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NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE PROVIDERS (NABH)

NABH

5th EDITION
APRIL 2020

NABH ACCREDITATION STANDARDS FOR HOSPITALS APRIL 2020

CELEBRATING *15years*

N A B H

QUALITY : SAFETY : WELLNESS

National Accreditation Board for Hospitals and Healthcare Providers (NABH)

Accreditation Standards for Hospitals
(5th Edition) April 2020

April 2020

National Accreditation Board for Hospitals and Healthcare Providers (NABH), 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.

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.

It is my privilege and pride to release and dedicate this 5th Edition of Hospital Accreditation Standards of NABH to all healthcare workers. This edition is unique in its approach and has been presented based in entirety on the suggestions made by various stakeholders. For the first time, the Objective Elements have been designed to be assessed as Core, Commitment, Achievement and Excellence.

The NABH hallmark methodology of ten Standards Chapters approach has been retained; but the Objective Elements have been pruned to a total of 651 out of which 102 are in Core category which will be mandatorily assessed during each assessment, 459 are in Commitment category which will be assessed during the final assessment, 60 are in Achievement category to be assessed during surveillance and 30 are in Excellence category which will be assessed during re-accreditation.

This objective methodology will aid any healthcare organisation in a stepwise progression to mature quality system covering the full accreditation cycle. The scoring methodology has been modified to a graded scheme to help recognise every progressive effort by the organisation in the implementation of the standards. The chapter on Continuous Quality Improvement is now replaced with Patient Safety and Quality Improvement to increase the focus on this critical aspect of healthcare. Each chapter now has a bibliography for reference, and this will provide organisations with a resource for taking quality beyond the requirements of the objective elements. Another important incentive to adopt these is the move towards a four-year cycle with a midterm surveillance at two years.

These standards along with the Key Performance Indicator Annexures have been made available free of charge as a downloadable document on NABH website. I sincerely hope that all healthcare organisations will certainly benefit from the collective efforts of Technical committee of NABH and practical suggestions of thousands of Quality Champions form India and abroad.

NABH remains committed to its mission of taking Quality Safety and Wellness to the last man in the line.

Jai Hind

Dr. Atul Mohan Kochhar
CEO, NABH

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IEEA | International Society
for Quality in Health Care
External Evaluation Association

National Accreditation Board for Hospitals and Healthcare Providers (NABH)

Accreditation Standards for Hospitals, 5th Edition

Awarded by IEEA
following an independent assessment
against the Guidelines and Principles for the
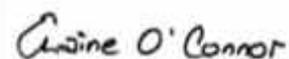Development of Health and Social Care Standards,
5th Edition

The period of Accreditation for these Standards
is from
April 2020 until **April 2024**

President

Head of Operations

CONTENTS

Chapter 1

Access Assessment and Continuity of Care (AAC)

Intent of the chapter:

Patients are informed of the services provided by the organisation. Only those patients who can be cared for by the organisation are admitted. Emergency patients receive life-stabilising treatment and are then either admitted (if resources are available) or transferred appropriately to an organisation that has the resources to take care of such patients. Out-patients who do not match the organisation's resources are similarly referred to organisations that have the required resources.

Patients that match the organisation's resources are admitted using a defined process. Patients cared for by the organisation undergo an established initial assessment and periodic reassessments.

These assessments result in the formulation of a care plan.

The organisation provides laboratory and imaging services commensurate to its scope of services. The laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff. Patient care is continuous and multidisciplinary. Transfer and discharge protocols are well defined, with adequate information provided to the patient.

Summary of Standards	
AAC.1.	The organisation defines and displays the healthcare services that it provides.
AAC.2.	The organisation has a well-defined registration and admission process.
AAC.3.	There is an appropriate mechanism for transfer (in and out) or referral of patients.
AAC.4.	Patients cared for by the organisation undergo an established initial assessment.
AAC.5.	Patients cared for by the organisation undergo a regular reassessment.
AAC.6.	Laboratory services are provided as per the scope of services of the organisation.
AAC.7.	There is an established laboratory quality assurance programme.
AAC.8.	There is an established laboratory safety programme.
AAC.9.	Imaging services are provided as per the scope of services of the organisation.
AAC.10.	There is an established quality assurance programme for imaging services.
AAC.11.	There is an established safety programme in imaging services.
AAC.12.	Patient care is continuous and multidisciplinary.
AAC.13.	The organisation has an established discharge process.
AAC.14.	The organisation defines the content of the discharge summary.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

AAC.1.	**The organisation defines and displays the healthcare services that it provides.**

Objective Elements

Commitment	a.	The healthcare services being provided are defined and are in consonance with the needs of the community.
Commitment	b.	Each defined healthcare service should have diagnostic and treatment services with suitably qualified personnel who provide out-patient, in-patient and emergency cover.
Commitment	c.	Scope of the healthcare services of each department is defined. *
Commitment	d.	The organisation's defined healthcare services are prominently displayed.

Standard

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

Objective Elements

Commitment	a.	The organisation uses written guidance for registering and admitting patients. *
CORE	b.	A unique identification number is generated at the end of the registration.
Commitment	c.	Patients are accepted only if the organisation can provide the required service.
Commitment	d.	The written guidance also addresses managing patients during non-availability of beds. *
Achievement	e.	Access to the healthcare services in the organisation is prioritised according to the clinical needs of the patient. *

CORE	Commitment	Achievement	Excellence

Standard

AAC.3.	**There is an appropriate mechanism for transfer (in and out) or referral of patients.**

Objective Elements

Commitment	a.	Transfer-in of patients to the organisation is done appropriately. *
Commitment	b.	Transfer- out/referral of patients to another facility is done appropriately. *
Commitment	c.	During transfer or referral, accompanying staff are appropriate to the clinical condition of the patient.
Commitment	d.	The organisation gives a summary of the patient's condition and the treatment given.

Standard

AAC.4.	**Patients cared for by the organisation undergo an established initial assessment.**

Objective Elements

CORE	a.	The initial assessment of the outpatients, day-care, in-patients and emergency patients is done. *
Commitment	b	The initial assessment is performed by qualified personnel. *
Commitment	c.	The initial assessment is performed within a time frame based on the needs of the patient. *
Commitment	d.	Initial assessment of day-care and in-patients includes nursing assessment, which is done at the time of admission and documented.
Achievement	e.	The initial assessment for in-patients results in a documented care plan.
Achievement	f.	The care plan is countersigned by the clinician-in-charge of the patient within 24 hours.
Excellence	g.	The care plan includes the identification of special needs regarding care following discharge.

CORE	**Commitment**	**Achievement**	**Excellence**

Standard

AAC.5.	**Patients cared for by the organisation undergo a regular reassessment.**

Objective Elements

CORE	a.	Patients are reassessed at appropriate intervals to determine their response to treatment and to plan further treatment or discharge.
Commitment	b.	Out-patients are informed of their next follow-up, where appropriate.
Achievement	c.	For in-patients during reassessment, the care plan is monitored and modified, where found necessary.
Commitment	d.	Staff involved in direct clinical care document reassessments.
Commitment	e.	The organisation lays down guidelines and implements processes to identify early warning signs of change or deterioration in clinical conditions for initiating prompt intervention.

Standard

AAC.6.	**Laboratory services are provided as per the scope of services of the organisation.**

Objective Elements

Commitment	a.	Scope of the laboratory services is commensurate to the services provided by the organisation.
Commitment	b.	The infrastructure (physical and equipment) is adequate to provide the defined scope of services.
Commitment	c.	Human resource is adequate to provide the defined scope of services.
Commitment	d.	Qualified and trained personnel perform and supervise the investigations and report the results.
Commitment	e.	Requisition for tests, collection, identification, handling, safe transportation, processing and disposal of a specimen is performed according to written guidance. *
Commitment	f.	Laboratory results are available within a defined time frame. *

■ CORE	■ Commitment	■ Achievement	■ Excellence

Commitment	g.	Critical results are intimated to the person concerned at the earliest. *
Commitment	h.	Results are reported in a standardised manner.
Achievement	i.	There is a mechanism to address the recall / amendment of reports whenever applicable. *
Commitment	j.	Laboratory tests not available in the organisation are outsourced to the organisation(s) based on their quality assurance system. *

Standard

AAC.7.	**There is an established laboratory quality assurance programme.**

Objective Elements

Commitment	a.	The laboratory quality assurance programme is implemented. *
Commitment	b.	The programme addresses verification and/or validation of test methods. *
Commitment	c.	The programme ensures the quality of test results. *
Commitment	d.	The programme includes periodic calibration and maintenance of all equipment. *
Commitment	e.	The programme includes the documentation of corrective and preventive actions. *
Excellence	f.	The programme addresses clinicopathological meeting(s).

Standard

AAC.8.	**There is an established laboratory safety programme.**

Objective Elements

Commitment	a.	The laboratory safety programme is implemented. *
Commitment	b.	This programme is aligned with the organisation's safety programme.
Commitment	c.	Laboratory personnel are appropriately trained in safe practices.
Commitment	d.	Laboratory personnel are provided with appropriate safety measures.

CORE	Commitment	Achievement	Excellence

Standard

AAC.9.	**Imaging services are provided as per the scope of services of the organisation.**

Objective Elements

CORE   a.   Imaging services comply with legal and other requirements.

Commitment   b.   Scope of the imaging services is commensurate to the services provided by the organisation.

Commitment   c.   The infrastructure (physical and equipment) and human resources are adequate to provide for its defined scope of services.

Commitment   d.   Qualified and trained personnel perform, supervise and interpret the investigations.

Commitment   e.   Patients are transported in a safe and timely manner to and from the imaging services *

Commitment   f.   Imaging results are available within a defined time frame. *

Commitment   g.   Critical results are intimated immediately to the personnel concerned. *

Commitment   h.   Results are reported in a standardised manner.

Achievement   i.   There is a mechanism to address the recall / amendment of reports whenever applicable. *

Commitment   j.   Imaging tests not available in the organisation are outsourced to the organisation(s) based on their quality assurance system. *

Standard

AAC.10.	**There is an established quality assurance programme for imaging services.**

Objective Elements

Commitment   a.   The quality assurance programme for imaging services is implemented. *

Commitment   b.   Quality assurance programme includes tests for imaging equipment.

Commitment   c.   Quality assurance programme includes the review of imaging protocols.

■ CORE	■ Commitment	■ Achievement	■ Excellence

Achievement	d.	A system is in place to ensure the appropriateness of the investigations and procedures for the clinical indication.
Achievement	e.	The programme addresses periodic internal/external peer review of imaging results using appropriate sampling.
Excellence	f.	The programme addresses the clinico-radiological meeting(s).
Commitment	g.	The programme includes periodic calibration and maintenance of all equipment. *
Commitment	h.	The programme includes the documentation of corrective and preventive actions. *

Standard

AAC.11.	There is an established safety programme in imaging services.

Objective Elements

Commitment	a	The radiation-safety programme is implemented. *
Commitment	b.	This programme is aligned with the organisation's safety programme.
Commitment	c.	Patients are appropriately screened for safety/risk before imaging.
Commitment	d.	Imaging personnel and patients use appropriate radiation safety and monitoring devices where applicable.
Commitment	e.	Radiation-safety and monitoring devices are periodically tested, and results are documented. *
Commitment	f.	Imaging and ancillary personnel are trained in imaging safety practices and radiation-safety measures.
Commitment	g.	Imaging signage is prominently displayed in all appropriate locations.

	CORE		Commitment		Achievement		Excellence

Standard

AAC.12.	Patient care is continuous and multidisciplinary.

Objective Elements

Commitment	a.	During all phases of care, there is a qualified individual identified as responsible for the patient's care.
Commitment	b.	Patient care is co-ordinated in all care settings within the organisation.
Commitment	c.	Information about the patient's care and response to treatment is shared among medical, nursing and other care-providers.
CORE	d.	The Organisation implements standardiszed hand-over communication during each staffing shift, between shifts and during transfers between units/ departments.
Commitment	e.	Patient transfer within the organisation is done safelyin a safe manner.
Commitment	f.	Referral of patients to other departments/ specialities follow written guidance.
Achievement	g.	The organisation ensures predictable service delivery by adhering to defined timelines and informs the patient/family and/ or caregiver whenever there is a change in schedule.
Excellence	h.	The organisation has a mechanism in place to monitor whether adequate clinical intervention has taken place in response to a critical value alert.

Standard

AAC.13.	The organisation has an established discharge process.

Objective Elements

Commitment	a.	The patient's discharge process is planned in consultation with the patient and/or family.
Commitment	b.	The discharge process is coordinated among various departments and agencies involved (including medico-legal and absconded cases). *
Commitment	c.	Written guidance governs the discharge of patients leaving against medical advice. *
Commitment	d.	A discharge summary is given to all the patients leaving the organisation (including patients leaving against medical advice).
Achievement	e.	The organisation adheres to planned discharge.
Excellence	f.	The organisation conforms to the defined timeframe for discharge and makes continual improvement.

	CORE		Commitment		Achievement		Excellence

Standard

AAC.14.	The organisation defines the content of the discharge summary.

Objective Elements

Commitment	a.	A discharge summary is provided to the patients at the time of discharge.
Commitment	b.	Discharge summary contains the patient's name, unique identification number, name of the treating doctor, date of admission and date of discharge
Commitment	c.	Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.
Commitment	d.	Discharge summary contains information regarding investigation results, any procedure performed, medication administered, and other treatment given.
Commitment	e.	Discharge summary contains follow-up advice, medication and other instructions in an understandable manner.
Achievement	f.	Discharge summary incorporates instructions about when and how to obtain urgent care.
Commitment	g.	In case of death, the summary of the case also includes the cause of death.

■ CORE   ■ Commitment   ■ Achievement   ■ Excellence

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Chapter 2

Care of Patients (COP)

Intent of the chapter:

The organisation provides uniform care to all patients in various settings. The settings include care provided in outpatient units, day care facilities, in-patient units including critical care units, procedure rooms and operation theatre. When similar care is provided in these different settings, care delivery is uniform. Written guidance, applicable laws and regulations guide emergency and ambulance services, cardio-pulmonary resuscitation, use of blood and blood components, care of patients in the critical care and high dependency units.

Written guidance, applicable laws and regulations also guide the care of patients who are at higher risk of morbidity/mortality, high-risk obstetric patients, paediatric patients, patients undergoing procedural sedation, administration of anaesthesia, patients undergoing surgical procedures and end of life care.

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

The management should have written guidelines for organ donation and procurement. The transplant programme ensures that it has the right skill mix of staff and other related support systems to ensure safe and high quality of care.

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

Summary of Standards	
COP.1.	Uniform care to patients is provided in all settings of the organisation and is guided by written guidance, and the applicable laws and regulations.
COP.2.	Emergency services are provided in accordance with written guidance, applicable laws and regulations.
COP.3.	Ambulance services ensure safe patient transportation with appropriate care.
COP.4.	The organisation plans and implements mechanisms for the care of patients during community emergencies, epidemics and other disasters.
COP.5.	Cardio-pulmonary resuscitation services are provided uniformly across the organisation.
COP.6.	Nursing care is provided to patients in the organisation in consonance with clinical protocols.
COP.7.	Clinical procedures are performed safely.
COP.8.	Transfusion services are provided as per the scope of services of the organisation, safely.

