

CERTIFICATION STANDARDS FOR EMERGENCY DEPARTMENT



CERTIFICATION STANDARDS FOR EMERGENCY DEPARTMENT IN HOSPITALS

(Emerald)

First Edition : June 2016



**NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND
HEALTHCARE PROVIDERS (NABH)**



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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 (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

NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE PROVIDERS

Certification Standards for Emergency Department in Hospitals (Emerald)

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Introduction

The scenario of Healthcare across the world is changing with the advent of newer healthcare delivery models. Development of the Faculty of Emergency Medicine is one such development in India. Since 2009 both the Medical Council of India and National Board of Examinations, India have recognized Emergency Medicine as a new specialty leading to a post graduate degree (MD/DNB). By 2017 India will have over 100 Post Graduate Training Programs in Emergency Medicine. This marks the arrival of comprehensive departments of Emergency Medicine at healthcare facilities across India. Today hospitals across India have recognized that they need to focus on the development of state of the art Emergency Medicine Departments (ED) because the quality of care provided in the ED reflects the ethos of care for the hospital and this goes a long way in the reputation of the hospital. Providing quality Emergency Medical Care is crucial. Getting quality and safe acute care is the right of every patient who comes in through the door of the ED.

Today the Indian healthcare recognizes the new specialty of Emergency Medicine, but there are very few trained experts in Emergency Medicine and there are no standards or processes to guide and govern the functionality of the Emergency Department. The ED becomes the place for overcrowding not only for emotions and patient disease conditions but also for a cluster of opportunities to make medical errors.

The above is an opportunity to defeat the challenges and create standards and processes to make sure the patients in EDs get the quality acute care he or she deserves.

The Academic College of Emergency Experts in India (www.acee-india.org) was created in 2011 to bring together an elite guild of experts who are inducted into the college after a rigorous training and testing program focused on Emergency Medicine. These experts are envisioned to not only be a think-tank but also be a nexus for creating models to improve education, research and quality patient care across India. Till date nearly 100 experts have been graduated and are working hard on the above mission.

ACEE-INDIA created the maiden draft for “Certification standards for Emergency Department in Hospital” (EMERALD). This draft was submitted to NABH who have further crystallized it to the current stage where Hospitals in India will have an opportunity to acquire the NABH Certificate of Quality Excellence in providing safe and quality emergency care. This distinct Certification will not only be a mark of pride but also will identify the hospital as a committed Emergency Healthcare provider. The National Accreditation Board for Hospitals and Health Care Providers has played a major role in setting standards and benchmarks for the Healthcare Industry

in India. With the distinct Certification for Emergency Departments, NABH has emerged as the pioneer of setting exhaustive Quality Standards for provision of emergency care in the world. ACEE-INDIA is honored to be a part of this creation of healthcare history. I congratulate all the NABH Leadership, Consultant and Staff for this nation-building effort. This programme is envisaged in collaboration with ACEE, National Board of Examination (NBE) and NABH.

I hope to see this initiative expand so that hospitals and healthcare facilities in India emerge as destinations of Quality Patient Care in this global village.

Dr. Praveen Aggarwal

Dean, ACEE

Foreword

Patient safety is a fundamental principle of healthcare. There is a wide spread awakening all over the globe, about the need to improve the quality of healthcare in terms of actual patient care and patient safety. India has also taken up the cause in full earnest and today private and public hospitals are both showing commitment towards improvement in quality of health services provided. Patient satisfaction is the key determinant of quality of care. NABH Objective is to operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare.

The Emergency Department of a Hospital is the first point of contact for a patient seeking acute care at a hospital. Emergency Departments play a crucial role in ensuring people's health and saving lives in disasters and accidents. Considering the importance of Emergency Departments in healthcare system and the high mortality rate of patients referred to these departments, it is crucial to provide quality services in Emergency Departments. With the aim to encourage healthcare organisation to join quality journey, NABH has developed certification programme for Emergency Department, in consultation with various stake holders in the country.

The aim is to introduce quality and safety in the emergency services of the healthcare organisation. The standards aim at setting expectations for the provision of providing equitable, safe and high quality emergency care in the country.

The first edition of certification standards is divided into 8 chapters which have been further divided into 49 standards and 255 objective elements. These standards will sensitize the hospital to adopt the quality and patient safety framework within the Emergency Department. Standards are dynamic and would be under constant review process. Comments and suggestions for improvement are appreciated. We seek your support in keeping these standards adequate to the need of the industry.

