FIRST EDITION: NOVEMBER 2009

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ACCREDITATION STANDARDS FOR UNANI HOSPITALS

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15th August 2020

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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)lSQua) 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 form 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**

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ACCREDITATION STANDARDS FOR UNANI HOSPITALS

NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE PROVIDERS

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Foreword

It has been nearly 3 years when NABH accreditation Standards for Allopathic hospitals were released. The NABH standards have been acclaimed by the Indian health industry and have received stamp of approval by ISQua (International Society for Quality in Healthcare). It has been a short journey with many other accreditation schemes having been launched for Small Healthcare Organizations, Blood Banks, PHC, CHC etc. strengthening the trust of the community and the industry.

As we all are aware, there is a resurgence of interest in the holistic systems of health care, especially in the prevention and management of chronic lifestyle related non communicable diseases and systemic diseases. Health sector trends suggest that no single system of health care has the capacity to solve all of the society's needs. India can be a world leader in the era of integrative medicine because it has strong foundations in western biomedical sciences and an immensely rich and mature indigenous medical heritage of its own. Unani is one such stream.

The Unani system of medicine; sometimes referred to as Greeco-Arab medicine, is based on Greek philosophy. As per this traditional system the human body is composed of four basic elements; earth, air, water and fire. The body fluids are composed of four humors: blood, phlegm, yellow bile and black bile. According to Unani medicine, health is considered as a state of body with humors in equilibrium and body functions normal. In India, the Unani system of medicine was introduced by the Arabs and has taken firm roots in the soil.

The standards have been developed in association with the Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) and provide framework for quality assurance and quality improvement for hospitals.

Standards have been drafted by a Technical Committee with representatives both from Department of AYUSH and the industry. It has been reviewed by leading practioners, clinicians and administrators. Feedback/ comments received have also been incorporated. The standards will continue to be dynamic document and would be under constant review. Comments & suggestions are welcome.

NABH is constituent board of Quality Council of India, which has Mission to help India achieve and sustain total quality and reliability in all areas of life, work, environment, product and services at individual, organizational, community and societal levels. We seek your support in this Mission.

For information on accreditation programme and related aspects, please contact at nabh@qcin.org.

Dr. Girdhar J. Gyani
Secretary General
Quality Council of India

Table of Contents

Chapter 1
Access, Assessment and Continuity of Care (AAC)

Intent of the standards

Patients are well informed of the services that an organization can and cannot provide. This will facilitate in appropriately matching patients with the organization's resources. Only those patients who can be cared for by the organization are admitted to the organization.

Patients that match the organizations resources are admitted using a defined process that includes patient and family education.

Patients cared for by the organization undergo an established initial assessment and periodic and regular reassessments.

Assessments may include laboratory and imaging services. The laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff.

These assessments result in formulation of a definite plan of care.

Patient care is multidisciplinary in nature and encourages continuity of care through well defined transfer and discharge protocols. These protocols include transfer of adequate information with the patient.

Summary of Standards

AAC.1.	The organization defines and displays the services that it can provide.
AAC.2.	The organization has a well defined registration and admission process.
AAC.3.	There is an appropriate mechanism for transfer or referral of patients who do not match the organizational resources.
AAC.4.	During admission the patient and /or the family members are educated to make informed decisions.
AAC.5.	Patients cared for by the organization undergo an established initial assessment.
AAC.6.	All patients cared for by the organization undergo a regular reassessment.
AAC.7.	Laboratory services are provided as per the requirements of the patients.
AAC.8.	There is an established laboratory quality assurance programme.
AAC.9.	There is an established laboratory safety programme.
AAC.10.	Imaging services are provided as per the requirements of the patients.
AAC.11.	There is an established quality assurance programme for imaging services.
AAC.12.	There is an established radiation safety programme.
AAC.13.	There is an established SOPs on Regimental Therapy.
AAC.14.	Patient care is continuous and multidisciplinary in nature.
AAC.15.	The organization has a documented discharge process.
AAC.16.	Organization defines the content of the discharge summary.

Standards and Objective Elements

Standard

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

Objective Elements

a. The services being provided are clearly defined and are in consonance with the needs of the community.

b. The defined services are prominently displayed.

c. The staff is oriented to these services.

Standard

AAC.2.	**The organization has a well defined registration and admission process.**

Objective Elements

a. Standardised policies and procedures are used for registering and admitting patients.

b. The policies and procedures address out-patients, in-patients and emergency patients.

c. Patients are accepted only if the organization can provide the required service.

d. The policies and procedures also address managing patients during non availability of beds.

e. The staff is aware of these processes.

Standard

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

Objective Elements

a. Policies guide the transfer of unstable patients to another facility in an appropriate manner.

b. Policies guide the transfer of stable patients to another facility.

c. Procedures identify staff responsible during transfer.

d. The organization gives a summary of patient's condition and the treatment given.

Standard

AAC.4.	**During admission the patient and / or the family members are educated to make informed decisions.**

Objective Elements

a. The patients and/or family members are explained about the proposed care.

b. The patients and/or family members are explained about the expected results.

c. The patients and/or family members are explained about the possible complications.

d. The patients and/or family members are explained about the expected costs.

Standard

AAC.5.	**Patients cared for by the organization undergo an established initial assessment.**

Objective Elements

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

b. The organization determines who can perform the assessments.

c. The organization defines the time frame within which the initial assessment is completed.

d. The initial assessment for in-patients is documented within 24 hours or earlier as per the patient's condition or hospital policy.

e. Initial assessment includes screening for nutritional needs.

f. The initial assessment results in a documented plan of care which is monitored.

g. The plan of care also includes preventive aspects of the care.

Standard

AAC.6.	**All patients cared for by the organization undergo a regular reassessment.**

Objective Elements

a. All patients are reassessed at appropriate intervals.

b. Staff involved in direct clinical care document reassessments.

c. Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.

Standard

AAC.7.	**Laboratory services are provided as per the requirements of the patients.**

Objective Elements

a. Scope of the laboratory services are commensurate to the services provided by the organization.

b. Adequately qualified and trained personnel perform and/or supervise the investigations.

c. Policies and procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.

d. Laboratory results are available within a defined time frame.

e. Critical results are intimated immediately to the concerned personnel.

f. Laboratory tests not available in the organization are outsourced to organization(s) based on their quality assurance system.