Summary of Standards

COP.9.	The organisation provides care in intensive care and high dependency units in a systematic manner.
COP.10.	Organisation provides safe obstetric care.
COP.11.	Organisation provides safe paediatric services.
COP.12.	Procedural sedation is provided consistently and safely.
COP.13.	Anaesthesia services are provided in a consistent and safe manner.
COP.14.	Surgical services are provided in a consistent and safe manner.
COP.15.	The organ transplant programme is carried out safely.
COP.16.	The organisation identifies and manages patients who are at higher risk of morbidity/mortality.
COP.17.	Pain management for patients is done in a consistent manner.
COP.18.	Rehabilitation services are provided to the patients in a safe, collaborative and consistent manner.
COP.19.	Nutritional therapy is provided to patients consistently and collaboratively.
COP.20.	End of life care is provided in a compassionate and considerate manner.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

COP.1.	**Uniform care to patients is provided in all settings of the organisation and is guided by written guidance, and the applicable laws and regulations.**

Objective Elements

Commitment	a.	Uniform care is provided following written guidance. *
CORE	b.	The organisation has a uniform process for identification of patients and at a minimum, uses two identifiers.
Commitment	c.	Care shall be provided in consonance with applicable laws and regulations.

🟥 **CORE**	🟦 **Commitment**	🟪 **Achievement**	🟩 **Excellence**

Achievement	d.	The organisation adapts evidence-based clinical practice guidelines and/or clinical protocols to guide uniform patient care.
Excellence	e.	Clinical care pathways are developed, consistently followed across all settings of care, and reviewed periodically.
Commitment	f.	Care delivery is uniform for a given clinical condition when similar care is provided in more than one setting. *
Excellence	g.	Multi-disciplinary and multi-speciality care, where appropriate, is planned based on best clinical practices/clinical practice guidelines and delivered in a uniform manner across the organisation.
Commitment	h.	Telemedicine facility is provided safely and securely based on written guidance. *

Standard

COP.2.	**Emergency services are provided in accordance with written guidance, applicable laws and regulations.**

Objective Elements

Commitment	a.	There shall be an identified area in the organisation which is easily accessible to receive and manage emergency patients, with adequate and appropriate resources.
Achievement	b.	Prevention of patient over-crowding is planned, and crowd management measures are implemented.
CORE	c.	Emergency care is provided in consonance with statutory requirements and in accordance with the written guidance. *
Commitment	d.	The organisation manages medico-legal cases in accordance with statutory requirements. *
Commitment	e.	Initiation of appropriate care is guided by a system of triage. *
Commitment	f.	Patients waiting in the emergency are reassessed as appropriate for change in status.
Commitment	g.	Admission, discharge to home, or transfer to another organisation is documented.

	CORE		Commitment		Achievement		Excellence

Commitment	h.	In case of discharge to home or transfer to another organisation, a discharge/ transfer note shall be given to the patient.
Achievement	i.	The organisation shall implement a quality assurance programme. *
Commitment	j.	The organisation has systems in place for the management of patients found dead on arrival and patients who die within a few minutes of arrival *

Standard

COP.3.	**Ambulance services ensure safe patient transportation with appropriate care**

Objective Elements

Commitment	a.	The organisation has access to ambulance services commensurate with the scope of the services provided by it.
Commitment	b.	There are adequate access and space for the ambulance(s).
Commitment	c.	The ambulance(s) is fit for purpose and is appropriately equipped.
Commitment	d.	The ambulance(s) is operated by trained personnel.
Commitment	e.	The ambulance(s) is checked daily.
Commitment	f.	Equipment is checked daily using a checklist. *
Commitment	g.	A mechanism is in place to ensure that emergency medications are available in the ambulance.
Commitment	h.	The ambulance(s) has a proper communication system.*
Achievement	i.	The emergency department identifies opportunities to initiate treatment at the earliest when the patient is in transit to the organisation.

	CORE		Commitment		Achievement		Excellence

Standard

COP.4.	**The organisation plans and implements mechanisms for the care of patients during community emergencies, epidemics and other disasters.**

Objective Elements

Commitment   a.   The organisation identifies potential community emergencies, epidemics and other disasters.*

Commitment   b.   The organisation manages community emergencies, epidemics and other disasters as per a documented plan.*

Commitment   c.   Provision is made for availability of medical supplies, equipment and materials during such emergencies.

Commitment   d.   The plan is tested at least twice a year.

Standard

COP.5.	**Cardio-pulmonary resuscitation services are provided uniformly across the organisation.**

Objective Elements

Commitment   a.   Resuscitation services are available to patients at all times.

Commitment   b.   During cardio-pulmonary resuscitation, assigned roles and responsibilities are complied with.

Commitment   c.   Equipment and medications for use during cardio-pulmonary resuscitation are available in various areas of the organisation.

Commitment   d.   The events during cardio-pulmonary resuscitation are recorded.

Commitment   e.   A multidisciplinary committee does a post-event analysis of cardiopulmonary resuscitations.

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

CORE   Commitment   Achievement   Excellence

Standard

COP.6.	**Nursing care is provided to patients in the organisation in consonance with clinical protocols.**

Objective Elements

Commitment	a.	Nursing care is provided to patients in accordance with written guidance. *
Achievement	b.	The organisation develops and implements nursing clinical practice guidelines reflecting current standards of practice. *
Commitment	c.	Assignment of patient care is done as per current good clinical/ nursing practice guidelines.
Excellence	d.	The organisation implements acuity-based staffing to improve patient outcomes.
CORE	e.	Nursing care is aligned and integrated with overall patient care.
Commitment	f.	Care provided by nurses is documented in the patient record.
Commitment	g.	Nurses are provided with appropriate and adequate equipment for providing safe and efficient nursing care.
Commitment	h.	Nurses are empowered to make patient care decisions within their scope of practice.

Standard

COP.7.	**Clinical procedures are performed in a safe manner.**

Objective Elements

Commitment	a.	Procedures are performed based on the clinical needs of the patient.
Commitment	b.	Performance of various clinical procedures is based on written guidance. *
Commitment	c.	Qualified personnel order, plan, perform and assist in performing procedures.
CORE	d.	Care is taken to prevent adverse events like a wrong patient, wrong procedure and wrong site. *
Commitment	e.	Informed consent is taken by the personnel performing the procedure, where applicable.
Commitment	f.	The procedure is done adhering to standard precautions.
Commitment	g.	Patients are appropriately monitored during and after the procedure.
Commitment	h.	Procedures are documented accurately in the patient record.

CORE	**Commitment**	**Achievement**	**Excellence**

Standard

COP.8.	Transfusion services are provided as per the scope of services of the organisation, safely.

Objective Elements

Commitment	a.	Scope of transfusion services is commensurate with the services provided by the organisation.
CORE	b.	Transfusion of blood and blood components is done safely. *
Commitment	c.	Blood and blood components are used rationally. *
Commitment	d.	Informed consent is obtained for transfusion of blood and blood components.
Commitment	e.	Informed consent also includes patient and family education about the donation.
Commitment	f.	Blood/blood components are available for use in emergency situations within a defined time-frame. *
Achievement	g.	Post-transfusion form is collected, reactions if any identified and are analysed for preventive and corrective actions.
Achievement	h.	The organisation shall implement a quality assurance programme. *

Standard

COP.9.	The organisation provides care in intensive care and high dependency units in a systematic manner.

Objective Elements

Commitment	a.	Care of patients in intensive care and high dependency units is provided based on written guidance. *
Commitment	b.	The defined admission and discharge criteria for intensive care and high dependency units are implemented. *
Commitment	c.	Adequate staff and equipment are available.
Excellence	d.	The organisation endeavours to upgrade its physical infrastructure to meet national and international guidelines.
Commitment	e.	Defined procedures for the situation of bed shortages are followed. *
Commitment	f.	Infection control practices are followed. *
Achievement	g.	The organisation shall implement a quality assurance programme. *
Commitment	h.	The organisation has a mechanism to counsel the patient and/or family periodically.

CORE	Commitment	Achievement	Excellence

Standard

COP.10.	Organisation provides safe obstetric care.

Objective Elements

Commitment	a.	Obstetric services are organised and provided safely. *
Commitment	b.	The organisation identifies and, provides care to high-risk obstetric cases, and where needed, refers them to another appropriate centre.
Commitment	c.	Persons caring for high-risk obstetric cases are competent.
Commitment	d.	Ante-natal services are provided. *
Commitment	e.	Obstetric patient's assessment also includes maternal nutrition.
Commitment	f.	Appropriate peri-natal and post-natal monitoring is performed.
Commitment	g.	The organisation caring for high-risk obstetric cases has the facilities to take care of neonates of such cases.

Standard

COP.11.	Organisation provides safe paediatric services.

Objective Elements

Commitment	a.	Paediatric services are organised and provided safely. *
Commitment	b.	Neonatal care is in consonance with the national/ international guidelines. *
Commitment	c.	Those who care for children have age-specific competency.
Commitment	d.	Provisions are made for special care of children.
Commitment	e.	Paediatric assessment includes growth, developmental and immunisation assessment.
Commitment	f.	The organisation has measures in place to prevent child/neonate abduction and abuse. *
Commitment	g.	The child's family members are educated about nutrition, immunisation and safe parenting.

■ CORE	■ Commitment	■ Achievement	■ Excellence

Standard

COP.12.	Procedural sedation is provided in a consistent and safe manner.

Objective Elements

Commitment	a.	Procedural sedation is administered in a consistent manner *
Commitment	b.	Informed consent for administration of procedural sedation is obtained.
Commitment	c.	Competent and trained persons administer sedation.
Commitment	d.	The person monitoring sedation is different from the person performing the procedure.
Commitment	e.	Intra-procedure monitoring includes at a minimum the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, and level of sedation.
Commitment	f.	Patients are monitored after sedation, and the same is documented.
Commitment	g.	Criteria are used to determine the appropriateness of discharge from the observation/recovery area. *
Commitment	h.	Equipment and workforce are available to manage patients who have gone into a deeper level of sedation than initially intended.

Standard

COP.13.	Anaesthesia services are provided in a consistent and safe manner.

Objective Elements

Commitment	a.	Anaesthesia services are provided in a consistent manner*
CORE	b.	The pre-anaesthesia assessment results in the formulation of an anaesthesia plan which is documented.
Commitment	c.	A pre-induction assessment is performed and documented.
Commitment	d.	The anaesthesiologist obtains informed consent for administration of anaesthesia.
CORE	e.	During anaesthesia, monitoring includes regular recording of temperature, heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation and end-tidal carbon dioxide.

■ CORE	■ Commitment	■ Achievement	■ Excellence

Commitment	f.	Patient's post-anaesthesia status is monitored and documented.
Commitment	g.	The anaesthesiologist applies defined criteria to transfer the patient from the recovery area. *
Commitment	h.	The type of anaesthesia and anaesthetic medications used are documented in the patient record.
Commitment	i.	Procedures shall comply with infection control guidelines to prevent cross-infection between patients.
Achievement	j.	Intraoperative adverse anaesthesia events are recorded and monitored.

Standard

COP.14.	Surgical services are provided in a consistent and safe manner.

Objective Elements

Commitment	a.	Surgical services are provided in a consistent and safe manner. *
Commitment	b.	Surgical patients have a preoperative assessment, a documented pre-operative diagnosis, and pre-operative instructions are provided before surgery.
Commitment	c.	Informed consent is obtained by a surgeon before the procedure.
CORE	d.	Care is taken to prevent adverse events like the wrong site, wrong patient and wrong surgery. *
Commitment	e.	An operative note is documented before transfer out of patient from recovery.
Commitment	f.	Postoperative care is guided by a documented plan.
Commitment	g.	Patient, personnel and material flow conform to infection control practices.
Commitment	h.	Appropriate facilities, equipment, instruments and supplies are available in the operating theatre.
Achievement	i.	The organisation shall implement a quality assurance programme. *
Achievement	j.	The quality assurance programme includes surveillance of the operation theatre environment. *

CORE		Commitment		Achievement		Excellence

Standard

COP.15.	The organ transplant programme is carried out safely.

Objective Elements

C**Q**RE	a.	The organ transplant program shall be in consonance with the legal requirements and shall be conducted ethically.
Commitment	b.	Care of transplant patients is guided by clinical practice guidelines. *
Commitment	c.	The organisation ensures education and counselling of recipient and donor through trained/qualified counsellors before organ transplantation.
C**Q**RE	d.	The organisation shall take measures to create awareness regarding organ donation.

Standard

COP.16.	The organisation identifies and manages patients who are at higher risk of morbidity/ mortality.

Objective Elements

Commitment	a.	The organisation identifies and manages vulnerable patients. *
Commitment	b.	The organisation provides for a safe and secure environment for the vulnerable patient.
C**Q**RE	c.	The organisation identifies and manages patients who are at a risk of fall.*
C**Q**RE	d.	The organisation identifies and manages patients who are at risk of developing/worsening of pressure ulcers.*
C**Q**RE	e.	The organisation identifies and manages patients who are at risk of developing deep vein thrombosis.*
Commitment	f.	The organisation identifies and manages patients who need restraints. *

	CORE		Commitment		Achievement		Excellence

Standard

COP.17.	**Pain management for patients is done in a consistent manner.**

Objective Elements

Commitment	a.	Patients in pain are effectively managed. *
Commitment	b.	Patients are screened for pain.
Commitment	c.	Patients with pain undergo detailed assessment and periodic reassessment.
Commitment	d.	Pain alleviation measures or medications are initiated and titrated according to the patient's need and response.

Standard

COP.18.	**Rehabilitation services are provided to the patients in a safe, collaborative and consistent manner.**

Objective Elements

Commitment	a.	Scope of the rehabilitation services at a minimum is commensurate to the services provided by the organisation.
Commitment	b.	Rehabilitation services are provided in a consistent manner.
Commitment	c.	Care providers collaboratively plan rehabilitation services.
Commitment	d.	There are adequate space and equipment to provide rehabilitation.
Commitment	e.	Care is guided by functional assessment and periodic re-assessments which are done and documented.
Commitment	f.	Care is provided adhering to infection control and safety practices.
Excellence	g.	Care pathways are developed, implemented, and reviewed periodically.

🟥 CORE	🟦 Commitment	🟪 Achievement	🟩 Excellence

Standard

COP.19.	**Nutritional therapy is provided to patients consistently and collaboratively.**

Objective Elements

Commitment	a.	Patients admitted to the organisation are screened for nutritional risk. *
Commitment	b.	Nutritional assessment is done for patients found at risk during nutritional screening.
Commitment	c.	The therapeutic diet is planned and provided collaboratively.
Commitment	d.	Patients receive food according to the written order for the diet.
Commitment	e.	When family provides food, they are educated about the patient's diet limitations.

Standard

COP.20.	**End-of-life-care is provided in a compassionate and considerate manner.**

Objective Elements

Commitment	a.	End-of-life care is provided in a consistent manner in the organisation. *
Achievement	b.	A multi-professional approach is used to provide end-of-life care.
Commitment	c.	End-of-life care is in consonance with the legal requirements.
Commitment	d.	End of life care also addresses the identification of the unique needs of such patient and family.
Commitment	e.	Symptomatic treatment is provided and where appropriate measures are taken for the alleviation of pain.

■ CORE	■ Commitment	■ Achievement	■ Excellence

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Chapter 3

Management of Medication (MOM)

Intent of the chapter:

The organisation has a safe and organised medication process. The availability, safe storage, prescription, dispensing and administration of medications is governed by written guidance.

The pharmacy should have oversight of all medications stocked out of the pharmacy. The pharmacy should ensure correct storage (as regards to temperature, light; high-risk medications including look-alike, sound-alike, etc.), expiry dates and maintenance of documentation.

The availability of emergency medication is stressed upon. The organisation should have a mechanism to ensure that the emergency medications are standardised throughout the organisation, readily available and replenished promptly. There should be a monitoring mechanism to ensure that the required medications are always stocked and well within expiry dates.

