to be followed.

- b. The Panchakarma Clinic discloses its ownership.

Interpretation: The ownership of the Panchakarma Clinic e.g. trust, private, public has to be disclosed.

Remark(s): The disclosure could be in the registration certificate/quality manual etc.

- c. The Panchakarma Clinic honestly portrays its affiliations and accreditation.

Interpretation: Here portrays implies that the Panchakarma Clinic conveys its affiliations, accreditations for specific services or whole center wherever applicable.

- d. The Panchakarma Clinic accurately bills for its services based upon a standard billing tariff.

Interpretation: Self-explanatory.

Standards

ROM.3.	Those responsible for management have addressed all applicable aspects of human resource management.
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Objective Elements

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

Interpretation: The staff should be commensurate with the workload.

- b. The required job specifications and job description are well defined for each category of staff.

Interpretation: The content of each job should be well defined and the qualifications, skills and experience required for performing the job should be clearly laid down.

- c. **The job description should be commensurate with the qualification.**

Remark(s): Refer to glossary for definition of "job description and job specification".

- d. **The Panchakarma Clinic verifies the antecedents of the potential employee with regards to credentials, criminal/negligence background, training, education and skills.**

Interpretation: Due registration with respective Councils/Boards, police verification as applicable.

- e. **Each staff member, employee and voluntary worker is appropriately oriented to the mission of the Panchakarma Clinic, policies and procedures as well as relevant department / unit / service/ programme's policies and procedures.**

Interpretation: This includes patient rights, employee rights and all departmental policies, safety, grievance redressal etc.

- f. **The Panchakarma Clinic staff participates in continuing professional education programs.**

Interpretation: Self-explanatory.

- g. **Performance evaluation systems are in place, as applicable.**

Interpretation: Appraisal, training needs identification, support for training, CMEs etc is provided.

- h. **Staff Health Problems are addressed.**

Interpretation: This includes occupational health issues, medical checkups as applicable and preventive immunization.

Chapter 8

Facility Management and Safety (FMS)

Intent of the chapter:

The standards guide the provision of a safe and secure environment for patients and their families. The Panchakarma Clinic shall take steps to ensure this.

The Panchakarma Clinic provides safe water and electricity. The Panchakarma Clinic has a programme for clinical and support service equipment management.

Summary of Standards

FMS 1:	The Panchakarma Clinic's environment and facilities operate to ensure safety of patients, their families and staff.
FMS 2:	The Panchakarma Clinic has a programme for equipment management, safe water and electricity, as applicable.
FMS 3:	The Panchakarma Clinic has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.
FMS.4.	The Panchakarma Clinic has a programme for engineering support services and bio-medical equipment management.

Standards and Objective Elements

Standard

FMS.1.	The Panchakarma Clinic's environment and facilities operate to ensure safety of patients, their families and staff.
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Objective Elements

- a. **Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes.**

Interpretation: Self explanatory

Remark(s): Appropriate to the size of the clinic.

- b. **There is internal and external sign posting in the Panchakarma Clinic in a language understood by patient, families and community.**

Interpretation: Self-explanatory.

Remark(s): These signage's shall guide patients and visitors. It is preferable that signage's are bi-lingual. Statutory requirements shall be met.

Standard

FMS.2.	The Panchakarma Clinic has a programme for equipment management, safe water, and electricity, as applicable.
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Objective Elements

- a. **The Panchakarma Clinic plans for equipment in accordance with its services and strategic plan.**

Interpretation: Self-explanatory. This shall also take into consideration future requirements.

- b. **Potable water and electricity are available.**

Interpretation: The Panchakarma Clinic shall make arrangements for supply of adequate potable water and electricity.

Remark(s): For water quality refers to IS 10500.

c. Alternate sources are provided for in case of failure.

Interpretation: Alternate standby power supply to be available.

Remark(s): It could be from solar energy, UPS, Inverter, DG set or any other suitable source.

d. The Panchakarma Clinic regularly tests the alternate sources.

Interpretation: Self-explanatory.

Standard

FMS.3.	The Panchakarma Clinic has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.
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Objective Elements

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

Interpretation: The Panchakarma Clinic has conducted an exercise of hazard identification and risk analysis (HIRA) and accordingly taken all necessary steps to eliminate or reduce such hazards and associated risks.

- Fire plan covering fire arising out of burning of inflammable items, explosion, electric short circuiting or acts of negligence or due to incompetence of the staff on duty.
- Acquired adequate fire fighting equipment for this which records are kept up-to-date.
- Adequate training of staff.
- Exit plans well displayed.
- Emergency illumination system which comes into effect in case of a fire
- Non-fire emergency situations include :
 - Infected materials (used gloves,) medical wastes (blood, pus,vomits, etc.)
 - Fall or slips (from height or on floor) or collision of personnel in passageway
 - Fall of patient from bed
- i. Invasion of swarms of insects and pests;
- ii. Building or structural collapse;
- iii. The Panchakarma Clinic has established liaison with civil and police authorities and fire brigade as required by law for enlisting their help and support in case of an emergency.