Dr. K.K. Kalra
CEO- NABH

Acknowledgment

The conceptualization, compilation and production of this document has been an elaborate collective effort of all stakeholders.

Foremost, I would like to express my gratitude to Dr. Sagar Galwankar Chairman, ACEE (Assistant professor, University of South Florida, USA) and Dr. Praveen Aggarwal Dean ACEE, (Head, Department of Emergency Medicine, All India Institute of Medical Sciences, New Delhi). I would also express my thanks to Dr. Bipin Batra, Executive Director, National Board of Examination.

I express my sincere special thanks to NABH Technical Committee members lead by Dr. S. Murali (Chairman), Dr. Antony Lazar Basile, Dr. Parag R. Rindani, Dr. Naveen Chitkara, Mr. Satish Kumar, Dr. Vikas Manchanda, Dr. Badari Datta, Mr. Deepak Agarkhad, Dr. Farhan A. Rashid Shaikh, Mrs. Abanti Gopan, Mr. Ashish Rakheja and Dr. Kashipa Harit, Assistant Director, NABH who contributed their valuable time and suggestions to finalise the standards.

Table of Contents

Sr. No.	Particulars	Page No.
Patient Centered Standards		
01.	Access, Assessment and Information (AAI)	9
02.	Patient Care and Rights (PCR)	17
03.	Management of Medication (MOM)	24
04.	Hospital Infection Control (HIC)	30
Organization Centered Standards		
05.	Continuous Quality improvement (CQI)	34
06.	Responsibilities of Management (ROM)	38
07.	Facility Management and Safety (FMS)	42
08.	Human Resource Management (HRM)	47

Summary of Chapters, Standards and Objective Elements

Chapters	No. of Standards	No. of Objective Elements
Access, Assessment and Information (AAI)	11	56
Patient Care and Rights (PCR)	9	58
Management of Medication (MOM)	7	48
Hospital Infection Control (HIC)	3	9
Continuous Quality Improvement (CQI)	4	20
Responsibilities of Management (ROM)	3	13
Facility Management and Safety (FMS)	7	30
Human Resource Management (HRM)	5	21
Total	49	255

Chapter 1

Access, Assessment and Information (AAI)

Intent of the chapter:

The Emergency Department of organization defines its scope of service provision and provides information to patients about the services available. This will facilitate appropriately matching patients with the Emergency Department's resources. Once the patient is in the Emergency Department, the patient is registered, assessed, and managed. The emergency care including laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff.

A standardized approach is used for referring or transferring patients in case the services they need do not match with the services available in the Emergency Department of an organization. Further, the chapter lays down key safety and process elements that the organization should meet, in the continuum of the patient care within the hospital and till discharge.

The medical record is an essential patient care document which contains all the details of assessment and care that has been provided in a chronological manner.

Summary of Standards

AAI.1	The organization establishes the Emergency Department with an easy access and defines and displays the scope of services that it can provide.
AAI.2	Emergency Department services are guided by documented policies, procedures, applicable laws and regulations.
AAI.3	The Emergency Department has a documented registration, admission and transfer process.
AAI.4	Documented policies and procedures guide the availability of diagnostic services.
AAI.5	There is an appropriate mechanism for transfer (in and out) or referral of patients.
AAI.6	Emergency patients cared for by the organization undergo an established initial assessment.
AAI.7	Patients cared for by the organization undergo a regular reassessment.
AAI.8	Patient care is continuous and multidisciplinary in nature.
AAI.9	The Emergency Department has a documented discharge process.
AAI.10	The Emergency Department has a complete and accurate medical record for every patient.
AAI.11	The medical record reflects continuity of care.

Standards and Objective Elements

Standard

AAI.1

The organization establishes the Emergency Department with an easy access and defines and displays the scope of services that it can provide.

Objective Elements

- a. The Emergency Department should have an easy and direct access from the approach road / main gate.
- b. An alert mechanism is activated upon arrival of the patient to which staff respond promptly
- c. The services which are being provided are clearly defined.
- d. The defined services are prominently displayed.
- e. Staff is oriented to these defined services

Standard

AAI.2

Emergency Department services are guided by documented policies, procedures, applicable laws and regulations.