Every high-risk medication order should be verified by an appropriate person to ensure accuracy of the dose, frequency and route of administration. Safety is paramount when using narcotics, chemotherapeutic agents and radioactive agents.

The process also includes monitoring of patients after administration and procedures for reporting and analysing near-misses, medication errors and adverse drug reactions.

Medications also include blood, implants and devices.

Medical supplies and consumables are available for use.

Summary of Standards	
MOM.1.	Pharmacy services and usage of medication is done safely.
MOM.2.	The organisation develops, updates and implements a hospital formulary.
MOM.3.	Medications are stored appropriately and are available where required.
MOM.4.	Medications are prescribed safely and rationally.
MOM.5.	Medication orders are written in a uniform manner.
MOM.6.	Medications are dispensed in a safe manner.
MOM.7.	Medications are administered safely.
MOM.8.	Patients are monitored after medication administration.
MOM.9.	Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents are used safely.
MOM.10.	Implantable prosthesis and medical devices are used in accordance with laid down criteria.
MOM.11.	Medical supplies and consumables are stored appropriately and are available where required.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

MOM.1.	Pharmacy services and usage of medication is done safely.

Objective Elements

Commitment	a.	Pharmacy services and medication usage are implemented following written guidance. *
Commitment	b.	A multidisciplinary committee guides the formulation and implementation of pharmacy services and medication usage.
Excellence	c.	There is a mechanism in place to facilitate the multidisciplinary committee to monitor literature reviews and best practice information on medication management and use the information to update medication management processes.
Commitment	d.	There is a procedure to obtain medication when the pharmacy is closed. *
Commitment	e.	The organisation has a mechanism to inform relevant staff of key changes in pharmacy services and medication usage to ensure uninterrupted and safe care.

Standard

MOM.2.	The organisation develops, updates and implements a hospital formulary.

Objective Elements

CORE	a.	A list of medications appropriate for the patients and as per the scope of the organisation's clinical services is developed collaboratively by the multidisciplinary committee.
Commitment	b.	The list is reviewed and updated collaboratively by the multidisciplinary committee at least annually.
Commitment	c.	The current formulary is available for clinicians to refer to.
Excellence	d.	The clinicians adhere to the current formulary.
Commitment	e.	The organisation adheres to the procedure for the acquisition of formulary medications. *
Commitment	f.	The organisation adheres to the procedure to obtain medications not listed in the formulary. *

🟥 CORE	🟦 Commitment	🟪 Achievement	🟩 Excellence

Standard

MOM.3.	Medications are stored appropriately and are available where required.

Objective Elements

CORE	a.	Medications are stored in a clean, safe and secure environment; and incorporating the manufacturer's recommendation(s).
Commitment	b.	Sound inventory control practices guide storage of the medications throughout the organisation.
CORE	c.	The organisation defines a list of high-risk medication(s). *
Achievement	d.	High-risk medications are stored in areas of the organisation where it is clinically necessary.
CORE	e.	High-risk medications including look-alike, sound-alike medications and different concentrations of the same medication are stored physically apart from each other. *
Commitment	f.	The list of emergency medications is defined and is stored uniformly. *
CORE	g.	Emergency medications are available all the time and are replenished promptly when used.

Standard

MOM.4.	Medications are prescribed safely and rationally.

Objective Elements

Commitment	a.	Medication prescription is in consonance with good practices/guidelines for the rational prescription of medications. *
CORE	b.	The organisation adheres to the determined minimum requirements of a prescription. *
Commitment	c.	Drug allergies and previous adverse drug reactions are ascertained before prescribing.
Excellence	d.	The organisation has a mechanism to assist the clinician in prescribing appropriate medication.
CORE	e.	Implementation of verbal orders ensures safe medication management practices. *

■ CORE	■ Commitment	■ Achievement	■ Excellence

Achievement	f.	Audit of medication orders/prescription is carried out to check for safe and rational prescription of medications.
Achievement	g.	Corrective and/or preventive action(s) is taken based on the audit, where appropriate.
CORE	h.	Reconciliation of medications occurs at transition points of patient care.

Standard

MOM.5.	Medications orders are written in a uniform manner.

Objective Elements

Commitment	a.	The organisation ensures that only authorised personnel write orders. *
Commitment	b.	Medication orders are written in a uniform location in the medical records, which also reflects the patient's name and unique identification number.
Commitment	c.	Medication orders are legible, dated, timed and signed.
Commitment	d.	Medication orders contain the name of the medicine, route of administration, strength to be administered and frequency/time of administration.

Standard

MOM.6.	Medications are dispensed in a safe manner.

Objective Elements

Commitment	a.	Dispensing of medications is done safely. *
Commitment	b.	Medication recalls are handled effectively. *
Commitment	c.	Near-expiry medications are handled effectively. *
CORE	d.	Dispensed medications are labelled. *
CORE	e.	High-risk medication orders are verified before dispensing.
Commitment	f.	Return of medications to the pharmacy is addressed. *

CORE	Commitment	Achievement	Excellence

Standard

MOM.7.	Medications are administered safely.

Objective Elements

Commitment	a.	Medications are administered by those who are permitted by law to do so.
Commitment	b.	Prepared medication is labelled before preparation of a second drug.
Commitment	c.	The patient is identified before administration.
CORE	d.	Medication is verified from the medication order and physically inspected before administration.
Commitment	e.	Strength is verified from the order before administration.
Commitment	f.	The route is verified from the order before administration.
Commitment	g.	Timing is verified from the order before administration.
CORE	h.	Measures to avoid catheter and tubing mis-connections during medication administration are implemented. *
Commitment	i.	Medication administration is documented.
Commitment	j.	Measures to govern patient's self-administration of medications are implemented. *
Commitment	k.	Measures to govern patient's medications brought from outside the organisation are implemented. *

Standard

MOM.8.	Patients are monitored after medication administration.

Objective Elements

Commitment	a.	Patients are monitored after medication administration. *
Commitment	b.	Medications are changed where appropriate based on the monitoring.
CORE	c.	The organisation captures near miss, medication error and adverse drug reaction. *
Commitment	d.	Near miss, medication error and adverse drug reaction are reported within a specified time frame. *
Commitment	e.	Near miss, medication error and adverse drug reaction are collected and analysed.
Commitment	f.	Corrective and/or preventive action(s) are taken based on the analysis.

	CORE		Commitment		Achievement		Excellence

Standard

MOM.9.	**Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents are used in a safe manner.**

Objective Elements

Commitment	a.	Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents are used safely. *
Commitment	b.	Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents are prescribed by appropriate caregivers.
Commitment	c.	Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents drugs are stored securely.
Commitment	d.	Chemotherapy and radioactive agents are prepared properly and safely and administered by qualified personnel.
Commitment	e.	A proper record is kept of the usage, administration and disposal of narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents.

Standard

MOM.10.	**Implantable prosthesis and medical devices are used in accordance with laid down criteria.**

Objective Elements

Commitment	a.	Usage of the implantable prosthesis and medical devices is guided by scientific criteria for each item and national/international recognised guidelines/ approvals for such specific item(s).
Commitment	b.	The organisation implements a mechanism for the usage of the implantable prosthesis and medical devices. *
Commitment	c.	Patient and his/her family are counselled for the usage of the implantable prosthesis and medical device, including precautions if any.
Commitment	d.	The batch and the serial number of the implantable prosthesis and medical devices are recorded in the patient's medical record, the master logbook and the discharge summary.
Achievement	e.	Recall of implantable prosthesis and medical devices are handled effectively. *

	CORE		Commitment		Achievement		Excellence

Standard

MOM.11.	**Medical supplies and consumables are stored appropriately and are available where required.**

Objective Elements

Commitment a. The organisation adheres to the defined process for the acquisition of medical supplies and consumables. *

Commitment b. Medical supplies and consumables are used in a safe manner, where appropriate.

Commitment c. Medical supplies and consumables are stored in a clean, safe and secure environment; and incorporating the manufacturer's recommendation(s).

Commitment d. Sound inventory control practices guide storage of medical supplies and consumables

Commitment e. There is a mechanism in place to verify the condition of medical supplies and consumables

CORE   Commitment   Achievement   Excellence

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Chapter 4

Patient Rights and Education (PRE)

Intent of the chapter:

The organisation defines, protects and promotes the patient and family's rights and responsibilities. The staff is aware of these rights and is trained to protect them. Patients are informed of their rights and educated about their responsibilities at the time of entering the organisation.

The expected costs of treatment and care are explained clearly to the patient and/or family.

Patients are educated about the mechanisms available for addressing grievances.

Informed consent is obtained from the patient or family for specified procedures/care. The key components of information shall include risks, benefits and alternatives.

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

The organisation develops effective patient-centred communication.

Summary of Standards	
PRE.1.	The organisation protects and promotes 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.	The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process.
PRE.4.	Informed consent is obtained from the patient or family about their care.
PRE.5.	Patient and families have a right to information and education about their healthcare needs.
PRE.6.	Patients and families have a right to information on expected costs.
PRE.7.	The organisation has a mechanism to capture patient's feedback and to redress complaints.
PRE.8.	The organisation has a system for effective communication with patients and/or families.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

PRE.1.	The organisation protects and promotes patient and family rights and informs them about their responsibilities during care.

Objective Elements

Commitment	a.	Patient and family rights and responsibilities are documented, displayed and they are made aware of the same. *
Achievement	b.	Patient and family rights and responsibilities are actively promoted. *
CORE	c.	The organisation protects patient and family rights.
CORE	d.	The organisation has a mechanism to report a violation of patient and family rights.
CORE	e.	Violation of patient and family rights are monitored, analysed, and corrective/preventive action taken by the top leadership of the organisation.

Standard

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

Objective Elements

Commitment	a.	Patients and family rights include respecting values and beliefs, any special preferences, cultural needs, and responding to requests for spiritual needs.
Commitment	b.	Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment.
Commitment	c.	Patient and family rights include protection from neglect or abuse.
CORE	d.	Patient and family rights include treating patient information as confidential.
Commitment	e.	Patient and family rights include the refusal of treatment.
Commitment	f.	Patient and family rights include a right to seek an additional opinion regarding clinical care.

CORE	Commitment	Achievement	Excellence

CORE	g.	Patient and family rights include informed consent before the transfusion of blood and blood components, anaesthesia, surgery, initiation of any research protocol and any other invasive/high-risk procedures/treatment.
Commitment	h.	Patient and family rights include a right to complain and information on how to voice a complaint.
Achievement	i.	Patient and family rights include information on the expected cost of the treatment.
Commitment	j.	Patient and family rights include access to their clinical records.
Commitment	k.	Patient and family rights include information on the name of the treating doctor, care plan, progress and information on their health care needs.
Commitment	l.	Patient rights include determining what information regarding their care would be provided to self and family.

Standard

PRE.3.	The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process.

Objective Elements

CORE	a.	The Patient and/or family members are explained about the proposed care, including the risks, alternatives and benefits.
Commitment	b.	The patient and/or family members are explained about the expected results.
Commitment	c.	The patient and/or family members are explained about the possible complications.
Achievement	d.	The care plan is prepared and modified in consultation with the patient and/or family members.
Commitment	e.	The patient and/or family members are informed about the results of diagnostic tests and the diagnosis.
Commitment	f.	The patient and/or family members are explained about any change in the patient's condition in a timely manner.
Achievement	g.	The patient and/or family members are provided multi-disciplinary counselling when appropriate.

CORE	Commitment	Achievement	Excellence

Standard

PRE.4.	Informed consent is obtained from the patient or family about their care.

Objective Elements

CORE	a.	The organisation obtains informed consent from the patient or family for situations where informed consent is required. *
Commitment	b.	Informed consent process adheres to statutory norms.
CORE	c.	Informed consent includes information regarding the procedure; it's risks, benefits, alternatives and as to who will perform the procedure in a language that they can understand.
Commitment	d.	The organisation describes who can give consent when a patient is incapable of independent decision making and implements the same. *
CORE	e.	Informed consent is taken by the person performing the procedure.

Standard

PRE.5.	Patient and families have a right to information and education about their healthcare needs.

Objective Elements

CORE	a.	Patient and/or family are educated in a language and format that they can understand.
Commitment	b.	Patient and/or family are educated about the safe and effective use of medication and the potential side effects of the medication, when appropriate.
Commitment	c.	Patient and/or family are educated about food-drug interaction
Commitment	d.	Patient and/or family are educated about diet and nutrition.
Commitment	e.	Patient and/or family are educated about immunisations.
Commitment	f.	Patient and/or family are educated on various pain management techniques, when appropriate.
Commitment	g.	Patient and/or family are educated about their specific disease process, complications and prevention strategies.
Commitment	h.	Patient and/or family are educated about preventing healthcare associated infections.
Achievement	i.	The patients and/or family members' special educational needs are identified and addressed.

■ CORE	■ Commitment	■ Achievement	■ Excellence

Standard

PRE.6.	**Patients and families have a right to information on expected costs.**

Objective Elements

CORE	a.	The patient and/or family members are made aware of the pricing policy in different settings (out-patient, emergency, ICU and inpatient).
Commitment	b.	The relevant tariff list is available to patients.
Commitment	c.	The patient and/or family members are explained about the expected costs.
Commitment	d.	Patient and/or family are informed about the financial implications when there is a change in the care plan.

Standard

PRE.7.	**The organisation has a mechanism to capture patient's feedback and to redress complaints.**

Objective Elements

Commitment	a.	The organisation has a mechanism to capture feedback from patients, which includes patient satisfaction.
Achievement	b.	The organisation has a mechanism to capture patient experience.
CORE	c.	The organisation redress patient complaints as per the defined mechanism. *
Commitment	d.	Patient and/or family members are made aware of the procedure for giving feedback and/or lodging complaints.
Commitment	e.	Feedback and complaints are reviewed and/or analysed within a defined time frame.
Commitment	f.	Corrective and/or preventive action(s) are taken based on the analysis where appropriate.

CORE	Commitment	Achievement	Excellence

Standard

PRE.8.	The organisation has a system for effective communication with patients and/or families.

Objective Elements

Commitment   a.   Communication with the patients and/or families is done effectively. *

Commitment   b.   The organisation shall identify special situations where enhanced communication with patients and/or families would be required. *

Commitment   c.   Enhanced communication with the patients and/or families is done effectively. *

Commitment   d.   The organisation ensures that there is no unacceptable communication.

Achievement   e.   The organisation has a system to monitor and review the implementation of effective communication.

CORE   Commitment   Achievement   Excellence

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Chapter 5

Hospital Infection Control (HIC)

Intent of the chapter:

The organisation implements an effective healthcare associated infection prevention and control programme. The programme is documented and aims at reducing/eliminating infection risks to patients, visitors and providers of care. The programme is implemented across the organisation, including clinical areas and support services.

The organisation provides proper facilities and adequate resources to support the infection prevention and control programme. The organisation measures and acts to prevent or reduce the risk of healthcare associated infection in patients and staff.

The organisation has an effective antimicrobial management programme through regularly updated antibiotic policy based on local data and monitors its implementation. Programme also includes monitoring of antimicrobials usage in the organisation.

Surveillance activities are incorporated in the infection prevention and control programme.

The programme includes disinfection/sterilisation activities and biomedical waste (BMW) management.