Remark(s): The National Building Code is a good reference guide.

b. Staffs are trained for their role in case of such emergencies.

Interpretation: In case of fire designated person are assigned particular work. Mock drills are also held.

c. The Panchakarma Clinic defines and implements its policies to eliminate smoking.

Interpretation: Smoking in public places including Panchakarma Clinic has been banned in this country.

Standard

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

a. The Panchakarma Clinic plans for equipment in accordance with its services and strategic plan.

Interpretation: This shall also take into consideration future requirements. The equipment shall be appropriate to its scope of services.

b. All equipments are inventoried and proper logs are maintained as required.

Interpretation: This includes equipment on a rental basis and equipment kept for demonstration purpose. The relevant quality conformance certificates/marks along with manufacturer factory test certificate needs to be retained as part of documentation for all equipment.

c. Qualified and trained personnel operate and maintain the medical equipment.

Interpretation: Maintenance of bio-medical equipment shall be done by a bio- medical engineer/technician or instrumentation engineer/technician with relevant training and experience.

d. Equipment are periodically inspected and calibrated for their proper functioning.

Interpretation: The Panchakarma Clinic has weekly/monthly/annual schedules of inspection and calibration of equipment, which involve measurement, in an appropriate manner. The Panchakarma Clinic either calibrates the equipment in-house, maintaining traceability to national or international or manufacturer's guidelines/standards. The Panchakarma Clinic shall ensure that calibration and conformance testing of the equipment has been done prior to commissioning.

Chapter 9

Human Resource Management (HRM)

Intent of the standards

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

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

Effective Human Resource Management involves the following processes and activities:

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

The term “staff/ employee” refers to all salaried personnel working in the Panchakarma Clinic as well as contractual personnel. It does not refer to “fee for service” medical professionals.

The term “Paricharaka” refers to Class XII/PUC with training for 6 months or Class X with 3 years’ relevant experience either in nursing, pharmacy or therapy or personnel having educational qualification less than class X provided he/she is certified by the head of the Panchakarma Clinic for their competence and skill.

The term “Paricharka” refers to person with qualification of Panchakarma therapist or Panchakarma assistant or Panchakarma attendant or Panchakarma technician.

The Panchakarma clinic shall

- a. Determine the necessary competence for personnel performing work affecting conformity to product requirements,
- b. Where applicable, provide training or take other actions to achieve the necessary competence,
- c. Evaluate the effectiveness of the actions taken,
- d. Ensure that the necessary competence has been achieved,
- e. Ensure that all personnel perform their tasks in accordance with evidence and knowledge-based best practice,
- f. Ensure that all personnel are trained concerning all relevant aspects of their role including clinical risk management for patient safety,
- g. Ensure that its personnel are aware of the relevance and importance of their activities and how they contribute to the achievement of the quality characteristics and quality objectives, and
- h. Maintain appropriate records of education, qualification, training, skills and experience.

Summary of Standards

HRM.1.	The Panchakarma Clinic has a documented procedure for recruiting staff and orienting them to the Panchakarma Clinic's environment.
HRM.2.	Staffs are adequately trained on specific job duties or responsibilities related to safety.
HRM.3.	An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.
HRM.4.	A grievance handling mechanism exists in the Panchakarma Clinic.
HRM.5.	There is a documented personal record for each staff member
HRM.6.	The organisation addresses the health needs of the employees.

Standards and Objective Elements

Standard

HRM. 1	The Panchakarma Clinic has a documented procedure for recruiting staff and orienting them to the Panchakarma Clinic's environment.
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Objective Elements

a. There is a documented procedure for recruitment.

Interpretation: The recruitment process ensures an adequate number and skill mix of staff to provide the Panchakarma Clinic's services. The procedure shall ensure that the staffs have the necessary registration, qualifications, skills and experience to perform its work. Recruitment is undertaken in accordance with statutory requirements, where applicable.

b. Recruitment is based on pre-defined criteria.

Interpretation: The laid-down recruitment procedure shall be adhered to. The entire process shall be documented. This shall ensure that the recruitment is done in a transparent manner.

c. Every staff member entering the Panchakarma Clinic is provided induction training.

Interpretation: The Panchakarma Clinic shall determine as to when induction training shall be conducted. However, it shall be within 15 days of the staff joining. Objective elements "d" to "g" shall be covered in this training. Similarly, all other requirements of this standard could be covered. The contents of this training could be provided to every staff in the form of a booklet. There can be separate induction training at the Panchakarma Clinical level and for the respective departments.

d. The induction training includes awareness on patient's rights and responsibilities.