Standard

AAC.8.	**There is an established laboratory quality assurance programme.**

Objective Elements

a. The laboratory quality assurance programme is documented.

b. The programme addresses verification and validation of test methods.

c. The programme addresses surveillance of test results.

d. The programme includes periodic calibration and maintenance of all equipments.

e. The programme includes the documentation of corrective and preventive actions.

Standard

AAC.9.	**There is an established laboratory safety programme.**

Objective Elements

a. The laboratory safety programme is documented.

b. This programme is integrated with the organization's safety programme.

c. Written policies and procedures guide the handling and disposal of infectious and hazardous materials.

d. Laboratory personnel are appropriately trained in safe practices.

e. Laboratory personnel are provided with appropriate safety equipment/ devices.

Standard

AAC.10.	**Imaging services are provided as per the requirements of the patients.**

Objective Elements

a. Imaging services comply with legal and other requirements.

b. Scope of the imaging services are commensurate to the services provided by the organization.

c. Adequately qualified and trained personnel perform, supervise and interpret the investigations.

d. Policies and procedures guide identification and safe transportation of patients to imaging services.

e. Imaging results are available within a defined time frame.

f. Critical results are intimated immediately to the concerned personnel.

g. Imaging tests not available in the organization are outsourced to organization(s) based on their quality assurance system.

Standard

AAC.11.	**There is an established quality assurance programme for imaging services.**

Objective Elements

a. The quality assurance programme for imaging services is documented.

b. The programme addresses verification and validation of imaging methods.

c. The programme addresses surveillance of imaging results.

d. The programme includes periodic calibration and maintenance of all equipments.

e. The programme includes the documentation of corrective and preventive actions.

Standard

AAC.12.	**There is an established radiation safety programme.**

Objective Elements

a. The radiation safety programme is documented.

b. This programme is integrated with the organization's safety programme.

c. Written policies and procedures guide the handling and disposal of radio-active and hazardous materials.

d. Imaging personnel are provided with appropriate radiation safety devices.

e. Radiation safety devices are periodically tested and documented.

f. Imaging personnel are trained in radiation safety measures.

g. Imaging signage are prominently displayed in all appropriate locations.

h. Policies and procedures guide the safe use of radioactive isotopes for imaging services.

AAC.13.	**There is an established SOPs on Regimental Therapy.**

Objective Elements

a. There is an established SOPs on Regimental Therapy and the safety programme is documented.

b. This programme is integrated with the organization's safety programme.

c. Written policies and procedures guide the SOPs on Regimental Therapy.

d. Patients undergoing for regimental therapy are provided with appropriate safety measures.

e. Staff personals for regimental therapy should be trained.

Standard

AAC.14.	**Patient care is continuous and multidisciplinary in nature.**

Objective Elements

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

b. Care of patients is coordinated in all care settings within the organization.

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

d. Information is exchanged and documented during each staffing shift, between shifts, and during transfers between units/departments.

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

f. Policies and procedures guide the referral of patients to other departments/ specialities.

Standard

AAC.15.	**The organization has a documented discharge process.**

Objective Elements

a. The patient's discharge process is planned in consultation with the patient and/or family.

b. Policies and procedures exist for coordination of various departments and agencies involved in the discharge process (including medico-legal cases).

c. Policies and procedures are in place for patients leaving against medical advice.

d. A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice).

Standard

AAC.16.	**Organization defines the content of the discharge summary.**

Objective Elements

a. Discharge summary is provided to the patients at the time of discharge.

b. Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.

c. Discharge summary contains information regarding investigation results, any procedure performed, medication and other treatment given.

d. Discharge summary contains follow up advice, medication and other instructions in an understandable manner.

e. Discharge summary incorporates instructions about when and how to obtain urgent care.

f. In case of death the summary of the case also includes the cause of death.

Chapter 2
Care of Patients (COP)

Intent of the standards

The organization provides uniform care of patients in different settings. The different settings include care provided in outpatient units, various categories of wards, procedure rooms and operation theatre. When similar care is provided in these different settings, care delivery is uniform. Policies, procedures, applicable laws and regulations guide emergency and ambulance services, care of patients in the high dependency units.

Policies, procedures, applicable laws and regulations also guide care of vulnerable patients (elderly, physically and/or mentally challenged and children), obstetrical patients, pediatric patients, administration of anesthesia, patients undergoing surgical procedures, patients under restraints and research activities.

Pain management, nutritional therapy and rehabilitative services are also addressed with a view to provide comprehensive health care.

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

Summary of Standards

COP.1.	Uniform care of patients is provided in all settings of the organization and is guided by the applicable laws, regulations and guidelines.
COP.2.	Emergency services not available should be mentioned on a board to be placed at the main gate of the hospital and other strategic locations within the premises.
COP.3.	The ambulance services are commensurate with the scope of the services provided by the organization.
COP.4.	Policies and procedures guide the care of patients in the High Dependency Units.
COP.5.	Policies and procedures guide the care of vulnerable patients (elderly, physically and/or mentally challenged and children).
COP.6.	Policies and procedures guide the care of obstetrical patients.
COP.7.	Policies and procedures guide the care of Pediatric patients.
COP.8.	Policies and procedures guide the care of patients undergoing regimental therapy.
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COP.9.	Policies and procedures guide the administration of anesthesia.
COP.10.	Policies and procedures guide the care of patients undergoing surgical procedures.
COP.11.	Policies and procedures guide the care of patients under restraints.
COP.12.	Policies and procedures guide appropriate pain management.
COP.13.	Policies and procedures guide appropriate rehabilitative services.
COP.14.	Policies and procedures guide all research activities.
COP.15.	Policies and procedures guide Dieto therapy.
COP.16.	Policies and procedures guide the end of life care.

Standards and Objective Elements

Standard

COP.1.	**Uniform care of patients is provided in all settings of the organization and is guided by the applicable laws, regulations and guidelines.**

Objective Elements

a. Care delivery is uniform when similar care is provided in more than one setting.

b. Uniform care is guided by policies and procedures which reflect applicable laws and regulations.

c. The care and treatment orders are signed, named, timed and dated by the concerned doctor.

d. The care plan is countersigned by the clinician in-charge of the patient within 24 hours.

e. Evidence based medicine and clinical practice guidelines are adopted to guide patient care whenever possible.

Standard

COP.2.	**Emergency services not available should be mentioned on a board to be placed at the main gate of the hospital and other strategic locations within the premises.**

Objective Elements

a. The general public should be informed about the unavailability of the Emergency services in the Hospital in the form of a display board at the main gate and other strategic locations within the premises.