Objective Elements

- a. Policies and procedures for emergency care are documented and are in consonance with statutory requirements.
- b. This also addresses handling of medico-legal cases
- c. The patients receive care in consonance with the policies.
- d. Documented policies and procedures guide the management of found dead on arrival patients / death in the Emergency Department.
- e. Documented policies and procedures guide the triage of patients and initiation of appropriate care.

- f. Staff is familiar with the policies and trained on the procedures for care of emergency patients.
- g. There are documented standard clinical guidelines available for common and critical conditions which are framed using evidence based medicine.
- h. Admission or discharge to home or transfer to another organization is documented.
- i. In case of discharge to home or transfer to another organization a discharge note shall be given to the patient.

Standard

AAI.3 **The Emergency Department has a documented registration, admission and transfer process.**

Objective Elements

- a. Documented policies and procedures are used for registering, admitting and billing patients in the Emergency Department.
- b. A unique patient identification number is generated.
- c. Criteria are applied for prioritization of patient transfer to appropriate department based on the clinical requirement.
- d. Documented process also addresses managing patients during non-availability of beds.
- e. Staff is aware of these processes.

Standard

AAI.4 Documented policies and procedures guide the availability of diagnostic services.

Objective Elements

- a. Documented policies and procedures are in place for ordering and reporting of laboratory and radiological investigations which have been requisitioned from the Emergency Department.
- b. Documented policies and procedures guide the movement of patients from the Emergency Department for investigations (within or outside the hospital) in a safe manner.
- c. Staff is aware and trained on these processes.

Standard

AAI.5 There is an appropriate mechanism for transfer (in and out) or referral of patients.

Objective Elements

- a. Documented policies and procedures guide the transfer in of patients into the organization.
- b. Documented policies and procedures guide the transfer-out/referral of stable and unstable patients to another facility in an appropriate manner.
- c. The documented procedures identify staff who are responsible for the patient during transfer/referral.
- d. The organization gives a summary of patient's condition and the treatment which was given.

Standard

AAI.6 Emergency patients cared for by the organization undergo an established initial assessment.

Objective Elements

- a. The organization defines and documents the content of the initial assessment for emergency patients.
- b. The organization determines who can perform the initial assessment.
- c. The organization defines the time frame within which the initial assessment is completed based on the patient's needs.
- d. The initial assessment for emergency patients is documented as per the patient's condition and as defined in the triage policy.
- e. Initial assessment also includes nursing assessment which is done at the time of admission and this is documented.
- f. The initial assessment results in a documented working diagnosis, work-up plan and management plan which is signed by the emergency doctor.

Standard

AAI.7	Patients cared for by the organization undergo a regular reassessment.
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Objective Elements

- a. Patients are reassessed at appropriate intervals.
- b. Staff involved in direct clinical care, documents reassessments.
- c. Patients are reassessed to determine their response to treatment and to plan further treatment or discharge from the Emergency Department.

Standard

AAI. 8	Patient care is continuous and multidisciplinary in nature.
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Objective Elements

- a. During all phases of care, there is a qualified medical professional responsible for patient's care.

- b. Information is exchanged and documented during each staffing shift, between shifts and during transfers to units/departments./other medical facilities.
- c. Transfers between departments/units are done in a safe manner.
- d. Documented procedures guide the referral of patients to other departments/ specialties.

Standard

AAI.9 The Emergency Department has a documented discharge process.

Objective Elements

- a. The patient's discharge process is discussed with the patient and/or family.
- b. Patients are informed of their next follow up where appropriate.
- c. Documented procedures exist for coordination of various departments and agencies involved in the discharge process (including medico-legal and absconded cases).
- d. Documented policies and procedures are in place for patients leaving against medical advice and patients being discharged on request.
- e. A discharge summary is given to all the patients leaving the hospital from the Emergency Department (including patients leaving against medical advice and on request).
- f. The organization defines the content of the discharge summary.
- g. In case of death, the summary of the case also includes the cause of death.

Standard

AAI.10 The Emergency Department has a complete and accurate medical record for every patient.

Objective Elements

- a. Every medical record has a unique identifier.
- b. Organization policy identifies those authorized to make entries in medical record.
- c. Entry in the medical record is named, signed, dated and timed.
- d. The author of the entry can be identified.
- e. The record provides a complete and chronological account of patient care.

Standard

AAI.11 The medical record reflects continuity of care.