Summary of Standards	
HIC.1.	The organisation has a comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/eliminating risks to patients, visitors, providers of care and community.
HIC.2.	The organisation provides adequate and appropriate resources for infection prevention and control.
HIC.3.	The organisation implements the infection prevention and control programme in clinical areas.
HIC.4.	The organisation implements the infection prevention and control programme in support services.
HIC.5.	The organisation takes actions to prevent healthcare associated Infections (HAI) in patients.
HIC.6.	The organisation performs surveillance to capture and monitor infection prevention and control data.
HIC.7.	Infection prevention measures include sterilization and/or disinfection of instruments, equipment and devices.
HIC.8.	The organisation takes action to prevent or reduce healthcare associated infections in its staff.

* This implies that this objective element requires documentation.

Standard

HIC.1.	**The organisation has a comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/ eliminating risks to patients, visitors, providers of care and community.**

Objective Elements

CORE	a.	The hospital infection prevention and control programme is documented, which aims at preventing and reducing the risk of healthcare associated infections in the hospital. *
Commitment	b.	The hospital infection prevention and control programme identifies high-risk activities, and has written guidance to prevent and manage infections for these activities.*
Commitment	c.	The infection prevention and control programme is reviewed and updated at least once a year.
Achievement	d.	The infection prevention and control programme is reviewed based on infection control assessment tool.
Commitment	e.	The organisation has a multi-disciplinary infection control committee, which co-ordinates all infection prevention and control activities. *
Commitment	f.	The organisation has an infection control team, which coordinates the implementation of all infection prevention and control activities. *
Commitment	g.	The organisation has designated infection control officer as part of the infection control team. *
Commitment	h.	The organisation has designated infection control nurse(s) as part of the infection control team. *
Commitment	i.	The organisation implements information, education and communication programme for infection prevention and control activities for the community.
Commitment	j.	The organisation participates in managing community outbreaks.

🟥 **CORE**	🟦 **Commitment**	🟪 **Achievement**	🟩 **Excellence**

Standard

HIC.2.	**The organisation provides adequate and appropriate resources for infection prevention and control.**

Objective Elements

CORE	a.	The management makes available resources required for the infection control programme.
Commitment	b.	The organisation earmarks adequate funds from its annual budget in this regard.
Commitment	c.	Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.
CORE	d.	Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to healthcare providers.
Achievement	e.	Isolation/barrier nursing facilities are available.

Standard

HIC.3.	**The organisation implements the infection prevention and control programme in clinical areas.**

Objective Elements

CORE	a.	The organisation adheres to standard precautions at all times. *
CORE	b.	The organisation adheres to hand-hygiene guidelines. *
Commitment	c.	The organisation adheres to transmission-based precautions. *
CORE	d.	The organisation adheres to safe injection and infusion practices. *
Commitment	e.	Appropriate antimicrobial usage policy is established and documented *
CORE	f.	The organisation implements the antimicrobial usage policy and monitors the rational use of antimicrobial agents.
Excellence	g.	The organisation implements an antibiotic stewardship programme. *

CORE	**Commitment**	**Achievement**	**Excellence**

Standard

HIC.4.	The organisation implements the infection prevention and control programme in support services.

Objective Elements

Commitment	a.	The organisation has appropriate engineering controls to prevent infections. *
Commitment	b.	The organisation designs and implements a plan to reduce the risk of infection during construction and renovation. *
CORE	c.	The organisation adheres to housekeeping procedures. *
CORE	d.	Biomedical waste (BMW) is handled appropriately and safely.
Commitment	e.	The organisation adheres to laundry and linen management processes. *
Commitment	f.	The organisation adheres to kitchen sanitation and food-handling issues. *

Standard

HIC.5.	The organisation takes actions to prevent healthcare associated infections (HAI) in patients.

Objective Elements

Commitment	a.	The organisation takes action to prevent catheter-associated urinary tract Infections.
Commitment	b.	The organisation takes action to prevent infection-related ventilator associated complication/ventilator-associated pneumonia.
Commitment	c.	The organisation takes action to prevent catheter linked blood stream infections.
Commitment	d.	The organisation takes action to prevent surgical site infections.

CORE	Commitment	Achievement	Excellence

Standard

HIC.6.	The organisation performs surveillance to capture and monitor infection prevention and control data.

Objective Elements

CORE	a.	The scope of surveillance incorporates tracking and analysing of infection risks, rates and trends.
Commitment	b.	Verification of data is done regularly by the infection control team.
Commitment	c	Surveillance is directed towards the identified high-risk activities.
CORE	d.	Surveillance includes monitoring compliance with hand-hygiene guidelines.
Commitment	e.	Surveillance includes mechanisms to capture the occurrence of multi-drug-resistant organisms and highly virulent infections.
CORE	f.	Surveillance includes monitoring the effectiveness of housekeeping services.
Commitment	g.	Feedback regarding surveillance data is provided regularly to the appropriate health care provider.
Commitment	h.	The organisation identifies and takes appropriate action to control outbreaks of infections.
Commitment	I.	Surveillance data is analysed, and appropriate corrective and preventive actions are taken.

Standard

HIC.7.	Infection prevention measures include sterilisation and/or disinfection of instruments, equipment and devices.

Objective Elements

Commitment	a.	The organisation provides adequate space and appropriate zoning for sterilisation activities.
CORE	b.	Cleaning, packing, disinfection and/or sterilisation, storing and the issue of items is done as per the written guidance. *
Commitment	c.	Reprocessing of single-use instruments, equipment and devices are done as per written guidance. *
Commitment	d.	Regular validation tests for sterilisation are carried out and documented. *
Commitment	e.	The established recall procedure is implemented when a breakdown in the sterilisation system is identified. *

CORE	Commitment	Achievement	Excellence

Standard

HIC.8.	**The organisation takes action to prevent or reduce healthcare associated infections in its staff.**

Objective Elements

Commitment	a.	The organisation implements occupational health and safety practices to reduce the risk of transmitting microorganisms among health care providers.
Commitment	b.	The organisation implements an immunisation policy for its staff. *
Achievement	c.	The organisation implements work restrictions for health care providers with transmissible infections.
Commitment	d.	The organisation implements measures for blood and body fluid exposure prevention.
Commitment	e.	Appropriate post-exposure prophylaxis is provided to all staff members concerned. *

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Chapter 6

Patient Safety and Quality Improvement (PSQ)

Intent of the chapter:

The standards encourage an environment of patient safety and continual quality improvement. The patient safety and quality programme should be documented and involve all areas of the organisation and all staff members.

National/international patient-safety goals/solutions are implemented.

The organisation should collect data on structures, processes and outcomes, especially in areas of high-risk situations. The collected data should be collated, analysed and used for further improvements. Appropriate quality tools shall be used for carrying out quality improvement activities. Clinical audits shall be used as a tool to improve the quality of patient care. The improvements should be sustained. Department leaders play an active role in patient safety and quality improvement.

The organisation should have a robust incident reporting system. Sentinel events shall be defined. All incidents are investigated, and appropriate action is taken.

The management should support the patient safety and quality programme.

Summary of Standards	
PSQ.1.	The organisation implements a structured patient-safety programme.
PSQ.2.	The organisation implements a structured quality improvement and continuous monitoring programme.
PSQ.3.	The organisation identifies key indicators to monitor the structures, processes and outcomes, which are used as tools for continual improvement.
PSQ.4.	The organisation uses appropriate quality improvement tools for its quality improvement activities.
PSQ.5.	There is an established system for clinical audit.
PSQ.6.	The patient safety and quality improvement programme are supported by the management.
PSQ.7.	Incidents are collected and analysed to ensure continual quality improvement.

* This implies that this objective element requires documentation.

Standard

PSQ.1.	The organisation implements a structured patient-safety programme.

Objective Elements

CORE	a.	The patient-safety programme is developed, implemented and maintained by a multi-disciplinary safety committee. *
Commitment	b.	The patient-safety programme is comprehensive and covers all the major elements related to patient safety.
Commitment	c.	The programme covers incidents ranging from "no harm" to "sentinel events".
Commitment	d.	Designated patient safety officer(s) coordinates implementation of the patient-safety programme.
Excellence	e.	Designated clinical safety officer(s) coordinates implementation of the clinical aspects of the patient-safety programme.
Commitment	f.	The patient-safety programme identifies opportunities for improvement based on the review at pre-defined intervals.
Excellence	g.	The organisation performs proactive analysis of patient safety risks and makes improvements accordingly.
Commitment	h.	The patient-safety programme is reviewed and updated at least once a year.
CORE	l.	The organisation adapts and implements national/international patient-safety goals/solutions.

Standard

PSQ.2.	The organisation implements a structured quality improvement and continuous monitoring programme.

Objective Elements

CORE	a.	The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee.*
Commitment	b.	The quality improvement programme is comprehensive and covers all the major elements related to quality assurance.*
Excellence	c.	The quality improvement programme improves process efficiency and effectiveness.

🟥 CORE	🟦 Commitment	🟪 Achievement	🟩 Excellence

Commitment	d.	There is a designated individual for coordinating and implementing the quality improvement programme.*
Commitment	e.	The quality improvement programme identifies opportunities for improvement based on the review at pre-defined intervals.*
Commitment	f.	The quality improvement programme is reviewed and updated at least once a year.
Commitment	g.	Audits are conducted at regular intervals as a means of continuous monitoring.*
CORE	h.	There is an established process in the organisation to monitor and improve the quality of nursing care.*

Standard

PSQ.3.	The organisation identifies key indicators to monitor the structures, processes and outcomes, which are used as tools for continual improvement.

Objective Elements

Commitment	a.	The organisation identifies and monitors key indicators to oversee the clinical structures, processes and outcomes.
CORE	b.	The organisation identifies and monitors the key indicators to oversee infection control activities.
Commitment	c.	The organisation identifies and monitors key indicators to oversee the managerial structures, processes and outcomes.
CORE	d.	The organisation identifies and monitors key indicators to oversee patient safety activities.
Excellence	e.	The organisation has a mechanism to capture patient reported outcome measures.
Commitment	f.	Verification of data is done regularly by the quality team.
Commitment	g.	There is a mechanism for analysis of data which results in identifying opportunities for improvement.
Commitment	h.	The improvements are implemented and evaluated.
Achievement	i.	Feedback about care and service is communicated to staff.

CORE   Commitment   Achievement   Excellence

Standard

PSQ.4.	**The organisation uses appropriate quality improvement tools for its quality improvement activities.**

Objective Elements

CORE   a.   The organisation undertakes quality improvement projects.

Commitment   b.   The organisation uses appropriate analytical tools for its quality improvement activities.

Commitment   c.   The organisation uses appropriate statistical tools for its quality improvement activities.

Commitment   d.   The organisation uses appropriate managerial tools for its quality improvement activities.

Standard

PSQ.5.	**There is an established system for clinical audit.**

Objective Elements

Commitment   a.   Clinical audits are performed to improve the quality of patient care.

Commitment   b.   The parameters to be audited are defined by the organisation.

Achievement   c.   Medical and nursing staff participate in clinical audit.

Commitment   d.   Patient and staff anonymity are maintained.

Commitment   e.   Clinical audits are documented.

Commitment   f.   Remedial measures are implemented.

CORE   **Commitment**   **Achievement**   **Excellence**

Standard

PSQ.6.	The patient safety and quality improvement programme are supported by the management.

Objective Elements

Achievement	a.	The management creates a culture of safety.
Commitment	b.	The leaders at all levels in the organisation are aware of the intent of the patient safety and quality improvement programme and the approach to its implementation.
Commitment	c.	Departmental leaders are involved in patient safety and quality improvement.
Commitment	d.	The management makes available adequate resources required for patient safety and quality improvement programme.
Commitment	e.	Organisation earmarks adequate funds from its annual budget in this regard.
Achievement	f.	The management identifies organisational performance improvement targets.
Excellence	g.	The management uses the feedback obtained from the workforce to improve patient safety and quality improvement programme.

Standard

PSQ.7.	Incidents are collected and analysed to ensure continual quality improvement.

Objective Elements

CORE	a.	The organisation implements an incident management system.*
Commitment	b.	The organisation has a mechanism to identify sentinel events.*
Commitment	c.	The organisation has established processes for analysis of incidents.
Commitment	d.	Corrective and preventive actions are taken based on the findings of such analysis.
Achievement	e.	The organisation incorporates risks identified in the analysis of incidents into the risk management system.
Excellence	f.	The organisation shall have a process for informing various stakeholders in case of a near miss/adverse event/sentinel event.

🟥 CORE	🟦 Commitment	🟪 Achievement	🟩 Excellence

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Chapter 7

Responsibilities of Management (ROM)

Intent of the chapter:

The management of the healthcare organisation is aware of and manages all the key components of governance. Those responsible for governance are identified and their roles defined. The standards encourage the governance of the organisation professionally and ethically. The responsibilities of management are defined. The responsibilities of the leaders at all levels are defined. The management executes its responsibility for compliance with all applicable regulations.

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

Note: "Responsible for Governance' refers to the governing entity of the healthcare organisation and can exist in many configurations. For example, the owner(s), the board of directors, or in the case of public hospitals, the respective Ministry (Health/Railways/Labour).

Summary of Standards	
ROM.1.	The organisation identifies those responsible for governance and their roles are defined.
ROM.2.	The organisation is ethically managed by the leaders.
ROM.3.	The organisation is headed by a leader who shall be responsible for operating the organisation on a day-to-day basis.
ROM.4.	The organisation displays professionalism in its functioning.
ROM.5.	Management ensures that patient-safety aspects and risk-management issues are an integral part of patient care and hospital management.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

ROM.1.	The organisation identifies those responsible for governance and their roles are defined.

Objective Elements

CORE	a.	Those responsible for governance are identified, and their roles and responsibilities are defined and documented. *
Commitment	b.	Those responsible for governance lay down the organisation's vision, mission and values.*
Commitment	c.	Those responsible for governance approve the strategic and operational plans and the organisation's annual budget.
Achievement	d.	Those responsible for governance monitor and measure the performance of the organisation against the stated mission.
Commitment	e.	Those responsible for governance appoint the senior leaders in the organisation.
Commitment	f.	Those responsible for governance support safety initiatives and quality improvement plans.
Achievement	g.	Those responsible for governance support the ethical management framework of the organisation.
Excellence	h.	Those responsible for governance inform the public of the quality and performance of services.

Standard

ROM.2.	The leaders manage the organisation in an ethical manner.

Objective Elements

Commitment	a.	The leaders make public the vision, mission and values of the organisation.
CORE	b.	The leaders establish the organisation's ethical management framework. *
Excellence	c.	The ethical management framework includes processes for managing issues with ethical implications, dilemmas and concerns.
Commitment	d.	The organisation discloses its ownership.
Commitment	e.	The organisation honestly portrays its affiliations and accreditations.

CORE	Commitment	Achievement	Excellence

Standard

ROM.3.	The organisation is headed by a leader who shall be responsible for operating the organisation on a day-to-day basis.

Objective Elements

Commitment   a.   The person heading the organisation has requisite and appropriate administrative qualifications.

Commitment   b.   The person heading the organisation has requisite and appropriate administrative experience.

CORE   c.   The leader is responsible for and complies with the laid-down and applicable legislations, regulations and notifications.

Commitment   d.   The leader appoints/participates in the recruitment of senior leadership of the organisation who will assist in the day-to-day functioning of the organisation.

Excellence   e.   The leader ensures that each organisational programme, service, site or department has effective leadership.

Achievement   f.   The performance of the organisation's leader is reviewed for effectiveness.

Standard

ROM.4.	The organisation displays professionalism in its functioning.

Objective Elements

Commitment   a.   The organisation has strategic and operational plans, including long-term and short-term goals commensurate to the organisation's vision, mission and values in consultation with the various stakeholders.