Standard

COP.3.	**The ambulance services are commensurate with the scope of the services provided by the organization.**

Objective Elements

a. There is adequate access and space for the ambulance(s).

b. Ambulance(s) is appropriately equipped.

c. Ambulance(s) is manned by trained personnel.

d. There is a checklist of all equipment and emergency medications.

e. Equipment are checked on a daily basis.

f. Emergency medications are checked daily and prior to dispatch.

g. The ambulance(s) has a proper communication system.

Standard

COP.4.	**Policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation.**

Objective Elements

a. Documented policies and procedures guide the uniform use of resuscitation throughout the organization.

b. Staff providing direct patient care is trained and periodically updated in cardio pulmonary resuscitation.

c. The events during a cardio-pulmonary resuscitation are recorded.

d. A post-event analysis of all cardiac arrests is done by a multidisciplinary committee.

e. Corrective and preventive measures are taken based on the post-event analysis.

Standard

COP.5.	**Policies and procedures guide the care of patients in the High Dependency Units.**

Objective Elements

a. The organization has documented admission and discharge criteria for its high dependency units.

b. Staff is trained to apply these criteria.

c. Adequate staff and equipment are available.

d. Defined procedures for situation of bed shortages are followed.

e. Infection control practices are followed.

f. A quality assurance program is implemented.

Standard

COP.6.	**Policies and procedures guide the care of vulnerable patients (elderly, physically and/or mentally challenged and children).**

Objective Elements

a. Policies and procedures are documented and are in accordance with the prevailing laws and the national and international guidelines.

b. Care is organized and delivered in accordance with the policies and procedures.

c. The organization provides for a safe and secure environment for this vulnerable group.

d. A documented procedure exists for obtaining informed consent from the appropriate legal representative.

e. Staff is trained to care for this vulnerable group.

Standards

COP.7.	**Policies and procedures guide the care of obstetrical patients.**

Objective Elements

a. The organization defines and displays whether obstetric cases can be cared for or not.

b. Persons caring for obstetric cases are competent.

c. Obstetric patient's assessment also includes maternal nutrition.

d. The organization caring for obstetric cases has the facilities to take care of neonates.

Standard

COP.8.	**Policies and procedures guide the care of Pediatric patients.**

Objective Elements

a. The organization defines and displays the scope of its pediatric services.

b. Those who care for children have age specific competency.

c. Provisions are made for special care of children.

d. Patient assessment includes detailed nutritional, growth, psychosocial and immunization assessment.

e Policies and procedures prevent child/ neonate abduction and abuse.

f. The children's family members are educated about nutrition, immunization and safe parenting and this is documented in the medical record.

Standard

COP.9.	**Policies and procedures guide the care of patients undergoing regimental therapy.**

Objective Elements

a. There is a documented policy and procedure for regimental therapy.

b. All patients for regimental therapy have a pre-therapy assessment by a qualified individual.

c. The pre-therapy assessment results in formulation of an action plan which is documented e.g. cupping venesection, leeching, exercise, massage, Turkish bath.

d. Informed consent is obtained by the therapist prior to procedure.

e. During therapy monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, and temperature.

f. A qualified individual can only perform the regimental therapy.

g. All adverse events are recorded and monitored.

h. A leech bank may be established for quality leeches.

Standard

COP.10.	**Policies and procedures guide the care of patients undergoing moderate sedation.**

Objective Elements

a. Competent and trained persons perform sedation.

b. The person administering and monitoring sedation is different from the person performing the procedure.

c. Intra-procedure monitoring includes at a minimum the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, and level of sedation.

d. Patients are monitored after sedation.

e. Criteria are used to determine appropriateness of discharge from the recovery area.

f. Equipment and manpower are available to rescue patients from a deeper level of sedation than that intended.

Standard

COP.11.	**Policies and procedures guide the administration of anesthesia.**

Objective Elements

a. There is a documented policy and procedure for the administration of anesthesia.

b. All patients for anesthesia have a pre-anesthesia assessment by a qualified individual.

c. The pre-anesthesia assessment results in formulation of an anesthesia plan which is documented.

d. An immediate preoperative re-evaluation is documented.

e. Informed consent for administration of anesthesia is obtained by the anesthetist.

f. During anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, and level of anesthesia.

g. Each patient's post-anesthesia status is monitored and documented.

h. A qualified individual applies defined criteria to transfer the patient from the recovery area.

i. All adverse anesthesia events are recorded and monitored.

Standard

COP.12.	**Policies and procedures guide the care of patients undergoing surgical/parasurgical procedures.**

Objective Elements

a. The policies and procedures are documented.

b. Surgical/parasurgical (fasd, hijamat, amle kaietc) patients have a preoperative assessment and a provisional diagnosis documented prior to surgery.

c. An informed consent is obtained by a surgeon prior to the procedure.

d. Documented policies and procedures exist to prevent adverse events like wrong site, wrong patient and wrong surgery.

e. Persons qualified by law are permitted to perform the procedures that they are entitled to perform.

f. A brief operative note is documented prior to transfer out of patient from recovery area.

g. The operating surgeon documents the post-operative plan of care.

h. A quality assurance program is followed for the surgical services.

i. The quality assurance program includes surveillance of the operation theatre environment.

j. The plan also includes monitoring of surgical site infection rates.

Standard

COP.13.	**Policies and procedures guide the care of patients under restraints (physical and / or chemical).**

Objective Elements

a. Documented policies and procedures guide the care of patients under restraints.

b. These include both physical and chemical restraint measures.

c. These include documentation of reasons for restraints.

d. These patients are more frequently monitored.

e. Staff receive training and periodic updating in control and restraint techniques.

Standard

COP.14.	**Policies and procedures guide appropriate pain management.**

Objective Elements

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

b. The organization respects and supports the appropriate assessment and management of pain for all patients.

c. Patient and family are educated on various pain management techniques.

Standard

COP.15.	**Policies and procedures guide appropriate rehabilitative services.**

Objective Elements

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

b. These services are commensurate with the organizational requirements.

c. Rehabilitative services are provided by a multidisciplinary team.