Objective Elements

- a. When a 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 where applicable.
- b. The medical record contains a copy of the discharge summary duly signed by appropriate and qualified personnel.
- c. In case of death, the medical record contains a copy of the death certificate.
- d. Care providers have access to current and past medical record.

Chapter 2

Patient Care and Rights (PCR)

Intent of the chapter:

Patients in the Emergency Department are provided urgent care in consonance with their clinical requirements and in accordance to the statutes of the land. Policies and procedures guide the activities in the Emergency Department including the ambulance services. Standard protocols are uniformly followed for cardio-pulmonary resuscitation and provision of resources and trained manpower is available for satisfactory resuscitation efforts.

There are also policies and procedures to guide the nursing practices for the patients in the Emergency Departments. Patients may need to undergo surgical or other clinical procedures in the Emergency Department and there are safeguards in place to prevent any adverse events. Situations needing special attention such as sedation, restraints, end of life care and pain management and recognized and attended to according to laid down policy and procedure.

The rights and responsibilities of the patient and family are outlined. 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. Regardless of paying capacity of patient, emergency care should be provided to all patients attending the Emergency Department. 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

PCR.1	The ambulance services are commensurate with the scope of the services provided by the organization.
PCR.2	The Emergency Department plans for handling community emergencies, epidemics and other disasters.
PCR.3	Documented policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation.
PCR.4	Documented policies and procedures guide nursing care.
PCR.5	Documented procedures guide the performance of various procedures.
PCR.6	Documented policies and procedures guide the care of patients under special conditions such as restraints (physical and/or chemical), pain management and End of Life Care.
PCR.7	Patient and family rights support individual beliefs, values and involve the patient and family in the decision making processes.
PCR.8	A documented procedure for obtaining patient and / or family's consent exists for informed decision making about their care.
PCR.9	The Emergency Department has a system for effective communication with patients and /or families.

Standards and Objective Elements

Standard

PCR.1 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. The ambulance(s) adheres to statutory requirements.
- c. The Ambulance(s) is appropriately equipped.
- d. The Ambulance(s) is manned by trained personnel.
- e. The Ambulance(s) is checked on a daily basis.
- f. Equipment is checked on a daily basis using a checklist.
- g. Emergency medications are checked daily and prior to dispatch using a checklist.
- h. The ambulance(s) has a proper communication system.

Standard

PCR.2 The Emergency Department plans for handling community emergencies, epidemics and other disasters.

Objective Elements

- a. The emergency identifies potential community emergencies.
- b. The Emergency Department has a disaster management plan.
- c. Provision is made for availability of medical supplies, equipment and materials during such emergencies.
- d. Emergency staff is trained in the hospital's disaster management plan.

- e. The disaster management plan of the organization is tested at least twice a year.
- f. There should be a plan to enhance surge capacity if the number of casualties is large.

Standard

PCR.3 Documented policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation.

Objective Elements

- a. Documented policies and procedures guide the uniform use of cardio-pulmonary resuscitation in Emergency Department.
- b. Staff providing direct patient care is trained and periodically updated in cardiopulmonary resuscitation
- c. The events during a cardio-pulmonary resuscitation are recorded.
- d. A post-event analysis of all cardio-pulmonary resuscitations is done through a multidisciplinary approach.
- e. Corrective and preventive measures are taken based on the post-event analysis.

Standard

PCR.4 Documented policies and procedures guide nursing care.

Objective Elements

- a. There are documented policies and procedures for all activities of the nursing services.
- b. These reflect current standards of nursing services and practice, relevant regulations and purposes of the services.
- c. Assignment of patient care is done as per current good practice guidelines.

- d. The nursing care is aligned and integrated with overall patient care.
- e. The care provided by nurses is documented in the patient record.
- f. Nurses are provided with adequate equipment for providing safe and efficient nursing services.
- g. Nurses are empowered to take nursing-related decisions to ensure timely care of patients.

Standard

PCR.5

Documented procedures guide the performance of various procedures.

Objective Elements

- a. Documented procedures are used to guide the performance of various clinical procedures.
- b. Only qualified personnel order, plan, perform and assist in performing procedures.
- c. Documented procedures exist to prevent adverse events like wrong site, wrong patient and wrong procedure.
- d. Informed consent is taken by the personnel performing the procedure, where applicable.
- e. Standard precautions and asepsis are adhered to during the conduct of procedures.
- f. Patients are appropriately monitored during and after the procedure.
- g. Procedures are documented accurately in the patient's medical record.
- h. The organization defines the process, time frame for availability and rationality in usage of blood and blood components in Emergency Department.