Interpretation: The employees should be able to identify and report violation of patient rights as and when it occurs. For patient rights refer to PRE 1.

Standard

HRM. 2.	Staffs are adequately trained on specific job duties or responsibilities related to safety.
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Objective Elements

- a. All staff is trained on the risks within the Panchakarma Clinic environment.**

Interpretation: The Panchakarma Clinic shall define such risks that shall include patient, visitors and employee-related risks. For example, fire and non-fire emergency etc.

- b. Staff can demonstrate and take actions to report, eliminate/minimize risks.**

Interpretation: Staff should be able to practically demonstrate actions like taking care of blood spills, medication errors and other adverse event reporting systems.

- c. Staffs are made aware of procedures to follow in the event of an incident.**

Interpretation: Self-explanatory.

- d. Staff is trained on occupational safety aspects.**

Interpretation: This shall include making them aware of the possible risks involved and preventive actions to avoid risks. E.g. burns or scalds during treatment procedure.

Standard

HRM.3.	An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.
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Objective Elements

- a. A documented performance appraisal system exists in the Panchakarma Clinic.**

Interpretation: This shall be done for all categories of employees starting from the person heading the Panchakarma Clinic and including vaidys who are employees.

Remark(s): For definition of "performance appraisal" refer to glossary.

- b. The employees are made aware of the system of appraisal at the time of induction.**

Interpretation: This could be incorporated in the service booklet and included in the induction training.

c. Performance is evaluated based on the pre-determined criteria

Interpretation: Self-explanatory.

d. The appraisal system is used as a tool for further development.

Interpretation: This can be done by identifying training requirements and accordingly providing for the same (wherever possible). Key result areas are identified for each staff and training need assessment is also done.

e. Performance appraisal is carried out at pre defined intervals and is documented.

Interpretation: This shall be done at least once a year.

Standard

HRM.4.	A grievance handling mechanism exists in the Panchakarma Clinic.
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Objective Elements**a. Documented policies and procedures exist.**

Interpretation: For definition of "grievance handling" refer to glossary. The documentation shall be done keeping in mind objective elements "c and d".

b. The policies and procedures are known to all categories of staff of the Panchakarma Clinic.

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

c. The redress procedure addresses the grievance.

Interpretation: Self-explanatory.

d. Actions are taken to redress the grievance.

Interpretation: This shall be documented and communicated to the aggrieved staff.

Standard

HRM.5.	There is a documented personal record for each staff member.
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Objective Elements**a. Personal files are maintained in respect of all staff.**

Interpretation: Self-explanatory.

- b. **The personal files contain personal information regarding the staff qualification, trainings, disciplinary background and health status.**

Interpretation: Self-explanatory.

- c. **The education, training and experience of Panchakarma Paricharaka are documented and updated periodically.**

Interpretation: Updation is done after acquisition of new skills and/or qualification.

- d. **Panchakarma Paricharaka are granted privileges in consonance with their qualification, training, experience and registration.**

Interpretation: The Panchakarma Clinic shall identify as to what Panchakarma Paricharaka are authorised to do. For example, Panchakarma Paricharaka should have had requisite /external training and experience and the aptitude and knowledge to perform the tasks required of him/her.

Standard

HRM.6.	The organisation addresses the health needs of the employees.
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Objective Elements

- a. **A pre-employment medical examination is conducted on all the staff**

Interpretation: Self-explanatory.

- b. **Health problems of the employees are taken care of in accordance with the organisation's policy.**

Interpretation: Self-explanatory.

- c. **Regular health checks of staff dealing with direct patient care are done at least once a year and the findings/results are documented.**

Interpretation: Self-explanatory.

Chapter 10

Information Management System (IMS)

Intent of Standards

Information is an important resource for effective and efficient delivery of Panchakarma Clinic. Provision of health care and its continued improvement is dependent to a large extent on the information generated, stored and utilized appropriately by the Panchakarma Clinics.

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

An effective Information Management system is based on the information needs of the Panchakarma Clinic. The system is able to capture, transmit, store, analyze, utilize and retrieve information as and when required for improving clinical outcomes as well as individual and overall Panchakarma clinical performance. Although a digital based information system improves efficiency, the basic principles of a good information management system apply equally to a manual/paper based system.

The quality management system documentation shall include

- a. documented statements of a quality policy and quality objectives,
- b. a quality manual,
- c. documents, including records, determined by the organization to be necessary to ensure the effective planning, operation and control of its processes.
- d. an overview and description of the clinical processes and other processes included in the quality management system,
- e. how clinical risks are managed in the clinical and other processes
- f. documents relating to the management of clinical processes across health care units in the Panchakarma Clinic including those outsourced to an external party.

Summary of Standards

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

Standard

IMS. 1	The Panchakarma Clinic has processes in place for effective management of data.
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Objective Elements

a. Formats for data collection are standardized.