Standard

COP.16.	**Policies and procedures guide all research activities.**

Objective Elements

a. Documented policies and procedures guide all research activities in compliance with national and international guidelines.

b. The organization has an ethics committee to oversee all research activities.

c. The committee has the powers to discontinue a research trial when risks outweigh the potential benefits.

d. Patient's informed consent is obtained before entering them in research protocols.

e. Patients are informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal.

f. Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the organization's services.

Standard

COP.17.	**Policies and procedures guide dietotherapy.**

Objective Elements

a. Documented policies and procedures guide nutritional assessment and reassessment.

b. Patients receive food according to their clinical needs and temperaments.

c. There is a written order for the diet.

d. Diet therapy is planned and provided in a collaborative manner.

e. When families provide food, they are educated about the patients diet limitations.

f. Food is prepared, handled, stored and distributed in a safe manner.

Standard

COP.18.	**Policies and procedures guide the end of life care.**

Objective Elements

a. Documented policies and procedures guide the end of life care.
b. These policies and procedures are in consonance with the legal requirements.
c. These also address the identification of the unique needs of such patient and family.
d. These also include sensitively addressing issues such as autopsy and organ donation.
e. Staff is educated and trained in end of life care.

Chapter 3
Management of Medication (MOM)

Intent of the standards

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

The standards encourage integration of the pharmacy into everyday functioning of hospitals and patient care. The pharmacy should guide and audit medication processes. 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.

Every high risk medication order should be verified by an appropriate person so as to ensure accuracy of the dose, frequency and route of administration. The “appropriate person” could be another doctor, trained nurse or preferably, a clinical pharmacist. Such a person would also look for drug-drug interactions, renal or hepatic dosing etc. There should be a mechanism by which this person could verify the order with prescriber in case of doubts or clarifications and then make changes to the order after such clarifications. The verification should occur before the medication is administered but preferably, prior to dispensing of the medication. There should be a protocol by way of which, in case of continued conflict, the person can approach higher authority to ensure patient safety.

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

Safe use of high risk medication are guided by policies and procedures.

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

Summary of Standards

MOM.1.	Policies and procedures guide the organization of pharmacy services and usage of medication.
MOM.2.	There is a hospital formulary.
MOM.3.	Policies and procedures exist for storage of medication.
MOM.4.	Policies and procedures exist for prescription of medications.
MOM.5.	Policies and procedures guide the safe dispensing of medications.
MOM.6.	There are defined procedures for medication administration.
MOM.7.	Patients and family members are educated about safe medication and food-drug interactions.
MOM.8.	Patients are monitored after medication administration.
MOM.9.	Policies and procedures guide the use of psychotropic agents.
MOM.10.	Policies and procedures guide the use of medical inhalers.

Standards and Objective Elements

Standard

MOM.1.	**Policies and procedures guide the organization of pharmacy services and usage of medication.**

Objective Elements

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

b. These comply with the applicable laws and regulations.

c. A multidisciplinary committee guides the formation and implementation of these policies and procedures.

Standard

MOM.2.	**There is a hospital formulary.**

Objective Elements

a. A list of medication appropriate for the patients and organization's resources is developed.

b. The list is developed collaboratively by the multidisciplinary committee.

c. There is a defined process for acquisition of these medications.

d. There is a defined process for preparation of these medications

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

Standards

MOM.3.	**Policies and procedures exist for storage of medication.**

Objective Elements

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

b. Medications are stored in a clean, well lit and ventilated environment.

c. Sound inventory control practices guide storage of the medications.
d. Medications are protected from loss or theft.
e. Sound alike and look alike medications are stored separately.
f. There is a method to obtain medication when the pharmacy is closed.
g. Emergency medications are available all the time.
h. Emergency medications are replenished in a timely manner when used.

Standard

MOM.4.	**Policies and procedures exist for prescription of medications.**

Objective Elements

a. Documented policies and procedures exist for prescription of medications.
b. The organization determines who can write orders.
c. Orders are written in a uniform location in the medical records.
d. Medication orders are clear, legible, dated, timed, named and signed.
e. Policy on verbal orders is documented and implemented.
f. The organization defines a list of high risk medication.
g. High risk medication orders are verified prior to dispensing.

Standard

MOM.5.	**Policies and procedures guide the safe dispensing of medications.**

Objective Elements

a. Documented policies and procedures guide the safe dispensing of medications.
b. The policies include a procedure for medication recall.
c. Expiry dates are checked prior to dispensing, wherever applicable..
d. Labeling requirements are documented and implemented by the organization.

Standard

MOM.6.	**There are defined procedures for medication administration.**

Objective Elements

a. Medications are administered by those who are permitted by law to do so.

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

c. Patient is identified prior to administration.

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

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

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

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

h. Medication administration is documented.

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

j. Polices and procedures govern patient's medications brought from outside the organization.

Standard

MOM.7.	**Patients and family members are educated about safe medication and food-drug interactions.**

Objective Elements

a. Patient and family are educated about safe and effective use of medication.

b. Patient and family are educated about food-drug interactions.

Standard

MOM.8.	**Patients are monitored after medication administration.**

Objective Elements

a. Patients are monitored after medication administration and this is documented.

b. Adverse drug reactions are defined.

c. Adverse drug reactions are collected and analyzed.

d. Adverse drug reactions are reported within a specified time frame.

e. Policies are modified to reduce adverse drug reactions when unacceptable trends occur.

Standard

MOM.9.	**Policies and procedures guide the use of psychotropic agents.**

Objective Elements

a. Documented policies and procedures guide the use of psychotropic agents.

b. These policies are in consonance with local and national regulations.

c. A proper record is kept of the usage, administration and disposal of these drugs.

d. These drugs are handled by appropriate personnel in accordance with policies.

Standard

MOM.10.	**Policies and procedures guide the use of medical inhaler.**

Objective Elements

a. Documented policies and procedures govern procurement, handling, storage, distribution, usage and replenishment of medical inhalers e.g. shamoom, laqlaqa.

b. The policies and procedures address the safety issues at all levels.

c. Appropriate records are maintained in accordance with the policies, procedures and legal requirements.

Chapter 4
Patient Rights and Education (PRE)

Intent of the standards

The organization defines the patient and family rights and responsibilities. The staff is aware of these and is trained to protect patient rights. Patients are informed of their rights and educated about their responsibilities at the time of admission. The 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 organization protects patient and family rights and informs them about their responsibilities during care.
PRE.2.	Patient and family 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 family's 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 organization protects patient and family rights informs them about their responsibilities during care.**

Objective Elements

a. Patient and family rights and responsibilities are documented.