Achievement   b.   The organisation coordinates the functioning with departments and external agencies and monitors the progress in achieving the defined goals and objectives.

Commitment   c.   The organisation plans and budgets for its activities annually.

Achievement   d.   The functioning of committees is reviewed for their effectiveness.

Commitment   e.   The organisation documents staff rights and responsibilities. *

Commitment   f.   The organisation documents the service standards that are measurable and monitors them.*

Excellence   g.   Systems and processes are in place for change management.

CORE	Commitment	Achievement	Excellence

Standard

ROM.5.	**Management ensures that patient-safety aspects and risk-management issues are an integral part of patient care and hospital management.**

Objective Elements

CORE	a.	Management ensures proactive risk management across the organisation.*
Commitment	b.	Management provides resources for proactive risk assessment and risk-reduction activities.
Commitment	c.	Management ensures integration between quality improvement, risk management and strategic planning within the organisation.
Achievement	d.	Management ensures implementation of systems for internal and external reporting of system and process failures.*
Commitment	e.	Management ensures that it has a documented agreement for all outsourced services that include service parameters.
Achievement	f.	Management monitors the quality of the outsourced services and improvements are made as required.

CORE   Commitment   Achievement   Excellence

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Chapter 8

Facility Management and Safety (FMS)

Intent of the chapter:

The standards guide the provision of a safe and secure environment for patients, their families, staff and visitors. The organisation attends to the facility, equipment, and internal physical environment for improving patient safety and quality of services by consistently addressing issues that may arise out of the same. The organisation does this through proactive risk analysis, safety rounds, training of staff on the enhancement of safety and management of disasters. To ensure this, the organisation conducts regular facility inspection rounds and takes the appropriate action to ensure safety.

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

The organisation has a programme for medical and utility equipment management.

The organisation plans for fire and non-fire emergencies within the facilities.

The organisation is a no-smoking area.

The organisation safely manages hazardous materials.

The organisation works towards measures on being energy efficient.

Summary of Standards	
FMS.1.	The organisation has a system in place to provide a safe and secure environment.
FMS.2.	The organisation's environment and facilities operate in a planned manner and promotes environment-friendly measures.
FMS.3.	The organisation's environment and facilities operate to ensure the safety of patients, their families, staff and visitors.
FMS.4.	The organisation has a programme for the facility, engineering support services and utility system.
FMS.5.	The organisation has a programme for medical equipment management.
FMS.6.	The organisation has a programme for medical gases, vacuum and compressed air.
FMS.7.	The organisation has plans for fire and non-fire emergencies within the facilities.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

FMS.1.	**The organisation has a system in place to provide a safe and secure environment.**

Objective Elements

CQRE	a.	Patient-safety devices and infrastructure are installed across the organisation and inspected periodically.
Commitment	b.	The organisation has facilities for the differently-abled.
CQRE	c.	Facility inspection rounds to ensure safety are conducted at least once a month.
Commitment	d.	Inspection reports of facility rounds are documented, and corrective and preventive measures are undertaken.
Excellence	e.	Before construction, renovation and expansion of existing hospital, risk assessment are carried out.

Standard

FMS.2.	**The organisation's environment and facilities operate in a planned manner and promotes environment-friendly measures.**

Objective Elements

Commitment	a.	Facilities and space provisions are appropriate to the scope of services.
Commitment	b.	As-built and updated drawings are maintained as per statutory requirements.
CQRE	c.	There are internal and external sign postings in the organisation in a manner understood by the patient, families and community.
CQRE	d.	Potable water and electricity are available round the clock.
Commitment	e.	Alternate sources for electricity and water are provided as a backup for any failure/shortage.
Commitment	f.	The organisation tests the functioning of these alternate sources at a predefined frequency.
Excellence	g.	The organisation takes initiatives towards an energy-efficient and environmentally friendly hospital.*

CORE	Commitment	Achievement	Excellence

Standard

FMS.3.	**The organisation's environment and facilities operate to ensure the safety of patients, their families, staff and visitors.**

Objective Elements

Excellence	a.	Patient safety aspects in terms of structural safety of hospitals especially of critical areas are considered while planning, design and construction of new hospitals and re-planning, assessment, and retrofitting of existing hospitals.
Commitment	b.	Operational planning identifies areas which need to have extra security and describes access to different areas in the hospital by staff, patients, and visitors.
Achievement	c.	The organisation conducts electrical safety audits for the facility.
Commitment	d.	There is a procedure which addresses the identification and disposal of material(s) not in use in the organisation. *
CORE	e.	Hazardous materials are identified and used safely within the organisation.*
Commitment	f.	The plan for managing spills of hazardous materials is implemented. *

Standard

FMS.4.	**The organisation has a programme for the facility, engineering support services and utility system.**

Objective Elements

Commitment	a.	The organisation plans for utility and engineering equipment in accordance with its services and strategic plan.
Commitment	b.	Equipment is inventoried, and proper logs are maintained as required.
CORE	c.	The documented operational and maintenance (preventive and breakdown) plan is implemented. *
Commitment	d.	Utility equipment, are periodically inspected and calibrated (wherever applicable) for their proper functioning.
Commitment	e.	Competent personnel operate, inspect, test and maintain equipment and utility systems.

CORE	**Commitment**	**Achievement**	**Excellence**

Commitment	f.	Maintenance staff is contactable round the clock for emergency repairs.
Achievement	g.	Downtime for critical equipment breakdowns is monitored from reporting to inspection and implementation of corrective actions.
Commitment	h.	Written guidance supports equipment replacement, identification of unwanted material and disposal. *

Standard

FMS.5.	**The organisation has a programme for medical equipment management.**

Objective Elements

Commitment	a.	The organisation plans for medical equipment in accordance with its services and strategic plan.
Commitment	b.	Medical equipment is inventoried, and proper logs are maintained as required.
CORE	c.	The documented operational and maintenance (preventive and breakdown) plan for medical equipment is implemented. *
Commitment	d.	Medical equipment is periodically inspected and calibrated for their proper functioning.
Commitment	e.	Qualified and trained personnel operate and maintain medical equipment.
Commitment	f.	Written guidance supports medical equipment replacement and disposal. *
Commitment	g.	There is a monitoring of medical equipment and medical devices related to adverse events, and compliance hazard notices on recalls. *
Achievement	h.	Downtime for critical equipment breakdown is monitored from reporting to inspection and implementation of corrective actions.

CORE	Commitment	Achievement	Excellence

Standard

FMS.6.	**The organisation has a programme for medical gases, vacuum and compressed air.**

Objective Elements

Commitment	a.	Written guidance governs the implementation of procurement, handling, storage, distribution, usage and replenishment of medical gases. *
CORE	b.	Medical gases are handled, stored, distributed and used in a safe manner.
Commitment	c.	The procedures for medical gases address the safety issues at all levels.
CORE	d.	Alternate sources for medical gases, vacuum and compressed air are provided for, in case of failure.
Commitment	e.	The organisation regularly tests the functioning of these alternate sources.
Commitment	f.	There is an operational, inspection, testing and maintenance plan for piped medical gas, compressed air and vacuum installation. *

Standard

FMS.7.	**The organisation has plans for fire and non-fire emergencies within the facilities.**

Objective Elements

CORE	a.	The organisation has plans and provisions for early detection, abatement and containment of the fire, and non-fire emergencies. *
Commitment	b.	The organisation has a documented and displayed exit plan in case of fire and non-fire emergencies.
Commitment	c.	Mock drills are held at least twice a year.
Commitment	d.	There is a maintenance plan for fire-related equipment and infrastructure *
Achievement	e.	The organisation has a service continuity plan in case of fire and non-fire emergencies

CORE   Commitment   Achievement   Excellence

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Chapter 9

Human Resource Management (HRM)

Intent of the chapter:

The most important resource of the organisation is its human resource. Human resources are an asset for the effective and efficient functioning of the organisation. The management plans on identifying the right number and skill mix of staff required to render safe care to the patients.

Recruitment of staff is accomplished by having a uniform and standardised system. The organisation must orient the staff to its environment and also orient them to specific duties and responsibilities related to their position. The organisation should plan to have an ongoing professional training/in-service education to enhance the competencies and skills of the staff continually.

A systematic and structured appraisal system must be used for staff development. The organisation uses this as an opportunity to discuss, motivate, identify gaps in the performance of the staff.

The organisation promotes the physical and mental well-being of staff. A grievance handling mechanism and disciplinary procedure should be in place.

Credentialing and privileging of health-care professionals (medical, nursing and other para-clinical professional) are done to ensure patient safety.

A document containing all such personal information has to be maintained for all staff.

Note: The term "employee" refers to all salaried personnel working in the organisation. The term "staff" refers to all personnel working in the organisation including employees, "fee for service" medical professionals, part-time workers, contractual personnel and volunteers.

Summary of Standards	
HRM.1.	The organisation has a documented system of human resource planning.
HRM.2.	The organisation implements a defined process for staff recruitment.
HRM.3.	Staff are provided induction training at the time of joining the organisation.
HRM.4.	There is an on-going programme for professional training and development of the staff.
HRM.5.	Staff are appropriately trained based on their specific job description.
HRM.6.	Staff are trained in safety and quality-related aspects.
HRM.7.	An appraisal system for evaluating the performance of staff exists as an integral part of the human resource management process.

Summary of Standards		
HRM.8.		Process for disciplinary and grievance handling is defined and implemented in the organisation.
HRM.9.		The organisation promotes staff well-being and addresses their health and safety needs.
HRM.10.		There is documented personal information for each staff member.
HRM.11.		There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.
HRM.12.		There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.
HRM.13.		There is a process for credentialing and privileging of para-clinical professionals, permitted to provide patient care without supervision.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

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

Objective Elements

Excellence	a.	Human resource planning supports the organisation's current and future ability to meet the care, treatment and service needs of the patient.
CORE	b.	The organisation maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.
Achievement	c.	The organisation has contingency plans to manage long- and short-term workforce shortages, including unplanned shortages.
Commitment	d.	The job specification and job description are defined for each category of staff. *
Commitment	e.	The organisation performs a background check of new staff.
Commitment	f.	Reporting relationships are defined for each category of staff. *
Achievement	g.	Exit interviews are conducted and used as a tool to improve human resource practices.

Standard

HRM.2.	The organisation implements a defined process for staff recruitment.

Objective Elements

CORE	a.	Written guidance governs the process of recruitment. *
Commitment	b.	A pre-employment medical examination is conducted on the staff.
CORE	c.	The organisation defines and implements a code of conduct for its staff.
Commitment	d.	Administrative procedures for human resource management are documented . *

	CORE		Commitment		Achievement		Excellence

Standard

HRM.3.	**Staff are provided induction training at the time of joining the organisation.**

Objective Elements

CORE	a.	Staff are provided with induction training.
Commitment	b.	The induction training includes orientation to the organisation's vision, mission and values.
Commitment	c.	The induction training includes awareness on staff rights and responsibilities and patient rights and responsibilities.
Commitment	d.	The induction training includes training on safety.
Commitment	e.	The induction training includes training on cardio-pulmonary resuscitation for staff providing direct patient care.
Commitment	f.	The induction training includes training in hospital infection prevention and control.
Commitment	g.	The induction training includes orientation to the service standards of the organisation.
Commitment	h.	The induction training includes an orientation on administrative procedures.
Commitment	i.	The induction training includes an orientation on relevant department/unit/service/programme's policies and procedures.

Standard

HRM.4.	**There is an on-going programme for professional training and development of the staff.**

Objective Elements

CORE	a.	Written guidance governs training and development policy for the staff.*
Commitment	b.	The organisation maintains the training record.
Commitment	c.	Training also occurs when job responsibilities change/new equipment is introduced.
Commitment	d.	Feedback mechanisms are in place for improvement of training and development programme.
Excellence	e.	Evaluation of training effectiveness is done by the organisation.
Achievement	f.	The organisation supports continuing professional development and learning.

CORE	**Commitment**	**Achievement**	**Excellence**

Standard

HRM.5.	Staff are appropriately trained based on their specific job description.

Objective Elements

Commitment	a.	Staff involved in blood transfusion services are trained on the handling of blood and blood products.
Commitment	b.	Staff are trained in handling vulnerable patients.
Commitment	c	Staff are trained in control and restraint techniques.
Commitment	d.	Staff are trained in healthcare communication techniques.
CORE	e.	Staff involved in direct patient care are provided training on cardiopulmonary resuscitation periodically.
Commitment	f.	Staff are provided training on infection prevention and control.

Standard

HRM.6.	Staff are trained in safety and quality-related aspects.

Objective Elements

Commitment	a.	Staff are trained on the organisation's safety programme.
Commitment	b.	Staff are provided training on the detection, handling, minimisation and elimination of identified risks within the organisation's environment.
Commitment	c.	Staff members are made aware of procedures to follow in the event of an incident.
Commitment	d.	Staff are trained in occupational safety aspects.
CORE	e.	Staff are trained in the organisation's disaster management plan.
CORE	f.	Staff are trained in handling fire and non-fire emergencies.
Commitment	g.	Staff are trained on the organisation's quality improvement programme

CORE	Commitment	Achievement	Excellence

Standard

HRM.7.	An appraisal system for evaluating the performance of staff exists as an integral part of the human resource management process.

Objective Elements

Commitment	a.	Performance appraisal is done for staff within the organisation.*
Commitment	b.	The staff are made aware of the system of appraisal at the time of induction.
Commitment	c.	Performance is evaluated based on the pre-determined criteria.
Achievement	d.	The appraisal system is used as a tool for further development.
Commitment	e.	Performance appraisal is carried out at defined intervals and is documented.

Standard

HRM.8.	Process for disciplinary and grievance handling is defined and implemented in the organisation.

Objective Elements

Commitment	a.	Written guidance governs disciplinary and grievance handling mechanisms.*
Commitment	b.	The disciplinary and grievance handling mechanism is known to all categories of staff of the organisation.
Commitment	c.	The disciplinary policy and procedure are based on the principles of natural justice.
CORE	d.	The disciplinary and grievance procedure is in consonance with the prevailing laws.
Commitment	e.	There is a provision for appeals in all disciplinary cases.
Commitment	f.	Actions are taken to redress the grievance.

	CORE		Commitment		Achievement		Excellence

Standard

HRM.9.	**The organisation promotes staff well-being and addresses their health and safety needs.**

Objective Elements

Achievement	a.	Staff well-being is promoted.
Commitment	b.	Health problems of the staff, including occupational health hazards, are taken care of in accordance with the organisation's policy.
Commitment	c.	Health checks of staff dealing with direct patient care are done at least once a year and the findings/results are documented.
Commitment	d.	Organisation provides treatment to staff who sustain workplace-related injuries.
CORE	e.	The organisation has measures in place for prevention and handling workplace violence.

Standard

HRM.10.	**There is documented personal information for each staff member.**

Objective Elements

Commitment	a.	Personal files are maintained with respect to all staff, and their confidentiality is ensured
Commitment	b.	The personal files contain personal information regarding the staff's qualification, job description, verification of credentials and health status.
Commitment	c.	Records of in-service training and education are contained in the personal files.
Commitment	d.	Personal files contain results of all evaluations and remarks.

■ CORE	■ Commitment	■ Achievement	■ Excellence

Standard

HRM.11.	There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.

Objective Elements

CORE	a.	Medical professionals permitted by law, regulation and the organisation to provide patient care without supervision are identified.
Commitment	b.	The education, registration, training and experience of the identified medical professionals are documented and updated periodically.
Commitment	c.	The information about medical professionals is appropriately verified when possible.
CORE	d.	Medical professionals are granted privileges to admit and care for patients in consonance with their qualification, training, experience and registration.
Commitment	e.	The requisite services to be provided by the medical professionals are known to them as well as the various departments/units of the organisation.
Commitment	f.	Medical professionals admit and care for patients as per their privileging.