Standard

PCR.6

Documented policies and procedures guide the care of patients under special conditions such as restraints (physical and/or chemical), pain management and End of Life Care.

Objective Elements

- a. Documented policies and procedures guide the care of patients with special requirements.
- b. These policies and procedures are in consonance with the legal requirements.
- c. End of life requirements are identified and is in concurrence with patient's and family's needs.
- d. Patients on restraints are monitored appropriately.
- e. Patients receiving sedation are monitored appropriately.
- f. The organization respects and supports management of pain and patient and family are educated about the same.

Standard

PCR.7

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

Objective Elements

- a. Patient and family rights include respect for personal dignity, privacy and confidentiality during examination, procedures and treatment.
- b. Patient and family rights include protection from physical abuse or neglect.
- c. Patient and family rights include refusal of treatment.
- d. Patient and family rights include access to his / her clinical records.
- e. Patient and family rights include right to be informed about triage.

- f. Patient and family rights include right to be informed about the findings of the initial assessment.
- g. Patient and family rights include right to be informed about the care plan and treatment.
- h. Patient and family rights include right to know the identity of the attending doctors, nurses and other staff.
- i. Patient and family rights include right to know the drug and route of administration.
- j. Patient and family rights include right to give feedback and get complaint redressal.
- k. Patient and family rights include right to be informed about the expected cost of treatment.

Standard

PCR.8

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

Objective Elements

- a. Informed consent includes information regarding the procedure, risks, benefits, alternatives and as to who will perform the requisite procedure and this is explained to the patient/family in a language that they can understand.
- b. The procedure describes who can give consent when patient is incapable of independent decision making.
- c. Informed consent is taken by the person performing the procedure.
- d. Staff are aware of the informed consent procedure.

Standard

PCR.9

The Emergency Department has a system for effective communication with patients and /or families.

- a. Documented policies and procedures guide the effective communication with the patients and/or families.
- b. The organisation shall identify special situations where enhanced communication would be required .
- c. The organisation also defines what constitutes an unacceptable communication and sensitizes, trains the staff about the same.

Chapter 3

Management of Medication (MOM)

Intent of the standards

The Emergency Department 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 availability of emergency medication is stressed upon. The organization should have a mechanism to ensure that the emergency medications are standardized, readily available and replenished in a timely manner. There should be a monitoring mechanism to ensure that the required medications are always stocked and well within expiry dates.

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

Summary of Standards

MOM.1	There is a formulary for the Emergency Department depending on its scope of services.
MOM.2	Documented policies and procedures guide the storage of medication.
MOM.3	Documented policies and procedures guide the safe and rational prescription of medications.
MOM.4	There are documented policies and procedures for medication administration.
MOM.5	Near misses, medication errors and adverse drug events are reported and analyzed.
MOM.6	Documented procedures guide the use of narcotic drugs and psychotropic substances.
MOM.7	Documented policies and procedures guide the use of medical supplies and consumables.

Standards and Objective Elements

Standard

MOM. 1

There is a formulary for the Emergency Department depending on its scope of services.

Objective Elements

- a. A list of medication appropriate for the patients and Emergency Department's resources is developed.
- b. The formulary is available for clinicians to refer and adhere to.
- c. There is a defined process for acquisition of these medications.
- d. There is a process to obtain medications not listed in the formulary.
- e. There is a procedure to obtain medication when the pharmacy is closed.

Standard

MOM. 2

Documented policies and procedures guide the storage of medication.

Objective Elements

- a. Documented policies and procedures exist for storage of medication.
- b. Medications are stored in a clean, safe and secure environment, and incorporate manufacturer's recommendations.
- c. Sound inventory control practices guide storage of the medications.
- d. Look alike and sound alike medications are stored separately.
- e. The list of emergency medications is defined and is stored in a uniform manner across all the crash carts in the Emergency Room.
- f. Emergency medications are available all the time.

- g. Emergency medications are replenished in a timely manner when used.

Standard

MOM. 3 Documented policies and procedures guide the safe and rational prescription of medications.