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

c. The organization's leaders protect patient's and family rights.

d. Staff is aware of their responsibility in protecting patients and family rights.

e. Violation of patient and family rights is recorded, reviewed and corrective/preventive measures taken.

Standard

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

Objective Elements

a. Patient and family rights address any special preferences, spiritual and cultural needs.

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

c. Patient and family rights include protection from physical abuse or neglect.

d. Patient and family rights include treating patient information as confidential.

e. Patient and family rights include refusal of treatment.

f. Patient and family rights include informed consent before anesthesia, and any invasive/ high risk procedures/ treatment.

g. Patient and family rights include information and consent before any research protocol is initiated.

h. Patient and family rights include information on how to voice a complaint.

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

j. Patient and family have a right to have an access to his/ her clinical records.

Standard

PRE.3.	**A documented process for obtaining patient and/ or family's consent exists for informed decision making about their care.**

Objective Elements

a. General consent for treatment is obtained when the patient enters the organization.

b. Patient and/or his family members are informed of the scope of such general consent.

c. The organization has listed those situations where informed consent is required.

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

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

Standard

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

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.

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

c. Patient and families are educated about immunizations.

d. Patient and families are educated about their specific disease process, complications and prevention strategies.

e. Patient and families are educated about preventing infections.

f. Patients and family are taught in a language and format that they can understand.

Standard

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

Objective elements

a. There is uniform pricing policy in a given setting (out-patient and ward category).

b. The tariff list is available to patients.

c. Patients and family are educated about the estimated costs of treatment.

d. Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting.

Chapter 5
Hospital Infection Control (HIC)

Intent of the standards

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

The organization measures and takes action to prevent or reduce the risk of Hospital Associated Infection (HAI) in patients and employees.

The organization provides proper facilities and adequate resources to support the Infection Control Program.

The program includes an action plan to control outbreaks of infection, disinfection/ sterilization activities, Bio-medical Waste (BMW) management, training of staff and employee health.

Summary of Standards

HIC. 1.	The organization has a well-designed, comprehensive and coordinated infection control programme aimed at reducing/ eliminating risks to patients, visitors and providers of care.
HIC. 2.	The organization has an infection control manual, which is periodically updated.
HIC. 3.	The infection control team is responsible for surveillance activities in the identified areas of the organization.
HIC. 4.	The organization takes actions to prevent or reduce the risk of Hospital Associated Infections (HAI) in patients and employees.
HIC. 5.	Proper facilities and adequate resources are provided to support the infection control programme.
HIC. 6.	The organization takes appropriate actions to control outbreaks of infections.
HIC. 7.	There are documented procedures for sterilization activities in the organization.
HIC. 8.	Statutory provisions with regard to Bio-medical Waste (BMW) management are complied with.
HIC. 9.	The infection control programme is supported by the organization's management and includes training of staff and employee health.

Standards and Objective Elements

Standard

HIC. 1.	**The organization has a well-designed, comprehensive and coordinated infection control programme aimed at reducing/ eliminating risks to patients, visitors and providers of care.**

Objective Elements

a. The hospital infection control programme is documented which aims at preventing and reducing risk of nosocomial infections.

b. The hospital has a multi-disciplinary infection control committee.

c. The hospital has an infection control team.

d. The hospital has designated and qualified infection control nurse(s) for this activity.

Standard

HIC. 2.	**The organization has an infection control manual, which is periodically updated.**

Objective Elements

a. The manual identifies the various high-risk areas and procedures.

b. It outlines methods of surveillance in the identified high-risk areas.

c. It focuses on adherence to standard precautions at all times.

d. Equipment cleaning and sterilisation practices are included.

e. An appropriate antibiotic policy is established and implemented.

f. Laundry and linen management processes are also included.

g. Kitchen sanitation and food handling issues are included in the manual.

h. Engineering controls to prevent infections are included.

i. Mortuary practices and procedures are included as appropriate to the organization. If outsourced, the hospital should have an appropriate policy for it.

j. The organization defines the periodicity of updating the infection control manual.

Standard

HIC. 3.	**The infection control team is responsible for surveillance activities in identified areas of the hospital.**

Objective Elements

a. Surveillance activities are appropriately directed towards the identified high-risk areas.

b. Collection of surveillance data is an ongoing process.

c. Verification of data is done on regular basis by the infection control team.

d. In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.

e. Scope of surveillance activities incorporates tracking and analyzing of infection risks, rates and trends.

f. Surveillance activities include monitoring the effectiveness of housekeeping services.

Standard

HIC. 4.	**The organization takes actions to prevent or reduce the risk of Hospital Associated Infections (HAI) in patients and employees.**

Objective Elements

a. The organization monitors urinary tract infections.

b. The organization monitors respiratory tract infections.

c. The organization monitors surgical site infections.

d. Appropriate feedback regarding HAI rates are provided on a regular basis to medical and nursing staff.

Standard

HIC. 5.	**Proper facilities and adequate resources are provided to support the infection control programme.**

Objective Elements

a. Hand washing facilities in all patient care areas are accessible to health care providers.

b. Compliance with proper hand washing is monitored regularly.

c. Isolation/ barrier nursing facilities are available.

d. Adequate gloves, masks, soaps, and disinfectants are available and used correctly.

Standard

HIC. 6.	**The organization takes appropriate actions to control outbreaks of infections.**

Objective Elements

a. Hospital has a documented procedure for handling such outbreaks.

b. This procedure is implemented during outbreaks.

c. After the outbreak is over appropriate corrective actions are taken to prevent recurrence.

Standard

HIC. 7.	**There are documented procedures for sterilization activities in the organization.**

Objective Elements

a. There is adequate space available for sterilization activities.

b. Regular validation tests for sterilisation are carried out and documented.

c. There is an established recall procedure when breakdown in the sterilisation system is identified.

Standard

HIC. 8.	**Statutory provisions with regard to Bio-medical Waste (BMW) management are complied with.**

Objective Elements

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

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

c. The organization ensures that Bio-medical Waste is stored and transported to the site of treatment and disposal in proper covered vehicles within stipulated time limits in a secure manner.

d. Bio-medical Waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorised contractor(s).

e. Requisite fees, documents and reports are submitted to competent authorities on stipulated dates.