Interpretation: MIS/HIS data are collected in standardised format from all areas/services in the Panchakarma Clinic, the frequency of the data collection and the person(s) responsible is also specified. The frequency of capturing data namely daily, weekly, monthly, quarterly, yearly etc.

b. Necessary resources are available for analyzing data.

Interpretation: The Panchakarma Clinic shall make available men, material, space and budget.

c. Documented procedures are laid down for timely and accurate dissemination of data.

Interpretation: All timely feedback is given to relevant stakeholders after data generation and analysis. The Panchakarma Clinic could decide on which data needs to be shared with whom and also the modalities (e.g. memos, circulars, etc.) for dissemination of such data.

d. Documented procedures exist for storing and retrieving data.

Interpretation: The Panchakarma Clinic shall define data management policy and ensure adequate safeguards for protection of data, wherever physical or electronic data is stored. Storage could be physical or electronic. Wherever electronic storage is done the Panchakarma Clinic shall ensure that there are adequate safeguards for protection of data.

Standard

IMS. 2	The Panchakarma Clinic has a complete and accurate medical record for every patient which reflects continuity of care.
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Objective Elements

a. Every medical record has a unique identifier.

Interpretation: This shall also apply to records on digital media e.g. EMR. Every sheet

in the medical record shall have this unique identifier. In case of electronic records, all entries for one unique identifier shall be available in one place. E.g. CR number, UHID, Panchakarma Clinic number, etc.

b. Panchakarma Clinic policy identifies those authorized to make entries in medical record.

Interpretation: Panchakarma Clinic shall have a written policy authorising who can make entries and the content of entries. This could be different category of personnel for different entries, but it shall be uniform across the Panchakarma Clinic e.g. progress record by vaidya.

c. Every medical record entry is dated and timed.

Interpretation: All entries should be documented immediately but no later than one hour of completion of the assessment/procedure. For records on electronic media it is preferable that the date and time is automatically generated by the system.

d. The author of the entry can be identified.

Interpretation: This could be by writing the full name or by mentioning the employee code number, with the help of stamp, etc. In case of electronic-based records, authorised e-signature provision as per statutory requirements must be kept.

e. The contents of medical record are identified and documented.

Interpretation: The Panchakarma Clinic identifies which documents form part of the medical records, documents and implements the same. Example vaidya's order sheet, TPR chart, consent form, etc.

f. The record provides an up-to-date and chronological account of patient care.

Interpretation: Every medical record has all the identified sheets filed in the proper order. The Panchakarma Clinic shall decide the format for maintaining the continuity in the medical records. It shall ensure that all medico-legal case records have the mandatory information. In case a particular sheet is missing a note to that effect would be put in the medical record.

g. The medical record contains the results of tests carried out and the care provided.

Interpretation: It is preferable that the medical records also reflect any delay in tests and treatment planned or provided for the patient. This could be taken up for clinical audit.

h. Procedures performed are incorporated in the medical record.

Interpretation: Also refer to COP5 h and g.

i. Care providers have access to current and past medical record.

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

Standard

IMS. 3	Documented policies and procedures are in place for maintaining confidentiality, integrity and security of information.
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Objective Elements**a. Documented policies and procedures exist for maintaining confidentiality, security and integrity of information.**

Interpretation: The Panchakarma Clinic shall control the accessibility to the MRD and to its Panchakarma Clinic Information System. For physical records, it shall ensure the usage of tracer card for movement of the file in and out of the MRD. It shall have a system in place to ensure that only the relevant care providers have access to the patient's record. Similarly for data and information, it shall ensure that records and data are not taken out from the areas where they are stored. In case of electronic systems it shall ensure that these cannot be copied at all locations. The procedure shall also address how entries in the patient record are corrected or overwritten. Objective element "c" could also be included in this procedure. The documentation shall be done keeping in mind objective element "b".

b. Documented policies and procedures are in consonance with the applicable laws.

Interpretation: This is in the context of Indian Evidence Act, Indian Penal Code etc. Example. privileged communication.

c. The policies and procedures incorporate safeguarding of data/record against loss, destruction and tampering.

Interpretation: For physical records, the Panchakarma Clinic shall ensure that there are adequate pest and rodent control measures. For electronic data, there should be protection against virus/trojans and also a proper backup procedure. To prevent tampering of physical records access shall be limited only to the healthcare provider concerned. In electronic format, this could be done by adequate passwords. In electronic systems, the access should be different for different types of personnel and specific for that user. The Panchakarma Clinic should have a system to keep a track of

changes made in the medical record or data. In case of physical records and data, there must be a provision to either store in fire safe cabinets or there must be adequate (and appropriate) fire-fighting equipment. It is preferable that software, when used, shall be validated and duly authenticated.

- d. The Panchakarma Clinic has an effective process of monitoring compliance of the laid down policy.**

Interpretation: The Panchakarma Clinic carries out regular audits/rounds to check compliance with policies.