Objective Elements

- a. Documented policies and procedures exist for prescription of medications.
- b. Known drug allergies are ascertained before prescribing.
- c. The organization determines who can write orders.
- d. Orders are written in a uniform location in the medical records.
- e. Medication orders are clear, legible, dated, timed, named and signed.
- f. Medication orders contain the name of the medicine, route of administration, dose to be administered and frequency/time of administration.
- g. Documented policy and procedure on verbal orders is implemented and monitored.
- h. The organization defines a list of high risk medication.
- i. Audit of medication orders/prescription is carried out to check for safe and rational prescription of medications and corrective and/or preventive action (s) is taken based on the analysis where appropriate.

Standard

MOM. 4 There are documented policies and procedures for medication administration.

Objective Elements

- a. Medications are administered by those who are permitted by law to do so.
- b. Prepared medication is labeled prior to preparation of a second drug.

- c. Patient is identified prior to administration.
- d. Medication name 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. Documented policies and procedures govern patient's self-administration of medications.
- j. Documented policies and procedures govern patient's medications brought from outside the organization.
- k. Expiry dates are checked prior to dispensing.
- l. There is a procedure for near expiry medications.
- m. High risk medication orders are verified prior to administering.
- n. Documented policies and procedures guide the monitoring of patients after medication administration.

Standard

MOM. 5

Near misses, medication errors and adverse drug events are reported and analyzed.

Objective Elements

- a. Documented procedure exists to capture near miss, medication error and adverse drug reaction.
- b. Near miss, medication error and adverse drug event are defined.
- c. These are reported within a specified time frame.

- d. Corrective and/or preventive action(s) is taken based on the analysis where appropriate.

Standard

MOM. 6 Documented procedures guide the use of narcotic drugs and psychotropic substances.

Objective Elements

- a. Documented policies and procedures guide the use of narcotic drugs and psychotropic substances.
- b. These drugs are stored in a secure manner.
- c. These policies are in consonance with local and national regulations.
- d. A proper record is kept of the usage, administration and disposal of these drugs.
- e. These drugs are handled by appropriate personnel in accordance with policies.

Standard

MOM. 7 Documented policies and procedures guide the use of medical supplies and consumables.

Objective Elements

- a. There is a defined process for acquisition of medical supplies and consumables.
- b. Medical supplies and consumables are used in a safe manner where appropriate.
- c. Medical supplies and consumables are stored in a clean, safe and secure environment, and incorporating manufacturer's recommendation(s).
- d. Sound inventory control practices guide storage of medical supplies and consumables.

Chapter 4

Hospital Infection Control (HIC)

Intent of the standards

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

The organization proactively monitors adherence to infection control practices such as standard precautions, cleaning disinfection and sterilization. Adequate facilities for the protection of staff are available. Bio Medical Waste is managed as per policies and procedures and in accordance to legal requirements.

Summary of Standards

HIC.1	The Emergency Department performs surveillance activities to prevent and control infections.
HIC.2	The organization promotes adherence to standard precautions and provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI) in Emergency Department.
HIC.3	Biomedical waste (BMW) is handled in an appropriate and safe manner.

Standards and Objective Elements

Standard

HIC.1 **The Emergency Department performs surveillance activities to prevent and control infections.**

Objective Elements

- a. Surveillance activities are appropriately directed towards the activities in the Emergency Department.
- b. Surveillance activities also include monitoring the compliance with hand hygiene guidelines.
- c. Surveillance activities include monitoring the effectiveness of housekeeping services.

Standard

HIC.2 **The organization promotes adherence to standard precautions and provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI) in Emergency Department.**

Objective Elements

- a. Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.
- b. Adequate and appropriate facilities for hand hygiene in all patient care areas are accessible to health care providers.
- c. Barrier nursing facilities are available and implemented.
- d. Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.

Standard

HIC.3

Biomedical waste (BMW) is handled in an appropriate and safe manner.

Objective Elements

- a. Proper segregation and collection of Biomedical waste is implemented and monitored.
- b. Appropriate personal protective measures are used by all categories of staff handling Bio-medical waste.

Chapter 5

Continuous Quality Improvement (CQI)

Intent of the standards

The standards encourage an environment of continual quality improvement. The quality and safety program should be documented and involve all aspects of the functioning in the Emergency Department. Processes should be in place to ensure the patient safety. The Emergency Department should collect data on key performance indicators as part of its quality improvement program. The collected data should be collated, analysed and used for further improvements. The improvements should be sustained.