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

Standard

HIC. 9.	**The infection control programme is supported by the organization's management and includes training of staff and employee health.**

Objective Elements

a. Hospital management makes available resources required for the infection control programme.

b. The hospital regularly earmarks adequate funds from its annual budget in this regard.

c. It conducts regular pre-induction training for appropriate categories of staff before joining concerned department(s).

d. It also conducts regular "in-service" training sessions for all concerned categories of staff at least once in a year.

e. Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.

Chapter 6
Continuous Quality Improvement (CQI)

Intent of the standards

The standards encourage an environment of continuous quality improvement. The quality program should be documented and involve all areas of the organization and all staff members. The organization should collect data on structures, processes and outcomes, especially in areas of high risk situations. The collected data should be collated, analyzed and used for further improvements. The improvements should be sustained. The quality program of the diagnostic services should be integrated into the organization's quality plan. Infection control and patient safety plans should also be integrated into the organization's quality plan.

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

The quality programme should be supported by the management.

Summary of Standards

CQI. 1.	There is a structured quality improvement and continuous monitoring programme in the organization.
CQI. 2.	The organization identifies key indicators to monitor the clinical structures, processes and outcomes which are used as tools for continual improvement.
CQI. 3.	The organization identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.
CQI. 4.	The quality improvement programme is supported by the management.
CQI. 5.	There is an established system for audit of patient care services.
CQI. 6.	Sentinel events are intensively analyzed.

Standards and Objective Elements

Standard

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

Objective Elements

a. The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee.

b. The quality improvement programme is documented.

c. There is a designated individual for coordinating and implementing the quality improvement programme.

d. The quality improvement programme is comprehensive and covers all the major elements related to quality improvement and risk management.

e. The designated programme is communicated and coordinated amongst all the employees of the organization through proper training mechanism.

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

g. The quality improvement programme is a continuous process and updated at least once in a year.

Standard

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

Objective Elements

a. Monitoring includes appropriate patient assessment.

b. Monitoring includes safety and quality control programmes of the diagnostics services.

c. Monitoring includes all invasive procedures.

d. Monitoring includes adverse events including drug reactions and treatment complications.

e. Monitoring includes use of anaesthesia.

f. Monitoring includes availability and content of medical records.

g. Monitoring includes infection control activities.

h. Monitoring includes clinical research.

i. Monitoring includes data collection to support further improvements.

j. Monitoring includes data collection to support evaluation of these improvements.

Standard

CQI. 3.	**The organization identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.**

Objective Elements

a. Monitoring includes procurement of medication essential to meet patient needs.

b. Monitoring includes reporting of activities as required by laws and regulations.

c. Monitoring includes risk management.

d. Monitoring includes utilisation of space, manpower and equipment.

e. Monitoring includes patient satisfaction which also incorporates waiting time for services.

f. Monitoring includes employee satisfaction.

g. Monitoring includes adverse events and near misses.

h. Monitoring includes data collection to support further improvements.

i. Monitoring includes data collection to support evaluation of these improvements.

Standard

CQI. 4.	**The quality improvement programme is supported by the management.**

Objective Elements

a. Hospital Management makes available adequate resources required for quality improvement programme.

b. Hospital earmarks adequate funds from its annual budget in this regard.

c. Appropriate statistical and management tools are applied whenever required.

Standard

CQI. 5.	**There is an established system for audit of patient care services.**

Objective Elements

a. Medical and nursing staff participates in this system.
b. The parameters to be audited are defined by the organisation.
c. Patient and staff anonymity is maintained.
d. All audits are documented.
e. Remedial measures are implemented.

Standard

CQI. 6.	**Sentinel events are intensively analyzed.**

Objective Elements

a. The organisation has defined sentinel events.
b. The organisation has established processes for intense analysis of such events.
c. Sentinel events are intensively analysed when they occur.
d. Corrective and Preventive Actions are taken based on the findings of such analysis.

Chapter 7
Responsibilities of Management (ROM)

Intent of the standards

The standards encourage the governance of the organization in a professional and ethical manner. The organization is led by a suitably qualified and experienced individual. The responsibilities of the leaders at all levels are defined. The services provided by each department are documented.

Leaders ensure that patient safety and risk management issues are an integral part of patient care and hospital management.

Summary of Standards

ROM 1.	The responsibilities of the management are defined.
ROM 2.	The services provided by each department are documented.
ROM 3.	The organization is managed by the leaders in an ethical manner.
ROM 4.	A suitably qualified and experienced individual heads the organization.
ROM 5.	Leaders ensure that patient safety aspects and risk management issues are an integral part of patient care and hospital management.

Standards and Objective Elements

Standard

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

Objective Elements

a. Those responsible for governance lay down the organization's mission statement.

b. Those responsible for governance lay down the strategic and operational plans commensurate to the organization's mission in consultation with the various stake holders.

c. Those responsible for governance approve the organization's budget and allocate the resources required to meet the organization's mission.

d. Those responsible for governance monitor and measure the performance of the organization against the stated mission.

e. Those responsible for governance establish the organization's organogram.

f. Those responsible for governance appoint the senior leaders in the organization.

g. Those responsible for governance support research activities and quality improvement plans.

h. The organization complies with the laid down and applicable legislations and regulations.

i. Those responsible for governance address the organization's social responsibility.

Standards

ROM 2.	**The services provided by each department are documented.**

Objective Elements

a. Each organizational program, service, site or department has effective leadership.

b. Scope of services of each department is defined.

c. Administrative policies and procedures for each department is maintained.

d. Departmental leaders are involved in quality improvement.

Standards

ROM 3.	**The organization is managed by the leaders in an ethical manner.**

Objective Elements

a. The leaders make public the mission statement of the organization.

b. The leaders establish the organization's ethical management.

c. The organization discloses its ownership.

d. The organization honestly portrays the services which it can and cannot provide.

e. The organization honestly portrays its affiliations and accreditations.

f. The organization accurately bills for it's services based upon a standard billing tariff.

Standard

ROM 4.	**A suitably qualified and experienced individual heads the organization.**

Objective elements

a. The designated individual has requisite and appropriate administrative qualifications.

b. The designated individual has requisite and appropriate administrative experience.

Standard

ROM 5.	**Leaders ensure that patient safety aspects and risk management issues are an integral part of patient care and hospital management.**

Objective elements

a. The organization has an interdisciplinary group assigned to oversee the hospital wide safety programme.

b. The scope of the programme is defined to include adverse events ranging from "no harm" to "sentinel events".

c. Management ensures implementation of systems for internal and external reporting of system and process failures.

d. Management provides resources for proactive risk assessment and risk reduction activities.