Standard

HRM.12.	There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision

Objective Elements

CORE	a.	Nursing staff permitted by law, regulation and the organisation to provide patient care without supervision are identified.
Commitment	b.	The education, registration, training and experience of nursing staff are appropriately verified, documented and updated periodically.
Commitment	c.	The information about the nursing staff is appropriately verified when possible.
CORE	d.	Nursing staff are granted privileges in consonance with their qualification, training, experience and registration.
Commitment	e.	The requisite services to be provided by the nursing staff are known to them as well as the various departments/units of the organisation.
Commitment	f.	Nursing professionals care for patients as per their privileging.

■ CORE	■ Commitment	■ Achievement	■ Excellence

Standard

HRM.13.	There is a process for credentialing and privileging of para-clinical professionals, permitted to provide patient care without supervision.

Objective Elements

CORE	a.	Para-clinical professionals permitted by law, regulation and the organisation to provide patient care without supervision are identified.
Commitment	b.	The education, registration, training and experience of para clinical professionals are appropriately verified, documented and updated periodically.
CORE	c.	Para-clinical professionals are granted privileges in consonance with their qualification, training, experience and registration.
Commitment	d.	The requisite services to be provided by the para-clinical professionals are known to them as well as the various departments/units of the organisation.
Commitment	e.	Para-clinical professionals care for patients as per their privileging.

CORE	Commitment	Achievement	Excellence

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Chapter 10

Information Management System (IMS)

Intent of the chapter:

The goal of information management in the organisation is to ensure that the right information is available to the right person at the right time.

Information management includes management of hospital information system as well as all modalities of information communicated to staff, patients, visitors and community in general.

Data and information management must be directed to meet the organisation's needs and support the delivery of quality patient care. The information needs are provided in an authenticated, secure and accurate manner at the right time and place.

Confidentiality, integrity and security of records, data and information is maintained. Confidentiality of protected health information is paramount and is safeguarded across all information processing, storing and disseminating platforms.

Information management also includes periodic review, revision and withdrawal of obsolete information to avoid confusion among staff, patients and visitors.

The organisation maintains a complete and accurate medical record for every patient. Various aspects of the medical record like contents, staff authorised to make entries and retention of records are addressed effectively by the organisation. The medical record is available for appropriate care providers. The medical records are reviewed at regular intervals.

Summary of Standards	
IMS.1.	Information needs of the patients, visitors, staff, management and external agencies are met.
IMS.2.	The organisation has processes in place for management and control of data and information.
IMS.3.	The patients cared for by the organisation have a complete and accurate medical record.
IMS.4.	The medical record reflects the continuity of care.
IMS.5.	The organisation maintains confidentiality, integrity and security of records, data and information.
IMS.6.	The organisation ensures availability of current and relevant documents, records, data and information and provides for retention of the same.
IMS.7.	The organisation carries out a review of medical records.

* This implies that this objective element requires documentation.

STANDARDS AND OBJECTIVE ELEMENTS

Standard

IMS.1.	**Information needs of the patients, visitors, staff, management and external agencies are met.**

Objective Elements

CORE	a.	The organisation identifies the information needs of the patients, visitors, staff, management external agencies and community. *
Commitment	b.	Identified information needs are captured and/or disseminated.
Commitment	c.	Information management and technology acquisitions are commensurate with the identified information needs.
Commitment	d.	A maintenance plan for information technology and communication network is implemented.
Achievement	e.	Contingency plan ensures continuity of information capture, integration and dissemination.
Excellence	f.	The organisation ensures that information resources are accurate and meet stakeholder requirements.
Commitment	g.	The organisation contributes to external databases in accordance with the law and regulations.

Standard

IMS.2.	**The organisation has processes in place for management and control of data and information.**

Objective Elements

Commitment	a.	Processes for data collection are standardised.
Commitment	b.	Data is analysed to meet the information needs.
Commitment	c.	The organisation disseminates the information in a timely and accurate manner.
Commitment	d.	The organisation stores and retrieves data according to its information needs. *
Commitment	e.	Clinical and managerial staff participate in selecting, integrating and using data for meeting the information needs.

■ CORE	■ Commitment	■ Achievement	■ Excellence

Standard

IMS.3.	The patients cared for by the organisation have a complete and accurate medical record.

Objective Elements

Commitment	a.	The unique identifier is assigned to the medical record.
Commitment	b.	The contents of the medical record are identified and documented. *
C⦿RE	c.	The medical record provides a complete, up-to-date and chronological account of patient care.
Commitment	d.	Authorised staff make the entry in the medical record. *
Commitment	e.	Entry in the medical record is signed, dated and timed.
Commitment	f.	The author of the entry can be identified.
Commitment	g.	The medical record has only authorised abbreviations.

Standard

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

Objective Elements

Commitment	a.	The medical record contains information regarding reasons for admission, diagnosis and care plan.
Commitment	b.	The medical record contains the details of assessments, re-assessments and consultations.
Commitment	c.	The medical record contains the results of investigations and the details of the care provided.
Commitment	d.	Operative and other procedures performed are incorporated in the medical record.
Commitment	e.	When a patient is transferred to another organisation, the medical record contains the details of the transfer.
Commitment	f.	The medical record contains a copy of the discharge summary.
Commitment	g.	In case of death, the medical record contains a copy of the cause of death report.
Commitment	h.	Care providers have access to current and past medical record.

CⓇRE	Commitment	Achievement	Excellence

Standard

IMS.5.	The organisation maintains confidentiality, integrity and security of records, data and information.

Objective Elements

CORE	a.	The organisation maintains the confidentiality of records, data and information.*
CORE	b.	The organisation maintains the integrity of records, data and information. *
CORE	c.	The organisation maintains the security of records, data and information.*
Achievement	d.	The organisation uses developments in appropriate technology for improving confidentiality, integrity and security.
Commitment	e.	The organisation discloses privileged health information as authorised by the patient and/or as required by law.
Commitment	f.	Request for access to information in the medical records by patients/physicians and other public agencies are addressed consistently.*

Standard

IMS.6.	The organisation ensures availability of current and relevant documents, records, data and information and provides for retention of the same.

Objective Elements

CORE	a.	The organisation has an effective process for document control. *
CORE	b.	The organisation retains patient's clinical records, data and information according to its requirements. *
Commitment	c.	The retention process provides expected confidentiality and security.
Commitment	d.	The destruction of medical records, data and information are in accordance with the written guidance.*

	CORE		Commitment		Achievement		Excellence

Standard

IMS.7.	**The organisation carries out a review of medical records.**

Objective Elements

C⊗RE	a.	The medical records are reviewed periodically.
Commitment	b.	The review uses a representative sample based on statistical principles.
Commitment	c.	The review is conducted by identified individuals.
Commitment	d.	The review of records is based on identified parameters.
Commitment	e.	The review process includes records of both active and discharged patients.
Commitment	f.	The review points out and documents any deficiencies in records.
Commitment	g.	Appropriate corrective and preventive measures are undertaken.

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Glossary

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

Accreditation	Accreditation is self-assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to improve the health care system continuously.
Accreditation assessment	The evaluation process for assessing the compliance of an organisation with the applicable standards for determining its accreditation status.
Advance life support	Emergency medical care for sustaining life, including defibrillation, airway management, and drugs and medications.
Adverse drug reaction	A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.
Adverse event	An injury related to medical management, in contrast to complications of the disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable. (WHO Draft Guidelines for Adverse Event Reporting and Learning Systems)
Anaesthesia Death	It is defined as death occurring within 24 hours of administration of anaesthesia due to cases related to anaesthesia. However, death may occur even afterwards due to the complications.
Assessment	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.
Barrier nursing	The nursing of patients with infectious diseases in isolation to prevent the spread of infection. As the name implies, the aim is to erect a barrier to the passage of infectious pathogenic organisms between the contagious patient and other patients and staff in the hospital, and thence to the outside world. The nurses wear gowns, masks, and gloves, and they observe strict rules that minimise the risk of passing on infectious agents.
Basic life support	Basic life support (BLS) is the level of medical care which is used for patients with life-threatening illnesses or injuries until the patient can be given full medical care

Breakdown maintenance	Activities which are associated with the repair and servicing of site infrastructure, buildings, plant or equipment within the site's agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.
Byelaws	A rule governing the internal management of an organisation. It can supplement or complement the government law but cannot countermand it, e.g. municipal by-laws for construction of hospitals/nursing homes, for disposal of hazardous and/or infectious waste
Calibration	Set of operations that establish, under specified conditions, the relationship between values of quantities indicated by a measuring instrument or measuring system, or values represented by a material measure or a reference material, and the corresponding values realised by standards.
Care Plan	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Citizen's charter	Citizen's Charter is a document which represents a systematic effort to focus on the commitment of the organisation towards its citizens in respects of standard of services, information, choice and consultation, non-discrimination and accessibility, grievance redress, courtesy and value for money. (Reference: https://goicharters.nic.in/faq.htm)
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. (Reference: Principles for Best Practice in Clinical Audit 2002, NICE/CHI)
Clinical autopsy	It is a surgical procedure that consists of an examination of a corpse by dissection to identify the cause, mode and manner of death or to evaluate any disease or injury that may be present for research or educational purposes.
Clinical care pathway	Clinical care pathways are standardised evidence-based, multidisciplinary management plans. They identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group.
Clinical practice guidelines	Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.

Competence	Demonstrated ability to apply knowledge and skills (para 3.9.2 of ISO 9000: 2015). Knowledge is the understanding of facts and procedures. Skill is the ability to perform a specific action.
Confidentiality	Restricted access to information to individuals who have a need, a reason and permission for such access. It also includes an individual's right to personal privacy as well as the privacy of information related to his/her healthcare records.
Consent	1. The willingness of a party to undergo examination/procedure/ treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient to make an informed decision of his/her health care. 2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India, the legal age of consent is 18 years. It may be evidenced by words or acts or by silence when silence implies concurrence. Actual or implied consent is necessarily an element in every contract and every agreement.
Control Charts	The statistical tool used in quality control to (1) analyse and understand process variables, (2) determine process capabilities, and to (3) monitor effects of the variables on the difference between target and actual performance. Control charts indicate upper and lower control limits, and often include a central (average) line, to help detect the trend of plotted values. If all data points are within the control limits, variations in the values may be due to a common cause and process is said to be 'in control'. If data points fall outside the control limits, variations may be due to a special cause, and the process is said to be out of control.
Correction	Action to eliminate the detected non-conformity (Reference: ISO 9000:2015)
Corrective action	Action to eliminate the cause of a non-conformity and to prevent recurrence. (Reference: ISO 9000:2015)
Credentialing	The process of obtaining, verifying and assessing the qualification of a healthcare provider.
Data	Data is a record of the event.
Discharge summary	A part of a patient record that summarises the reasons for admission, significant clinical findings, procedures performed, treatment rendered, patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications).

Disciplinary procedure	A sequence of activities to be carried out when staff does not conform to the laid-down norms, rules and regulations of the healthcare organisation.
Drug dispensing	The preparation, packaging, labelling, record keeping, and transfer of a prescription drug to a patient or an intermediary, who is responsible for the administration of the drug. (Reference: Mosby's Medical Dictionary, 9th edition, 2009, Elsevier.)
Drug Administration	The giving of a therapeutic agent to a patient, e.g. by infusion, inhalation, injection, paste, pessary, suppository or tablet.
Effective communication	Effective Communication is a communication between two or more persons wherein the intended message is successfully delivered, received and understood. The effective communication also includes several other skills such as non-verbal communication, engaged listening, ability to speak assertively, etc.
Employees	All members of the healthcare organisation who are employed full time and are paid suitable remuneration for their services as per the laid-down policy.
End-of-life Care	Helps all those with an advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support.
Enhanced communication	Enhanced communication is using the methods of communication to ensure meaning and understanding through the recognition of the limitations of others. The intent is to ensure purposeful, timely and reliable communication. The communication must be sensitive, empathetic and inclusive.
Ethics	Moral principles that govern a person's or group's behaviour.
Evidence-based medicine	Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
Family	The person(s) with a significant role in the patient's life. It mainly includes spouse, children and parents. It may also include a person not legally related to the patient but can make healthcare decisions for a patient if the patient loses decision-making ability.
Failure Mode and Effect Analysis (FMEA)	A method used to prospectively identify error risks within a particular process.
Formulary	An approved list of drugs. Drugs contained in the formulary are generally those that are determined to be cost-effective and medically effective.

Goal	A broad statement describing a desired future condition or achievement without being specific about how much and when. (Reference: American Society for Quality) The term "goals" refers to a future condition or performance level that one intends to attain. Goals can be both short- and longer-term. Goals are ends that guide actions. (Reference: Malcolm Baldridge National Quality Award)
Grievance- handling procedures	The sequence of activities carried out to address the grievances of patients, visitors, relatives and staff.
Hazardous materials	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.
Hazardous waste	Waste materials dangerous to living organisms. Such materials require special precautions for disposal. They include the biologic waste that can transmit disease (for example, blood, tissues) radioactive materials, and toxic chemicals. Other examples are infectious waste such as used needles, used bandages and fluid soaked items.
Healthcare-associated infection	Healthcare-associated infection (HAI), also referred to as "nosocomial" or "hospital" infection, is an infection occurring in a patient during the process of care in a hospital or other health care facility which was not present or incubating at the time of admission. (Reference: World Health Organization)
Healthcare organisation	The generic term is used to describe the various types of organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.
High-dependency unit	A high-dependency unit (HDU) is an area for patients who require more intensive observation, treatment and nursing care than are usually provided for in a ward. It is a standard of care between the ward and full intensive care.
High Risk/High Alert Medications	High-risk/high-alert medications are medications involved in a high percentage of medication errors or sentinel events and medications that carry a high risk for abuse, error, or other adverse outcomes. Examples include medications with a low therapeutic index, controlled substances, psychotherapeutic medications, and look-alike and sound-alike medications.
Incident reporting	It is defined as written or verbal reporting of any event in the process of patient care, that is inconsistent with the deserved patient outcome or routine operations of the healthcare facility.
In-service education/ training	Organised education/training usually provided in the workplace for enhancing the skills of staff members or for teaching them new skills relevant to their jobs/tasks.

Indicator	A statistical measure of the performance of functions, systems or processes over time. For example, hospital acquired infection rate, mortality rate, caesarean section rate, absence rate, etc.
Information	Processed data which lends meaning to the raw data.
Intent	A brief explanation of the rationale, meaning and significance of the standards laid down in a particular chapter.
Inventory control	The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure an adequate supply without stock-outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimise total costs.
Isolation	Separation of an ill person who has a communicable disease (e.g.,measles, chickenpox, mumps, SARS) from those who are healthy. Isolation prevents transmission of infection to others and also allows the focused delivery of specialised health care to ill patients. The period of isolation varies from disease-to-disease. Isolation facilities can also be extended to patients for fulfilling their individual, unique needs.
Job description	1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job. 2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes **job specifications** that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Job specification	1. The qualifications/physical requirements, experience and skills required to perform a particular job/task. 2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (Reference: British Standard 3811:1993)
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of a patient.