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

The quality program should be supported by the management.

Summary of Standards

CQI.1	The organization has a well-designed, comprehensive and multidisciplinary committee for Emergency Department which co-ordinates all activities and provides oversight to the functioning of the Emergency Department.
CQI.2	There is a structured patient safety program in the Emergency Department.
CQI.3	The organization identifies key indicators to monitor the clinical structures, processes and outcomes which are used as tools for continual improvement.
CQI.4	The organization identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.

Standards and Objective Elements

Standard

CQI.1

The organization has a well-designed, comprehensive and multidisciplinary committee for Emergency Department which coordinates all activities and provides oversight to the functioning of the Emergency Department.

Objective Elements

- a. The committee is multidisciplinary and meets at regular intervals.
- b. Scope of activities also includes oversight of emergency services and data review.
- c. The quality improvement program is reviewed at predefined intervals and opportunities for improvement are identified.
- d. Audits are conducted at regular intervals as a means of continuous monitoring.
- e. There is an established process in the organization to monitor and improve quality of patient care.

Standard

CQI.2

There is a structured patient safety program in the Emergency Department.

Objective Elements

- a. The patient safety program is comprehensive and covers all the major elements related to patient safety and risk management.
- b. The scope of the program is defined to include adverse events ranging from “no harm” to “sentinel events”.
- c. The patient safety program identifies opportunities for improvement based on review at pre-defined intervals.

- d. The Emergency Department adapts and implements national/international patient safety goals/solutions.

Standard

CQI.3

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 medication management.
- c. Monitoring includes use of sedation.
- d. Monitoring includes use of blood and blood components.
- e. Monitoring includes infection control activities.
- f. Monitoring includes review of mortality.
- g. Monitoring also includes unplanned return to Emergency Department within 72 hours with the similar complaints.

Standard

CQI.4

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 risk management.
- b. Monitoring includes utilisation of space, manpower and equipment.
- c. Monitoring includes availability and content of medical records.
- d. Monitoring includes data collection to support further study for improvements.

Chapter 6

Responsibilities of Management (ROM)

Intent of the standards

The standards encourage the governance of the organization in a professional and ethical manner. The responsibilities of the management 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 organization is aware and implements applicable legislations and regulations required to operate the Emergency Department in the health care organization.
ROM.2	The services provided by Emergency Department are documented.
ROM.3	Management ensures that patient safety aspects and risk management issues are an integral part of patient care and Emergency Department management.

Standards and Objective Elements

Standard

ROM.1

The organization is aware and implements applicable legislations and regulations required to operate the Emergency Department in the health care organization.

Objective Elements

- a. The management is conversant with the laws and regulations and knows their applicability to the organization.
- b. The management ensures implementation of these requirements, and gives an undertaking accordingly.

Standard

ROM.2

The services provided by Emergency Department are documented.

Objective Elements

- a. The scope of services of the Emergency Department is defined.
- b. Administrative policies and procedures for the Emergency Department are maintained.
- c. The organization is managed by the leaders in an ethical manner.
- d. The organization accurately bills for its services based upon a standard billing tariff.
- e. The person heading the Emergency Department has requisite and appropriate qualification or experience.
- f. The organization allocates adequate resources for effective functioning of the Emergency Department.
- g. The organization documents employee rights and responsibilities.

- h. The organization has a formal documented agreement for all outsourced services applicable to Emergency Department and has a mechanism to monitor the same.

Standard

ROM.3

Management ensures that patient safety aspects and risk management issues are an integral part of patient care and Emergency Department management.

Objective Elements

- a. The management ensures proactive risk management across the Emergency Department.
- b. The management ensures implementation of systems for internal and external reporting of system and process failures.
- c. The management ensures that appropriate corrective and preventive action is taken to address safety related incidents.

Chapter 7

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

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

The organization plans for emergencies within the facilities and the community.

Summary of Standards

FMS.1	The emergency's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
FMS.2	The emergency has a program for bio-medical equipment management.
FMS.3	The Emergency Department has a process for voice & data management.
FMS.4	The Emergency Department has a system for provision of program for medical gases, vacuum & compressed air.
FMS.5	The emergency has plans for fire & non-fire emergencies.
FMS.6	The emergency has a plan for management of hazardous materials.

Standards and Objective Elements

Standard

FMS.1

The Emergency's environment and facilities operate to ensure safety of patients, their families, staff and visitors.