Chapter 8
Facility Management and Safety (FMS)

Intent of the standards

The standards guide the provision of a safe and secure environment for patients, their families, staff and visitors. To ensure this, the organization complies with the relevant rules and regulations, laws and byelaws and requisite facility inspection requirements.

The organization plans for eliminating smoking within the facility and safe management of hazardous materials.

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

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

Summary of Standards

FMS.1.	The organization is aware of and complies with the relevant rules and regulations, laws and byelaws and requisite facility inspection requirements.
FMS.2.	The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
FMS.3.	The organization has a program for clinical and support service equipment management.
FMS.4.	The organization has provisions for safe water, electricity, medical gases and vacuum systems and other services.
FMS.5.	The organization has plans for fire and non-fire emergencies within the facilities.
FMS.6.	The organization has a smoking elimination policy.
FMS.7.	The organization has systems in place to provide a safe and secure environment.

Standards and Objective Elements

Standard

FMS.1.	**The organization is aware of and complies with the relevant rules and regulations, laws and byelaws and requisite facility inspection requirements.**

Objective Elements

a. The management is conversant with the laws and regulations and knows their applicability to the organization.

b. Management regularly updates any amendments in the prevailing laws of the land.

c. The management ensures implementation of these requirements.

d. There is a mechanism to regularly update licenses/ registrations/certifications.

Standard

FMS.2.	**The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.**

Objective Elements

a. There is a documented operational and maintenance (preventive and breakdown) plan.

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

c. There is internal and external sign posting in the organisation in a language understood by patient, families and community.

d. The provision of space shall be in accordance with the available literature on good practices (Indian or International Standards) and directives from government agencies.

e. There are designated individuals responsible for the maintenance of all the facilities.

f. Maintenance staff is contactable round the clock for emergency repairs.

g. Response times are monitored from reporting to inspection and implementation of corrective actions.

Standard

FMS.3.	**The organization has a program for clinical and support service equipment management.**

Objective Elements

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

b. Equipment is selected by a collaborative process.

c. All equipment is inventoried and proper logs are maintained as required.

d. Qualified and trained personnel operate and maintain the equipment.

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

f. There is a documented operational and maintenance (preventive and breakdown) plan.

Standard

FMS.4.	**The organization has provisions for safe water, electricity, medical gases and vacuum systems and other services.**

Objective Elements

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

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

c. The organisation regularly tests the alternate sources.

d. There is a maintenance plan for piped medical gas, compressed air and vacuum installation, wherever applicable.

Standard

FMS.5.	**The organization has plans for fire and non-fire emergencies within the facilities.**

Objective Elements

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

b. The organization has a documented safe exit plan in case of fire and non-fire emergencies.

c. Staff is trained for their role in case of such emergencies.

d. Mock drills are held at regular intervals.

Standard

FMS.6.	**The organization has a smoking elimination policy.**

Objective Elements

a. The organization defines and implement its polices to eliminate smoking.

Standard

FMS.7.	**The organization has systems in place to provide a safe and secure environment.**

Objective Elements

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

b. This committee coordinates development, implementation, and monitoring of the safety plan and policies.

c. Patient safety devices are installed across the organization and inspected periodically.

d. Facility inspection rounds to ensure safety are conducted at least twice in a year in patient care areas and at least once in a year in non-patient care areas.

e. Inspection reports are documented and corrective and preventive measures are undertaken.

f. There is a safety education programme for all staff.

Chapter 9
Human Resource Management (HRM)

Intent of the standards

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

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

Effective Human Resource Management involves the following processes and activities:

(a) Acquisition of Human Resources which involves human resource planning, recruiting and socialization of the new employees.

(b) Training and development relates to the performance in the present and future anticipated jobs. The employees are provided with opportunities to advance personally as well as professionally.

(c) Motivation relates to job design, performance appraisal and discipline

(d) Maintenance relates to safety and health of the employees

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

Summary of Standards

HRM. 1.	The organization has a documented system of human resource planning.
HRM. 2.	The staff joining the organization is socialized and oriented to the hospital environment.
HRM. 3.	There is an ongoing programme for professional training and development of the staff.
HRM. 4.	Staff members, students and volunteers are adequately trained on specific job duties or responsibilities related to safety.
HRM. 5.	An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.
HRM. 6.	The organization has a well-documented disciplinary procedure.
HRM. 7.	A grievance handling mechanism exists in the organization.
HRM. 8.	The organization addresses the health needs of the employees.
HRM. 9.	There is a documented personal record for each staff member.
HRM. 10.	There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of medical professionals permitted to provide patient care without supervision.
HRM. 11.	There is a process for authorizing all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications.
HRM. 12.	There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of nursing staff.
HRM. 13.	There is a process to identify job responsibilities and make clinical work assignments to all nursing staff members commensurate with their qualifications and any other regulatory requirements.

Standards and Objective Elements

Standard

HRM. 1.	**The organization has a documented system of human resource planning.**

Objective Elements

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

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

c. The organization verifies the antecedents of the potential employee with regards to criminal/ negligence background.

Standard

HRM. 2.	**The staff joining the organization is socialized and oriented to the hospital environment.**

Objective Elements

a. Each staff member, employee, student and voluntary worker is appropriately oriented to the organization's mission and goals.

b. Each staff member is made aware of hospital wide policies and procedures as well as relevant department/ unit/ service/ programme's policies and procedures.

c. Each staff member is made aware of his/ her rights and responsibilities.

d. All employees are educated with regard to patients' rights and responsibilities.

e. All employees are oriented to the service standards of the organisation.

Standard

HRM. 3.	**There is an ongoing programme for professional training and development of the staff.**

Objective Elements

a. A documented training and development policy exists for the staff.

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

c. Feedback mechanisms for assessment of training and development programme exist.

Standard

HRM. 4.	**Staff members, students and volunteers are adequately trained on specific job duties or responsibilities related to safety.**

Objective Elements

a. All staff is trained on the risks within the hospital environment.

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

c. Staff members are made aware of procedures to follow in the event of an incident.

d. Reporting procedures for common problems, failures and user errors exist.

Standard

HRM. 5.	**An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.**

Objective Elements

a. A well-documented performance appraisal system exists in the organization.

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

c. Performance is evaluated based on the performance expectations described in job description.