Medication error	A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labelling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. (Reference: The National Coordinating Council for Medication Error Reporting and Prevention)
Medication Order	A written order by a physician, dentist, or other designated health professionals for a medication to be dispensed by a pharmacy for administration to a patient. (Reference: Mosby's Medical Dictionary, 10th edition, Elsevier)
Mission	An organisation's purpose. This refers to the overall function of an organisation. The mission answers the question, "What is this organisation attempting to accomplish?" The mission might define patients, stakeholders, or markets served, distinctive or core competencies or technologies used.
Monitoring	The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment, e.g. monitoring of growth and nutritional status, air quality in operation theatre. It requires careful planning and use of standardised procedures and methods of data collection.
Multidisciplinary	A generic term which includes representatives from various disciplines, professions or service areas.
Near-miss	A near-miss is an unplanned event that did not result in injury, illness, or damage--but had the potential to do so. Errors that did not result in patient harm, but could have, can be categorised as near-misses.
No harm	This is used synonymously with a near miss. However, some authors draw a distinction between these two phrases. A near-miss is defined when an error is realised just in the nick of time, and abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognised, and the deed is done, but fortunately for the healthcare professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reactions to administered drugs in allergic patients. A prophylactic injection of cephalosporin may be stopped in time because it suddenly transpires that the patient is known to be allergic to penicillin (near-miss). If this vital piece of information is overlooked, and the cephalosporin administered, the patient may fortunately not develop an anaphylactic reaction (no harm event).

Notifiable disease	Certain specified diseases, which are required by law to be notified to the public health authorities. Under the international health regulation (WHO's International Health Regulations 2005), the following diseases are always notifiable to WHO: (a) Smallpox (b) Poliomyelitis due to wild-type poliovirus (c) Human influenza caused by a new subtype (d) Severe acute respiratory syndrome (SARS). In India, the following is an indicative list of diseases which are also notifiable, but may vary from state to state: (a) Polio (b) Influenza (c) Malaria (d) Rabies (e) HIV/AIDS (f) Louse-borne typhus (g) Tuberculosis (h) Leprosy (i) Leptospirosis (j) Viral hepatitis (k) Dengue fever
Nursing empowerment	Empowerment for nurses may consist of three components: a workplace that has the requisite structures to promote empowerment; a psychological belief in one's ability to be empowered; and acknowledgement that there is power in the relationships and caring that nurses provide. It could include structural empowerment and psychological empowerment. Structural empowerment refers to the presence or absence of empowering conditions in the workplace. Kanter's (1993) theory of structural empowerment includes a discussion of organisational behaviour and empowerment. According to this theory, empowerment is promoted in work environments that provide employees with access to information, resources, support, and the opportunity to learn and develop. Psychological empowerment is related to a sense of motivation towards the organisational environment, based on the dimensions of meaning, competence, self-determination, and impact Evidence of nursing empowerment include initiating and carrying out CPR even in the absences of physicians, implementing standard protocols in the ICU such as weaning a patient off ventilator, tapering or titrating inotropic as per standard policies, nurse-led discussions during patient rounds, preparing nursing budgets, decisions to procure equipment that aid and ease nursing care, empowered to correct, stop non-compliance to protocols defined by the hospital.

Objective	A specific statement of a desired short-term condition or achievement includes measurable end-results to be accomplished by specific teams or individuals within time limits. (Reference: American Society for Quality)
Objective element	It is that component of standard which can be measured objectively on a rating scale. Acceptable compliance with the measurable elements will determine the overall compliance with the standard.
Occupational health hazard	The hazards to which an individual is exposed during the course of the performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
Operational plan	The operational plan is the part of your strategic plan. It defines how you will operate in practice to implement your action and monitoring plans - what your capacity needs are, how you will engage resources, how you will deal with risks, and how you will ensure the sustainability of the organisation's achievements.
Organogram	A graphic representation of the reporting relationship in an organisation.
Outsourcing	Hiring of services and facilities from other organisation based upon one's own requirement in areas where such facilities are either not available or else are not cost-effective. For example, outsourcing of house-keeping, security, laboratory/certain special diagnostic facilities. When an activity is outsourced to other institutions, there should be a memorandum of understanding that clearly lays down the obligations of both organisations: the one which is outsourcing and the one who is providing the outsourced facility. It also addresses the quality-related aspects.
Patient-care setting	The location where a patient is provided health care as per his needs, e.g. ICU, speciality ward, private ward and general ward.
Patient record/ medical record/ clinical record	A document which contains the chronological sequence of events that a patient undergoes during his stay in the healthcare organisation. It includes demographic data of the patient, assessment findings, diagnosis, consultations, procedures undergone, progress notes and discharge summary.
Patient-reported experience measures (PREMs)	Patient-reported experience measures are questionnaires measuring the patients' perceptions of their experience whilst receiving care.
Patient-reported outcome measures (PROMs)	Patient-reported outcome measures are questionnaires measuring the patients' views of their health status.
Patient Satisfaction and	Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of Health care providers.

Patient Experience	Patient Experience is the sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care. It is a holistic perception that the patient forms about the healthcare provider based on the overall interactions/ care touchpoints.
Performance appraisal	It is the process of evaluating the performance of staff during a defined period of time with the aim of ascertaining their suitability for the job, the potential for growth as well as determining training needs.
Point of care equipment	Medical Equipment that is used to deliver care/intervene at or near the site of patient care. These are primarily Point-of-care testing (POCT), or bedside testing equipment that helps in reducing turn-around times. POCT Machine examples; Glucometer, ABG Analyser, Stat Lab at ICU/ER, portable USG etc.
Policies	They are the guidelines for decision-making,e.g. admission, discharge policies, antibiotic policy,etc.
Preventive action	Action to eliminate the cause of a potential non-conformity. (Reference ISO 9000:2015)
Preventive maintenance	It is a set of activities that are performed on plant equipment, machinery, and systems before the occurrence of a failure in order to protect them and to prevent or eliminate any degradation in their operating conditions. The maintenance carried out at predetermined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item.
Prescription	A prescription is a document given by a physician or other healthcare practitioner in the form of instructions that govern the care plan for an individual patient. Legally, it is a written directive, for compounding or dispensing and administration of drugs, or for other service to a particular patient. (Reference: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition, Saunders)
Privileging	It is the process for authorising all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications and skills.
Privileged communication	Confidential information furnished (to facilitate diagnosis and treatment) by the patient to a professional authorised by law to provide care and treatment.

Procedural sedation	Procedural sedation is a technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function. Procedural sedation and analgesia (PSA) is intended to result in a depressed level of consciousness that allows the patient to maintain oxygenation and airway control independently. (Reference: The American College of Emergency Physicians)
Procedure	1. A specified way to carry out an activity or a process (Para 3.4.5 of ISO 9000: 2015). 2. A series of activities for carrying out work which when observed by all help to ensure the maximum use of resources and efforts to achieve the desired output.
Process	A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000: 2015).
Programme	A sequence of activities designed to implement policies and accomplish objectives.
Protocol	A plan or a set of steps to be followed in a study, an investigation or an intervention.
Quality	1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2015). Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000: 2015). Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2015). 2. Degree of adherence to pre-established criteria or standards.
Quality assurance	Part of quality management focussed on providing confidence that quality requirements will be fulfilled (Para 3.2.11 of ISO 9000:2015).
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.
Radiation Safety	**Radiation safety** refers to safety issues and protection from radiation hazards arising from the handling of radioactive materials or chemicals and exposure to Ionizing and Non-Ionizing Radiation. This is implemented by taking steps to ensure that people will not receive excessive doses of radiation and by monitoring all sources of radiation to which they may be exposed. (Reference: McGraw-Hill Dictionary of Scientific & Technical Terms) In a Healthcare setting, this commonly refers to X-ray machines, CT/PET CT Scans, Electron microscopes, Particle accelerators, Cyclotron etc. Radioactive substances and radioactive waste are also potential Hazards. **Imaging Safety** includes safety measures to be taken while performing an MRI, Radiological interventions, Sedation, Anaesthesia, Transfer of patients, Monitoring patients during imaging procedure etc.

Re-assessment	It implies a continuous and ongoing assessment of the patient, which is recorded in the medical records as progress notes.
Reconciliation of medications	Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking - including drug name, dosage, frequency, and route - and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital. (Reference: Institute for Healthcare Improvement)
Resources	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for the efficient and effective functioning of an organisation.
Restraints	Devices used to ensure safety by restricting and controlling a person's movement. Many facilities are "restraint-free" or use alternative methods to help modify behaviour. Restraint may be physical or chemical (by use of sedatives).
Risk abatement	Risk abatement means minimising the risk or minimising the impact of that risk.
Risk assessment	Risk assessment is the determination of the quantitative or qualitative value of risk related to a concrete situation and a recognised threat (also called hazard). Risk assessment is a step in a risk management procedure.
Risk management	Clinical and administrative activities to identify, evaluate and reduce the risk of injury.
Risk mitigation	Risk mitigation is a strategy to prepare for and lessen the effects of threats and disasters. Risk mitigation takes steps to reduce the negative effects of threats and disasters.
Risk reduction	The conceptual framework of elements considered with the possibilities to minimise vulnerabilities and disaster risks throughout society to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.
	It is the decrease in the risk of a healthcare facility, given activity, and treatment process with respect to patient, staff, visitors and community.
Root Cause Analysis (RCA)	Root Cause Analysis (RCA) is a structured process that uncovers the physical, human, and latent causes of any undesirable event in the workplace. Root cause analysis (RCA) is a method of problem-solving that tries to identify the root causes of faults or problems that cause operating events.
	RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented. The process involves data collection; cause charting, root cause identification and recommendation generation and implementation.

Safety	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
Safety programme	A programme focused on patient, staff and visitor safety.
Scope of services	Range of clinical and supportive activities that are provided by a healthcare organisation.
Security	Protection from loss, destruction, tampering, and unauthorised access or use.
Sedation	The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation. There are three levels of sedation: **Minimal sedation** (anxiolysis) - A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are not affected. **Moderate sedation**/analgesia (conscious sedation) - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are needed to maintain a patent airway. **Deep sedation**/analgesia - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation. Patients may need help in maintaining a patent airway.
Sentinel events	A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or **major and enduring loss of function** for a recipient of healthcare services. **Major and enduring loss of function** refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.
Social responsibility	A balanced approach for an organisation to address economic, social and environmental issues in a way that aims to benefit people, communities and society,e.g. adoption of villages for providing health care, holding of medical camps and proper disposal of hospital wastes.
Sound clinical practice	Practitioner decisions based on available knowledge, principles and practices for specific clinical situations.
Special Educational needs of the patient	In addition to routine carried by the healthcare professionals, patients and family have special educational needs depending on the situation. For example, a post-surgical patient who has to take care of his wound, nasogastric tube feeding, patient on tracheostomy getting discharged who has to be taken care of by the family etc. The special educational needs are also greatly influenced by the literacy, educational level, language, emotional barriers and physical and cognitive limitations. Hence it is important for the staff to determine the special educational needs and the challenges influencing the effective education.

Staff	All personnel working in the organisation including employees, "fee-for-service" medical professionals, part-time workers, contractual personnel and volunteers.
Standard precautions	1. A method of infection control in which all human blood and other bodily fluids are considered infectious for HIV, HBV and other blood-borne pathogens, regardless of patient history. It encompasses a variety of practices to prevent occupational exposure, such as the use of personal protective equipment (PPE), disposal of sharps and safe housekeeping 2. A set of guidelines protecting first aiders or healthcare professionals from pathogens. The main message is: "Don't touch or use anything that has the victim's body fluid on it without a barrier." It also assumes that all body fluid of a patient is infectious, and must be treated accordingly. **Standard Precautions** apply to blood, all body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood, non-intact skin and mucous membranes
Standards	A statement of expectation that defines the structures and process that must be substantially in place in an organisation to enhance the quality of care.
Sterilisation	It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.
Strategic plan	Strategic planning is an organisation's process of defining its strategy or direction and making decisions on allocating its resources to pursue this strategy, including its capital and people. Various business analysis techniques can be used in strategic planning, including SWOT analysis (Strengths, Weaknesses, Opportunities and Threats), e.g. Organisation can have a strategic plan to become a market leader in the provision of cardiothoracic and vascular services. The resource allocation will have to follow the pattern to achieve the target. The process by which an organisation envisions its future and develops strategies, goals, objectives and action plans to achieve that future.
Surveillance	The continuous scrutiny of factors that determines the occurrence and distribution of diseases and other conditions of ill health. It implies watching over with great attention, authority and often with suspicion. It requires professional analysis and sophisticated interpretation of data leading to recommendations for control activities.
Table-top exercise	A table-top exercise is an activity in which key personnel assigned emergency management roles and responsibilities are gathered to discuss, in a non-threatening environment, various simulated emergency situations. (Reference: https://uwpd.wisc.edu/content/uploads/2014/01/What_is_a_tabletop_exercise.pdf)

Traceability	Traceability is the ability to trace the history, application, use and location of an item or its characteristics through recorded identification data. (Reference: ISO 9000:2015)
Transfusion reaction	A transfusion reaction is a problem that occurs after a patient receives a transfusion of blood.
Triage	Triage is a process of prioritising patients based on the severity of their condition so as to treat as many as possible when resources are insufficient for all to be treated immediately.
Turn-around-time	Turnaround Ttime (TAT) means the amount of time taken to complete a process or fulfil a request.
Unstable patient	A patient whose vital parameters need external assistance for their maintenance.
Validated tool	A validated tool refers to a questionnaire/scale that has been developed to be administered among the intended respondents. The validation processes should have been completed using a representative sample, demonstrating adequate reliability (the ability of the instrument to produce consistent results) and validity (the ability of the instrument to produce true results).
Validation	Validation is verification, where the specified requirements are adequate for the intended use.
Values	The fundamental beliefs that drive organisational behaviour and decision-making. This refers to the guiding principles and behaviours that embody how an organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an organisation.
Verbal order	Verbal orders are those orders given by a physician with prescriptive authority to a licensed person who is authorised by the organisation.
Verification	Verification is the provision of objective evidence that a given item fulfils specified requirements.
Vision	An overarching statement of the way an organisation wants to be, an ideal state of being at a future point. This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future.

Vulnerable patient	Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status,e.g. infants, elderly, physically- and mentally-challenged, semiconscious/unconscious, those on immunosuppressive and/or chemotherapeutic agents.
Workplace violence	Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health. (Adapted from European Commission)

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Annexure-I

5th EDITION

APRIL 2020

KEY PERFORMANCE INDICATORS

NABH Key Performance Indicators

The concept of performance in health services represents an instrument for bringing quality, efficiency and efficacy together. Performance represents the extent to which set objectives are accomplished. Performance is a multidimensional one, covering various aspects, such as evidence-based practice (EBP), continuity and integration in healthcare services, health promotion, orientation towards the needs and expectation of patients and family members.

Key Performance Indicators (KPIs) help to systematically monitor, evaluate, and continually improve service performance. By themselves, KPIs cannot improve performance. However, they do provide "signposts" that signal progress toward goals and objectives as well as opportunities for sustainable improvements.

Well-designed KPIs should help the organisation to do a number of things, including:

- Establish baseline information i.e., the current state of performance
- Set performance standards and targets to motivate continual improvement
- Measure and report improvements over time
- Compare performance across geographic locations
- Benchmark performance against regional and international peers or norms
- Allow stakeholders to independently judge health sector performance.

Healthcare organisations (HCO) are encouraged to capture all data which involves clinical and support services. The data needs to be analysed and risks, rates and trends for all the indicators have to be demonstrated for appropriate action.