- e. The Panchakarma Clinic uses developments in appropriate technology for improving confidentiality, integrity and security.**

Interpretation: The Panchakarma Clinic shall review and update its technological features so as to improve confidentiality, integrity and security of information. E.g. moving from physical to electronic format, remote backup of data etc.

- f. Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorization.**

Interpretation: The Panchakarma Clinic shall define the procedure for privileged communication. The authorisation from the patient shall be obtained in writing.

- g. A documented procedure exists on how to respond to patients/physicians and other public agencies requests for access to information in the medical record in accordance with the local and national law.**

Interpretation: In this context, the release of information in accordance with the Code of Medical Ethics 2002 should be kept in mind.

- h. The Panchakarma Clinic needs to ensure that both individual patient records, which contain confidential information about a single patient, and collated records where accumulated information on patients are collected. The privacy of all such information and documentation will be aligned to national regulation.**

Interpretation: Self-explanatory.

- i. All records established to provide evidence of conformity to requirements and of the effective operation of the quality management system shall be controlled.**

Interpretation: Self-explanatory.

- j. The Panchakarma clinic shall establish a documented procedure to define the controls needed for the identification, storage, protection, retrieval, retention and disposition of records.**

Interpretation: Self-explanatory.

k. Records shall remain legible, readily identifiable and retrievable.

Interpretation: Self-explanatory.

Standard

IMS. 4	Documented policies and procedures exist for retention time of records, data and information.
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Objective Elements

a. Documented policies and procedures are in place on retaining the patient's clinical records, data and information.

Interpretation: The Panchakarma Clinic shall define the retention period for each category of medical records: Out-patient and MLC. It shall also do the same for various data and the formats (e.g. registers and forms) that have been used for capturing this data. Refer rules laid down by respective state authority. The documentation shall be done keeping in mind objective element "b".

b. The Documented policies and procedures are in consonance with the local and national laws and regulations.

Interpretation: Some of the related laws in this context are Code of Medical Ethics 2002, Consumer Protection Act 1987 and relevant state legislation, if any.

c. The retention process provides expected confidentiality and security.

Interpretation: This is applicable for both manual and electronic system.

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

Interpretation: Destruction can be done after the retention period is over and after taking approval of the competent authority.

e. The clinic shall exercise care with customer property while it is under the clinic's control or being used by the clinic. The clinic shall identify, verify, protect and safeguard customer property provided for use or incorporation into the product. If any customer property is lost, damaged or otherwise found to be unsuitable for use, the clinic shall report this to the customer and maintain records

Interpretation: Information in health records can be regarded as patient property, in accordance with national legislation. The clinic has the responsibility for protecting the integrity of this information against loss, damage and unauthorised access according to security and confidentiality requirements, set by the patient, the clinic and applicable legislation.

Glossary

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

Accreditation	<p>1. A process of external review of the quality of the health care being provided by a clinic. This is generally carried out by a non-governmental organization</p> <p>2. It also represents the outcome of the review and the decision that an eligible organization meets an applicable set of standards.</p>
Accreditation assessment	The evaluation process for assessing the compliance of an organisation with the applicable standards for determining its accreditation status.
Adverse drug event	<p>Adverse event: Any untoward medical occurrence that may present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment.</p> <p>Adverse Drug Reaction: A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.</p> <p>Therefore ADR = Adverse Event with a causal link to a drug.</p> <p><u>Adverse drug event:</u> The FDA recognises the term <i>adverse drug event</i> to be a synonym for <i>adverse event</i>.</p> <p>In the patient-safety literature, the terms <i>adverse drug event</i> and <i>adverse event</i> usually denote a causal association between the drug and the event, but there is a wide spectrum of definitions for these terms, including harm caused by a</p> <ul style="list-style-type: none"> • drug • harm caused by drug use, and • a medication error with or without harm <p>Institute of Medicine: “An injury resulting from medical intervention</p>

	<p>related to a drug”, which has been simplified to “<i>an injury resulting from the use of a drug</i>”</p> <p><u>Adverse drug events extend beyond adverse drug reactions to include harm from overdoses and under-doses usually related to medication errors.</u></p> <p>A minority of adverse drug events is medication errors, and medication errors rarely result in adverse drug events.</p>
Adverse event	<p>An injury related to medical management, in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable. (WHO Draft Guidelines for Adverse Event Reporting and Learning Systems)</p>
Basic life support	<p>Basic life support (BLS) is the level of medical care which is used for patients with life-threatening illnesses or injuries until the patient can be given full medical care.</p>
Breakdown maintenance	<p>Activities which are associated with the repair and servicing of site infrastructure, buildings, plant or equipment within the site’s agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.</p>
Care Plan	<p>A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual’s progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.</p>
Clinical audit	<p>Analysis of clinical aspects of patient care for improving the quality of health care services.</p>
Clinical practice guidelines	<p>Guidelines that assist practitioners to provide appropriate clinical care for specific clinical conditions. The guidelines include relevant history taking, physical signs to look for, lab investigations to be carried out and treatment to be prescribed.</p>