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

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

Standard

HRM. 6.	**The organization has a well-documented disciplinary procedure.**

Objective Elements

a. A written statement of the policy of the organization with regard to discipline is in place.
b. The disciplinary policy and procedure is based on the principles of natural justice.
c. The policy and procedure is known to all categories of employees of the organization.
d. The disciplinary procedure is in consonance with the prevailing laws.
e. There is a provision for appeals in all disciplinary cases.

Standard

HRM. 7.	**A grievance handling mechanism exists in the organization.**

Objective Elements

a. The employees are aware of the procedure to be followed in case they feel aggrieved.
b. The redress procedure addresses the grievance.
c. Actions are taken to redress the grievance.

Standard

HRM. 8.	**The organization addresses the health needs of the employees.**

Objective Elements

a. A pre-employment medical examination is conducted on all the employees.
b. Health problems of the employees are taken care of in accordance with the organization's policy.
c. Regular health checks of staff dealing with direct patient care are done at-least once a year and the findings/ results are documented.
d. Occupational health hazards are adequately addressed.

Standard

HRM. 9.	**There is a documented personal record for each staff member.**

Objective Elements

a. Personal files are maintained in respect of all employees.

b. The personal files contain personal information regarding the employees qualification, disciplinary background and health status.

c. All records of in-service training and education are contained in the personal files.

d. Personal files contain results of all evaluations.

Standard

HRM. 10.	**There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of medical professionals permitted to provide patient care without supervision.**

Objective Elements

a. Medical professionals permitted by law, regulation and the hospital to provide patient care without supervision are identified.

b. The education, registration, training and experience of the identified medical professionals is documented and updated periodically.

c. All such information pertaining to the medical professionals is appropriately verified when possible.

Standard

HRM. 11.	**There is a process for authorizing all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications.**

Objective Elements

a. Medical professionals admit and care for patients as per the laid down policies and authorisation procedures of the organization.

b. The services provided by the medical professionals are in consonance with their qualification, training and registration.

c. The requisite services to be provided by the medical professionals are known to them as well as the various departments/ units of the hospital.

Standard

HRM. 12.	**There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of nursing staff.**

Objective Elements

a. The education, registration, training and experience of nursing staff is documented and updated periodically.

b. All such information pertaining to the nursing staff is appropriately verified when possible.

Standard

HRM. 13.	**There is a process to identify job responsibilities and make clinical work assignments to all nursing staff members commensurate with their qualifications and any other regulatory requirements.**

Objective Elements

a. The clinical work assigned to nursing staff is in consonance with their qualification, training and registration.

b. The services provided by nursing staff are in accordance with the prevailing laws and regulations.

c. The requisite services to be provided by the nursing staff are known to them as well as the various departments/ units of the hospital.

Chapter 10
Information Management System (IMS)

Intent of Standards

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

The goal of Information management in a hospital 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 organizational 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 organization. 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 organizational 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.

Summary of Standards

IMS. 1.	Policies and procedures exist to meet the information needs of the care providers, management of the organization as well as other agencies that require data and information from the organization.
IMS. 2.	The organization has processes in place for effective management of data.
IMS. 3.	The organization has a complete and accurate medical record for every patient
IMS. 4.	The medical record reflects continuity of care.
IMS. 5.	Policies and procedures are in place for maintaining confidentiality, integrity and security of information.
IMS. 6.	Policies and procedures exist for retention time of records, data and information.
IMS. 7.	The organization regularly carries out review of medical records.

Standards and Objective Elements

Standard

IMS. 1.	**Policies and procedures exist to meet the information needs of the care providers, management of the organization as well as other agencies that require data and information from the organization.**

Objective Elements

a. The information needs of the organization are identified and are appropriate to the scope of the services being provided by the organization and the complexity of the organization.

b. Policies and procedures to meet the information needs are documented.

c. These policies and procedures are in compliance with the prevailing laws and regulations.

d. All information management and technology acquisitions are in accordance with the policies and procedures.

e. The organization contributes to external databases in accordance with the law and regulations.

Standard

IMS. 2.	**The organization has processes in place for effective management of data.**

Objective Elements

a. Formats for data collection are standardized.

b. Necessary resources are available for analyzing data.

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

d. Documented procedures exist for storing and retrieving data.

e. Appropriate clinical and managerial staff participates in selecting, integrating and using data.

Standard

IMS. 3.	**The organization has a complete and accurate medical record for every patient.**

Objective Elements

a. Every medical record has a unique identifier.

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

c. Every medical record entry is dated and timed.

d. The author of the entry can be identified.

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

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

Standard

IMS. 4.	**The medical record reflects continuity of care.**

Objective Elements

a. The medical record contains information regarding reasons for admission, diagnosis and plan of care.

b. Operative and other procedures performed are incorporated in the medical record.

c. When patient is transferred to another hospital, the medical record contains the date of transfer, the reason for the transfer and the name of the receiving hospital.

d. The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel.

e. In case of death, the medical record contains a copy of the death certificate indicating the cause, date and time of death.

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

Standard

IMS. 5.	**Policies and procedures are in place for maintaining confidentiality, integrity and security of information.**

Objective Elements

a. Documented policies and procedures exist for maintaining confidentiality, security and integrity of information.

b. Policies and procedures are in consonance with the applicable laws.

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

d. The hospital has an effective process of monitoring compliance of the laid down policy.

e. The hospital uses developments in appropriate technology for improving confidentiality, integrity and security.

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

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.

Standard

IMS. 6.	**Policies and procedures exist for retention time of records, data and information.**

Objective Elements

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

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

c. The retention process provides expected confidentiality and security.

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

Standard

IMS. 7.	**The organization regularly carries out review of medical records.**

Objective Elements

a. The medical records are reviewed periodically.

b. The review uses a representative sample based on statistical principles.

c. The review is conducted by identified care providers.

d. The review focuses on the timeliness, legibility and completeness of the medical records.

e. The review process includes records of both active and discharged patients.

f. The review points out and documents any deficiencies in records.

g. Appropriate corrective and preventive measures undertaken are documented.

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National Accreditation Board for Hospitals and Healthcare Providers
2nd Floor, Institution of Engineers Building 2, Bahadur Shah Zafar Marg, New Delhi 110 002, India
Tel.: 91-11-2337 9321, 23378057, Fax: 91-11-2337 9621
E-mail: nabh@qcin.org, Website: www.qcin.org