Objective Elements

- a. Patient-safety devices are installed across the Emergency Department and inspected periodically.
- b. There is internal and external sign postings in the emergency in a language understood by the patient, families and community.
- c. The provision of space shall be in accordance with the available literature on good practices (Indian or international standards) and directives from government agencies.
- d. Potable water and electricity are available round the clock and maintained and evaluated appropriately.
- e. Alternate sources for electricity and water are provided as backup in case of any failure/shortage.
- f. Maintenance staff is contactable round the clock for emergency repairs.

Standard

FMS.2

The emergency has a program for bio-medical equipment management.

Objective Elements

- a. The Emergency Department plans for equipment in accordance with its services.
- b. Equipments in the Emergency Department are selected, rented, updated or upgraded by a collaborative process.
- c. Medical equipment in the Emergency Department is inventoried and proper logs are maintained as required.

- d. Qualified and trained personnel operate and maintain the medical equipment.
- e. Medical Equipments are periodically inspected and calibrated for their proper functioning.
- f. There is a documented operational and maintenance (preventive and breakdown) plan.
- g. There is a documented procedure for equipment replacement and disposal.

Standard

FMS.3	The Emergency Department has a process for voice & data management.
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Objective Elements

- a. Adequate number of voice and data points are provided.
- b. Adequate number of computers and printers are provided.

Standard

FMS.4	The Emergency Department has a system for provision of program for medical gases, vacuum & compressed air.
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Objective Elements

- a. Adequate oxygen, air & vacuum medical gas terminal are provided on each emergency bed.
- b. Alternate sources for medical gases, vacuum and compressed air are provided for in case of failure.
- c. There is an operational and maintenance (preventive and breakdown) plan for piped medical gas, compressed air and vacuum installation.

Standard

FMS.5 **The emergency has plans for fire & non-fire emergencies.**

Objective Elements

- a. The Emergency Department has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.
- b. The emergency has a documented safe-exit plan in case of fire and non-fire emergencies.

Standard

FMS.6 **The emergency has a plan for management of hazardous materials**

Objective Elements

- a. Hazardous materials are identified within the emergency.
- b. The Emergency Department implements processes for sorting, labeling, handling, storage, transporting and disposal of hazardous material.
- c. There is a plan for managing spills of hazardous materials.
- d. Emergency staff is educated and trained for handling such materials.

Chapter 8

Human Resource Management (HRM)

Intent of the standards

The most important resource of an Emergency Department is the human resource. Human resources are an asset for effective and efficient functioning of an Emergency Department. 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.

Summary of Standards

HRM.1	Emergency Department has a documented system of human resource planning.
HRM.2	There is an ongoing program for training and development of staff in the Emergency Department.
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	The Emergency Department addresses the health needs of the employees.
HRM.5	There is documented personal information for each staff member.

Standards and Objective Elements

Standard

HRM.1

Emergency Department has a documented system of human resource planning

Objective Elements

- a. Human resource planning supports the Emergency Departments current and future requirements to meet the care, treatment and service needs of the patient.
- b. The job specification and job description are well defined for each category of staff in Emergency Department.

Standard

HRM.2

There is an ongoing program for training and development of staff in the Emergency Department.

Objective Elements

- a. All staff joining the Emergency Department undergo a job-specific training.
- b. Training also occurs when job responsibilities change/new equipment is introduced.
- c. All staff is trained on the risks within the hospital environment.
- d. Staff members can demonstrate and take actions to report, eliminate / minimize risks.
- e. Staff members are made aware of procedures to follow in the event of an incident.
- f. Staff are trained on occupational safety aspects.
- g. The doctors and Nurses working in the Emergency Department are trained in triaging.

Standard

HRM.3

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

Objective Elements

- a. The employees are made aware of the system of appraisal at the time of induction.
- b. Performance is evaluated based on the performance expectations described in the job description.
- c. The policies and procedures regarding disciplinary and grievance handling are known to all categories of staff of the Emergency Department.

Standard

HRM.4

The Emergency Department 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 physical and medical checks are done for the staff at-least once a year and the findings/ results are documented.
- d. Occupational health hazards are adequately addressed.

Standard

HRM.5

There is documented personal information 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 for all staff.
- d. There is a process for credentialing and privileging of medical professionals.
- e. There is a process for credentialing and privileging of nursing professionals.

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