Competence	<p>Demonstrated ability to apply knowledge and skills.</p> <p>(para 3.9.2 of ISO 9000: 2000)</p> <p>Knowledge is the understanding of facts and procedures. Skill is the ability to perform specific action.</p>
Confidentiality	<p>Restricted access to information to individuals who have a need, a reason and permission for such access. It also includes an individual's right to personal privacy as well as privacy of information related to his/her health care records.</p>
Consent	<p>1. Willingness of a party to undergo examination/procedure/ treatment by a health care provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the health care provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient to take an informed decision of his/her health care.</p> <p>2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India legal age of consent is 18 years. It may be evidenced by words or acts or by silence when silence implies concurrence. Actual or implied consent is necessarily an element in every contract and every agreement.</p>
Credentialing	<p>The process of obtaining, verifying and assessing the qualification of a health care provider.</p>
Data	<p>Raw facts, clinical observations, or measurements collected during an assessment activity.</p>
Drug dispensing	<p>The preparation, packaging, labeling, record keeping, and transfer of a prescription drug to a patient or an intermediary, who is responsible for administration of the drug. <i>(Reference: Mosby's Medical Dictionary, 9th edition, 2009, Elsevier.)</i></p>
Drug Administration	<p>The giving of a therapeutic agent to a patient, e.g. by infusion, inhalation, injection, paste, suppository or tablet.</p> <p>It includes aerosol, oral, transtracheal infusion, subcutaneous, intramuscular, intravenous, intrauterine, intraperitoneal, intra-articular,</p>

	intramammary, intrathecal, subconjunctival, percutaneous, percutaneous intraruminal, gas inhalation. Mass medication is per feed or drinking water or, in the case of captive fish, in the tank water. For feral animals individual dosing by projectile dart is usual, for group therapy administration by bait is possible.
Effective communication	<p>A two way information sharing process which involves the communicator, communicating a message that is easily understood by the recipient.</p> <p>Good medical care depends upon effective communication between patients and providers. Effective communication with persons who have limited language proficiency or understanding of the subject due to lack of familiarity, often requires interpreters, special efforts or other services.</p>
Employees	All members of the clinic who are employed full time and are paid suitable remuneration for their services as per the laid down policy.
Ethics	Medical ethics is the discipline of evaluating the merits, risks, and social concerns of activities in the field of medicine. (en.wikipedia.org/wiki/Medical_ethics)
Evidence based medicine	<p>1.It is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patient</p> <p>2. It also implies making medical decisions and applying the same to patients based on the best external evidence combined with the physician's clinical expertise and the patient's desires.</p>
Family	The person(s) with a significant role in the patient's life. It mainly includes spouse, children, and parents. It may also include a person(s) not legally related to the patient but can make health care decisions for a patient if the patient loses decision making ability.
Formulary	<p>An approved list of prescription drugs that the clinic may provide to their patients.</p> <p>The list is updated preferably each year. Changes may be made depending on availability or market.</p>

Grievance handling procedures	Sequence of activities carried out to address the grievances of patients, relatives and staff.
Hazardous materials	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.
Healthcare organisation	Generic term is used to describe the various types of organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.
Incident reporting	It is defined as written or verbal reporting of any event in the process of patient care, that is inconsistent with the deserved patient outcome or routine operations of the healthcare facility.
Indicator	A statistical measure of the performance of functions, systems or processes overtime. For example, hospital acquired infection rate, staff absence rate, etc.
Information	Processed data which lends meaning to the raw data.
Intent	A brief explanation of the rational, meaning and significance of the standards laid down in a particular chapter.
Inventory control	The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure adequate supply without stock outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimise total costs.
Job description	<ol style="list-style-type: none"> 1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job. 2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and

	not on any specific individual who might fill the job.
Job specification	<ol style="list-style-type: none"> 1. The qualifications/physical requirements, experience and skills required to perform a particular job/task. 2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.
Laws	Legal document setting forth the rules of governing a particular kind of activity.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (British Standard 3811:1993)
Marsha Nasya	Purificatory nasal therapy
Medical audit	A peer review carried out by analysis of medical records with a view to improve the quality of the patient care
Medication error	A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packing and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. (Zipperer, et al)
Medication Order	<p>A written order by a physician, dentist, or other designated health professional for a medication to be dispensed by a pharmacy for administration to a patient. (<i>Reference: Mosby's Medical Dictionary, 9th edition, Elsevier</i>)</p> <p>Primary difference between <i>Prescription & Medication Order</i> is that the medication order is used after Prescription, to get medicines issued/ dispensed from Pharmacy.</p> <p>Medication Order is an active Record, while Prescription is a Document.</p>

Medical equipment	Any fixed or portable non drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.
Mission	A written expression that sets forth the purpose of the organization. It usually precedes the formation of goals and objectives.
Monitoring	The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment. It requires careful planning and use of standardised procedures and methods of data collection.
Multi-disciplinary	A generic term which includes representatives from various disciplines, professions or service areas.
Near-miss	<p>A near-miss is an unplanned event that did not result in injury, illness, or damage--but had the potential to do so.</p> <p>Errors that did not result in patient harm, but could have, can be categorised as near-misses.</p>
No harm	<p>This is used synonymously with near miss. However, some authors draw a distinction between these two phrases.</p> <p>A near-miss is defined when an error is realised just in the nick of time and abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognised and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reactions to administered drugs in allergic patients. A prophylactic injection of cephalosporin may be stopped in time because it suddenly transpires that the patient is known to be allergic to penicillin (near-miss). If this vital piece of information is overlooked and the cephalosporin administered, the patient may fortunately not develop an anaphylactic reaction (no harm event).</p>
Niruha basti,	Medicated enema
Notifiable disease	<p>Certain specified diseases which are required by law to be notified to the public health authorities. Under the international health regulation the following diseases are notifiable to WHO:-</p> <ul style="list-style-type: none"> ○ Cholera

	<ul style="list-style-type: none"> ○ Plague ○ Yellow fever <p>In India the following diseases are also notifiable and may vary from state to state:</p> <ul style="list-style-type: none"> ○ Polio ○ Influenza ○ Malaria ○ Rabies ○ HIV/AIDS ○ Louse-borne typhus ○ Tuberculosis ○ Leprosy ○ Leptospirosis ○ Viral hepatitis ○ Dengue fever <p>The various diseases notifiable under the factories act are lead poisoning, bysinnosis, anthrax, asbestosis and silicosis.</p>
Objective	A specific statement of a desired short-term condition or achievement includes measurable end-results to be accomplished by specific teams or individuals within time limits. (ASQ)
Objective element	It is that component of standard which can be measured objectively on a rating scale. The acceptable compliance with the measureable elements will determine the overall compliance with the standard.
Organogram	A graphic representation of reporting relationship in an organisation.
Outsourcing	Hiring of services and facilities from other organisation based upon one's own requirement in areas where such facilities are either not available or else are not cost-effective. For example, outsourcing of house-keeping, security, laboratory/certain special diagnostic facilities with other institutions after drawing a memorandum of understanding that clearly lays down the obligations of both organisations: the one which is outsourcing and the one which is providing the outsourced

	facility. It also addresses the quality-related aspects.
Patient record/ medical record/ clinical record	A document which contains the chronological sequence of events that a patient undergoes during his stay in the health care organization. It includes demographic data of the patient, assessment findings, diagnosis, consultations, procedures undergone, progress notes and discharge summary.
Patient Satisfaction and Patient Experience	<p>Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of Health care providers.</p> <p>Patient Experience is the sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care.</p> <p>It is a holistic perception that the patient forms about the healthcare provider based on the overall interactions/ care touch points.</p>
Panchakarma	Five fold purification therapy
Performance appraisal	It is the process of evaluating the performance of employees during a defined period of time with the aim of ascertaining their suitability for the job, potential for growth as well as determining training needs.
Plan of care	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Policies	They are the guidelines for decision making, e.g. admission, discharge policies, policy for therapeutic procedures etc.
Preventive maintenance	It is a set of activities that are performed on plant equipment, machinery, and systems before the occurrence of a failure in order to protect them and to prevent or eliminate any degradation in their operating conditions.

	The maintenance carried out at predetermined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item.
Prescription	<p>A prescription is a document given by a physician or other healthcare practitioner in the form of instructions that govern the care plan for an individual patient.</p> <p>Legally, it is a written directive, for compounding or dispensing and administration of drugs, or for other service to a particular patient.</p> <p><i>(Reference: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition, Saunders)</i></p>
Privileging	It is the process for authorising all medical professionals to treat patients and provide other clinical services commensurate with their qualifications and skills.
Procedure	<p>1. A specified way to carry out an activity or a process.</p> <p>(Para 3.4.5 of ISO 9000:2000)</p> <p>2. A series of activities for carrying out work which when observed by all help to ensure the maximum use of resources and efforts to achieve the desired output.</p>
Process	<p>A set of interrelated or interacting activities which transforms inputs into outputs</p> <p>(Para 3.4.1 of ISO 9000:2000)</p>
Program	A sequence of activities designed to implement policies and accomplish objectives
Protocol	A plan or a set of steps to be followed in a study, an investigation or an intervention.
Pradmana Nasya,	Nasal therapy (powder)
Quality	<p>1.Degree to which a set of inherent characteristics fulfil requirements (para 3.1.1 of ISO 9000:2000)</p> <p>Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000 : 2000)</p>

	<p>Requirements are a need or expectation that is stated, generally implied or obligatory(para 3.1.2 of ISO 9000:2000)</p> <p>2. Degree of adherence to pre-established criteria or standards.</p>
Quality assurance	<p>Part of quality management focussed on providing confidence that quality requirements will be fulfilled.</p> <p>(Para 3.2.11 of ISO 9000:2000)</p>
Quality improvement	<p>Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.</p>
Raktamokshana	<p>Blood letting</p>
Re-assessment	<p>It implies continuous and on-going assessments of the patient which are recorded in the medical records as progress notes.</p>
Resources	<p>It Implies all inputs in terms of men, material, money, machines, minutes (time), methods, meters (space), skills, knowledge and information that are needed for efficient and effective functioning of an organization.</p>
Risk management	<p>Clinical and administrative activities to identify evaluate and reduce the risk of injury.</p>
Risk reduction	<p>The conceptual framework of elements considered with the possibilities to minimise vulnerabilities and disaster risks throughout a society to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.</p> <p>It is the decrease in the risk of a healthcare facility, given activity, and treatment process with respect to patient, staff, visitors and community.</p>
Root Cause Analysis (RCA)	<p>Root Cause Analysis (RCA) is a structured process that uncovers the physical, human, and latent causes of any undesirable event in the workplace. Root cause analysis (RCA) is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events.</p>

	RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented. The process involves data collection; cause charting, root cause identification and recommendation generation and implementation.
Safety	The degree to which the risk of an intervention/procedure, in the care environment are reduced for a patient, visitors and health care providers
Safety programme	A programme focused on patient, staff and visitor safety.
Scope of services	Range of clinical and supportive activities that are provided by a health care organization.
Security	Protection from loss, destruction, tampering, and unauthorized access or use.
Sentinel events	<p>A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a patient.</p> <p>Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun.</p>
Special Educational needs of the patient	In addition to routine carried by the healthcare professionals, patients and family have special educational needs depending on the situation. Eg:\; a post surgical patient who has to take care of his wound, NG tube feeding, Patient on tracheostomy getting discharged who has to be taken care by the family etc. The special educational needs are also greatly influenced by the literacy, educational level, language, emotional barriers and physical and cognitive limitations. Hence it is important for the staff to determine the special educational needs and the challenges influencing the effective education.
Staff	All personnel working in the clinic either as full paid employees or as consultants on honorarium basis

Standard precautions	<p>1. A method of infection control in which all human blood and other bodily fluids are considered infectious for HIV, HBV and other blood borne pathogens, regardless of patient history. It encompasses a variety of practices to prevent occupational exposure, such as the use of personal protective equipment (PPE), disposal of sharps and safe housekeeping</p> <p>2. A set of guidelines protecting first aiders or healthcare professionals from pathogens. The main message is "Don't touch or use anything that has the victim's body fluid on it without a barrier." It also assumes that all body fluid of a patient is infectious, and must be treated accordingly</p> <p>Standard Precautions apply to Blood, all body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood, non-intact skin and mucous membranes</p>
Standards	A statement of expectation that defines the structures and process that must be substantially in place in an organization to enhance the quality of care.
Surveillance	The continuous scrutiny of factors that determines the occurrence and distribution of diseases and other conditions of ill health. It implies watching over with great attention, authority and often with suspicion. It requires professional analysis and sophisticated interpretation of data leading to recommendations for control activities.
Snehana	Oleation
Swedation	Sudation
Shirovirechana Nasya	Purificatory nasal therapy
Unstable patient	A patient whose vital parameters need external assistance for their maintenance.
Vaidaya	Physician\ doctor
Values	The fundamental beliefs that drive organisational behaviour and decision-making.

	This refers to the guiding principles and behaviours that embody how an organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an organisation.
Vamana	Therapeutic emesis
Validation	<p>1. Confirmation through the provision of objective evidence that the requirements for a specific intended use or application have been fulfilled</p> <p>(Para 3.8.5 of ISO 9000: 2000)</p> <p>Objective Evidence – Data supporting the existence or variety of something(Para 3.8.1 of ISO 9000: 2000)</p> <p>2. The checking of data for correction or for compliance with applicable standards, rules or conventions. These are the tests to determine whether an implemented system fulfils its requirements. It also refers to what extent does a test accurately measures what it purports to measure.</p>
Virechana	Therapeutic purgation
Vision	<p>An overarching statement of the way an organisation wants to be, an ideal state of being at a future point.</p> <p>This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future.</p>
Vulnerable patient	Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status, e.g. infants, elderly, physically and mentally challenged.
Vyapada	Complications



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