The intent of the NABH KPIs is to have comprehensive involvement of scope of services for which a HCO has applied for the accreditation program. Standardised definitions for each indicator along with numerator and denominator have been explained. Each HCO can have the data set measure, analyse the aggregated data and appropriate correction, corrective and preventive action can be formulated. Each HCO can also design their own methodology of data collection but a broad guidance note has been given to facilitate organisation's compliance.

Suggested minimum sample size to be taken for various audits and KPIs as applicable has been specified. (Table at the end).

NABH
Key Performance Indicators Expected to be Monitored by Healthcare Organisation

The Key performance indicators expected to be monitored by healthcare organisation:

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
1.	PSQ3a	Time taken for initial assessment of indoor patients	The time shall begin from the time that the patient has arrived at the bed of the ward till the time that the initial assessment has been completed by a doctor.	Sum of time taken for initial the assessment		Minutes	Monthly	This shall be captured either through the HIS, or through audit. In case of audit, the sample size shall be as specified in the sample size calculation table. Day care patients are not included.
				Total number of admissions				
2.	PSQ 3a	Number of reporting errors per 1000 investigations		Number of reporting errors	x1000	/1000 tests	Monthly	This includes reporting errors picked up after dispatch. This shall be captured in the laboratory and radiology. Reporting errors include transcription errors. For better analysis, the organisation could capture the data separately for different laboratory departments (For example, Biochemistry / Microbiology/Pathology) and Imaging modalities (for example, X-Ray/USG/CT/MRI). Further, the organisation could consider capturing data pertaining to reporting errors that were identified and rectified before dispatch of the reports. This would enable the organisation to improve on its process.

Although the indicator is collated on a monthly basis, immediate correction is to be initiated when such instances happen. |
| | | | | Number of tests performed | | | | |

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
3.	PSQ3a	Percentage of adherence to safety precautions by staff working in diagnostics.		Number of staff adhering to safety precautions	X 100	Percentage	Monthly	This shall be captured in the laboratory and radiology. This shall be captured by doing an audit on a monthly basis. The audit should be done by the competent individual outside of the department being audited. Even if the staff is not adhering to anyone of the organisation's/statutory safety requirements, it shall be considered as non- adherence.
				Number of staff audited				
4.	PSQ3a	Medication Errors Rate	A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient or consumer. (Ref: NCC-MERP)). Examples include, but are not limited to: Prescribing error Transcribing error Dispensing error Administration error Monitoring error Wrong drug, Wrong strength, Wrong dose errors; Wrong patient errors; Wrong route of administration error	Total number of medication errors	X 100	Percentage	Monthly	The methodology for capture shall be as stated in NABH's document on medication errors
				Total number of opportunities of medication errors				
5.	PSQ3a	Percentage of medication charts with error-prone abbreviations	Error-prone abbreviations shall be defined in consonance with the guidelines laid down by Institution for Safe Medication Practices.	Number of medication charts with error prone abbreviation (s)	X 100	Percentage	Monthly	This includes only for in-patients and could be clubbed with the activity for capturing medication errors.
				Number of medication charts reviewed				

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
6.	PSQ3a	Percentage of in-patients developing adverse drug reaction(s).	Adverse Drug reaction is a response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.	Number of patients developing adverse drug reactions	X 100	Percentage	Monthly	The organisation needs to have a mechanism in place to ensure that all adverse drug reactions are captured and reported.
				Number of in - patients				
7.	PSQ3a	Percentage of unplanned return to OT	Unplanned return to the OT is defined as any secondary procedure required for a complication resulting directly from the index operation during same admission. For example, post-operative bleeding, debridement, secondary suturing, embolectomy, evaluation under anaesthesia etc.	Number of unplanned return to OT	X 100	Percentage	Monthly	The data shall be captured with a delay of 30 days. This ensures that the organisation has adequate time to capture complications that require unplanned return to the OT. For example, the data which is collated in January would include surgeries done in the month of November. This also includes unplanned re-exploration. This shall not include surgeries under LA. However if any such patient required unplanned return to the OT, the same shall be captured in the Incident Report Form.
				Number of patients who underwent surgeries in the OT				
8.	PSQ3a	Percentage of surgeries where the organisation's procedure to prevent adverse events like wrong site, wrong patient and wrong surgery have been adhered to.		Number of surgeries where the procedure was followed	X 100	Percentage	Monthly	This should be done by prospective audit. The audit shall be done when the surgery is being performed. A person(s) working in the OT complex could be entrusted with this responsibility. It is preferable that the identity of the person auditing is anonymised from the operating team. The sample size shall be as specified in the sample size calculation sheet. Further sampling shall be random and stratified (distributed across various days and operating surgeons).
				Number of surgeries performed				

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
9.	PSQ3a	Percentage of transfusion reactions	Any adverse reaction to the transfusion of blood or blood components shall be considered as transfusion reaction. It may range from a mild allergic reaction (including chills/rigors) to life-threatening complications like TRALI and Graft-Versus-Host Disease.	Number of transfusion reactions	X 100	Percentage	Monthly	Number of units includes whole blood and components.
				Number of units transfused				
10.	PSQ3a	Standardised Mortality Ratio for ICU	Standardised Mortality Ratio is the ratio of the observed or actual mortality and the predicted mortality for a specified time period. It requires an estimate of predicted mortality rate using a scoring system (APACHE, SOFA, SAPS, MPM, and PRISM etc.)	Actual deaths in ICU	X 100	Percentage	Monthly	Predicted death shall be calculated from models such as APACHE, SOFA, SAPS, MPM, and PRISM etc. 1 = Normal/expected > = Higher than expected <= Lower than expected
				Predicted deaths in ICU				
11.	PSQ3a	Return to the emergency department within 72 hours with similar presenting complaints		Number of returns to emergency within 72 hours with similar presenting complaints	X 100	Percentage	Monthly	To capture this indicator it may be a good practice to capture during the initial assessment itself if the patient had come within 72 hours for similar complaints.
				Number of patients who have come to the emergency.				
12.	PSQ3a	Incidence of hospital associated pressure ulcers after admission (Bed sore per 1000 patient days)	A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.	Number of patients who develop new / worsening of pressure ulcer	X 1000	/1000 patient days	Monthly	The organisation shall use The European and US National Pressure Ulcer Advisory panels (EPUAP and NPUAP) staging system to look for worsening pressure ulcers.
				Total no. of patient days				

S. No.	Standards	Indicator	Definition	Formula	Unit	Frequency of Data Collation/ Monitoring	Remarks
13.	PSQ3b	Catheter associated Urinary tract infection rate	As per the latest CDC/NHSN definition	Number of urinary catheter associated UTIs in a month	/1000 urinary catheter-days	Monthly	
				Number of urinary catheter days in that month			
14.	PSQ3b	Ventilator associated Pneumonia rate	As per the latest CDC/NHSN definition	Number of "Ventilator Associated Pneumonia" in a month	/1000 ventilator-days	Monthly	
				Number of ventilator days in that month			
15.	PSQ3b	Central line - associated Blood stream infection rate	As per the latest CDC/NHSN definition	Number of central line - associated blood stream infections in a month.	/1000 central line days	Monthly	
				No. of central line days in that month			
16.	PSQ3b	Surgical site infection rate	As per the latest CDC/NHSN definition	Number of surgical site infections in a given month	/100 surgical procedures	Monthly	Remarks*
				Number of surgeries performed in that month			

Formulas multiplied by: rows 13, 14, 15 → X 1000; row 16 → X 100

*Remarks

Keeping in mind the definition of SSI, the numbers would have to be updated on a continual basis until such time that the monitoring period is over. For example, in January the data of December would be reported. The denominator would be the number of surgeries performed in December and that would not change. With respect to numerator, there would be some data but it would not be complete data. Hence, whatever value the organisation gets at this stage would at best be a preliminary value.

The organisation will continue to monitor the patients and by end January, would have got complete data with respect to procedures which have a 30-day surveillance period. At this point of time based on the data that the organisation has collated the numerator may change and hence the SSI rate.

However, this again would not be the final data. The organisation will continue to monitor procedures which have a 90-day surveillance period and if there are new SSIs it would get added to the numerator and thus the rate would change. The surveillance period for surgeries which are done in December and have a 90-day surveillance period would end on March 31st (give or take a few days).

at this point of time that the organisation can have the final SSI rate for December.

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
17.	PSQ3b	Hand Hygiene Compliance Rate		Total number of Hand hygiene actions performed	X 100	Percentage	Monthly	Observation involves directly watching and recording the hand hygiene behaviour of health care workers and the physical environment. Good reference is WHO hand hygiene compliance monitoring tool. Please refer: http://www.who.int/gpsc/5may/tools/en/ http://www.who.int/entity/gpsc/5may/Observation_Form.doc?ua=1
				Total number of hand hygiene opportunities				
18.	PSQ3b	Percentage of cases who received appropriate prophylactic antibiotics within the specified timeframe		Number of patients who did receive appropriate prophylactic antibiotic(s)	X 100	Percentage	Monthly	Appropriate prophylactic antibiotic should be according to hospital policy. The numerator shall include patients who received the appropriate drug (and dose) within the appropriate time. A patient who was not given prophylactic antibiotic because it was not indicated (e.g. clean surgery) shall be included in the numerator. A patient, who is given prophylactic antibiotic even though it was not indicated, shall be considered as having received it inappropriately.
				Number of patients who underwent surgeries in the OT				
19.	PSQ3c	Percentage of re- scheduling of surgeries	Re-scheduling of surgeries includes cancellation and postponement (beyond 4 hours)of the surgery.	Number of cases re-scheduled	X 100	Percentage	Monthly	Any case included in the OT list (including tentative/provisional) but rescheduled shall be included in the numerator.
				Number of surgeries planned				

S. No.	Standards	Indicator	Definition	Formula	Unit	Frequency of Data Collation/ Monitoring	Remarks
20.	PSQ3c	Turnaround time for issue of blood and blood components	Time taken to be calculated from the time the request is received in the blood bank till the blood is cross matched/reserved and available for transfusion. .	Sum of time taken / Total number of blood and blood Components cross-matched/ reserved	Minutes	Monthly	This will include blood outsourced from other Blood Banks, for those organisations not having in-house Blood Banks.
21.	PSQ3c	Nurse-patient ratio for ICUs and wards		Number of nursing staff / Number of occupied beds	Ratio	Monthly	The HCOs should calculate the staffing patterns separately for ICUs and for the wards. The in-charge/supervisor of the area shall not be included for calculating the number of staff. It is preferable that in case of ICU the organisation capture the ratio for ventilated and non-ventilated patients separately. To be calculated for each shift separately.
22.	PSQ3c	Waiting time for out- patient consultation	Waiting time is a length of time which one must wait in order for a specific action to occur, after that action is requested or mandated. Waiting time for out-patient consu- ltation is the time from which the patient has come to the concerned out- patient department(it may or may not be the same time as registration)till the time that the concerned consultant (not the junior doctor/resident) begins the assessment.	Sum total Patient-in time for consultation / Total Number of out-patients	Minutes	Monthly	In case of appointment patients, the time shall begin with scheduled appointment time and end when the concerned consultant (not the junior doctor/resident) begins the assessment. In cases where the patient has been seen ahead of the appointment time, the waiting time shall be taken as zero minutes.

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
23.	PSQ4c	Waiting time for diagnostics	Waiting time for diagnostics is the time from which the patient has come to the diagnostic service (requisition form has been presented to the counter) till the time that the test is initiated.	Sum total patient reporting time		Minutes	Monthly	Waiting time for diagnostics is applicable only for out- patients and for laboratory and imaging In case of appointment patients, the time shall begin with the scheduled appointment time and end when the diagnostic procedure begins. In cases where the patient's diagnostic test commences ahead of the appointment time the waiting time shall be taken as zero minutes.
				Number of patients reported in Diagnostics				
24.	PSQ4c	Time taken for discharge	The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the clinical unit	Sum of time taken for discharge		Minutes	Monthly	In case patients request additional time to leave the clinical unit that shall not be added. The discharge is deemed to have been complete when the formalities for the same have been completed.
				Number of patients discharged				
25.	PSQ4c	Percentage of medical records having incomplete and/or improper consent	Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient about the procedure, its potential risks and benefits, alternative procedure or treatment with their risks and benefits so as to enable the patient to take an informed decision of his/her healthcare.	Number of medical records having incomplete and/or improper consent	X 100	Percentage	Monthly	If any of the essential element/requirement of consent is missing it shall be considered as incomplete. If any consent obtained is invalid/void (consent obtained from wrong person/consent obtained by wrong person etc.) it is considered as improper.
				Number of discharges and deaths				

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
26.	PSQ4c	Stock out Rate of Emergency medications	A stock out is an event which occurs when an item listed as an emergency medication by the organisation is not available upon the requested need date in the organisation.	Number of stock outs of emergency drugs	X 100	Percentage	Monthly	To capture this, organisation should maintain a register in the pharmacy and stores (and also if necessary in the wards) wherein all such events are captured. The organisation shall capture the number of instances. In one instance, it is possible that there was stock out of more than one emergency drug. For example, if on the 7th there was an instance of stock out of two emergency drugs and on 24th there was an instance of stock out of one emergency drug, the value of the indicator would be two.
				Number of drugs listed as emergency drugs in hospital formulary				
27.	PSQ4d	Number of variations observed in mock drills	Mock drill is a simulation exercise of preparedness for any type of event. It could be event or disaster. This is basically a dry run or preparedness drill. For example, fire mock drill, disaster drill, Code Blue Drill, Global Pandemic preparedness drill.	Total number of variations observed in a mock drill		Number	Monthly	To capture the variation it is suggested that every organisation develop a checklist to capture the events during a mock drill. This shall also include table top exercises.

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
28.	PSQ4d	Patient fall rate (Falls per 1000 patient days)	A fall is defined as "Loss of upright position that results in landing on the floor, ground or an object or furniture or a sudden, uncontrolled, unintentional, non-purposeful, downward displacement of the body to the floor/ground or hitting another object like a chair or stair." It is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level.	Number of patient falls ——— Total number of patient days	X 1000	/1000 patient days	Monthly	Falls may be: • at different levels– i.e., from one level to ground level e.g. from beds, wheelchairs or down stairs • on the same level as a result of slipping, tripping, or stumbling, or from a collision, pushing, or shoving, by or with another person • belowground level, i.e. into a hole or other opening in surface All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons. Assisted falls (when another person attempts to minimize the impact of the fall by assisting the patient's descent to the floor) should be included. (NDNQI, 2005).
29.	PSQ4d	Percentage of near misses	A near miss is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Errors that did not result in patient harm, but could have, can be categorized as near misses.	Number of near misses reported ——— Number of incidents reported	X 100	Percentage	Monthly	A key to any near miss report is the "lesson learned". Near miss reporters can describe what they observed of the beginning of the event, and The factors that prevented loss from occurring.
30.	PSQ3d	Incidence of needle stick injuries	Needle stick injury is a penetrating stab wound from a needle (or other sharp object) that may result in exposure to blood or other body fluids. Needle stick injuries are wounds caused by needles that accidentally puncture the skin.	Number of parenteral exposures ——— Number of in-patient days	X 1000	/1000 patient days	Monthly	Parenteral exposure means injury due to any sharp. This includes only in-patients.

S. No.	Standards	Indicator	Definition	Formula		Unit	Frequency of Data Collation/ Monitoring	Remarks
31.	PSQ3d	Appropriate handovers during shift change (To be done separately for doctors and nurses) - (per patient per shift).		Total no. of handovers done appropriately	X 100	Percentage	Monthly	Handover is an important communication tool used by the healthcare workers. Handover documentation by each shift can be used as a guide to capture the information.
				Total no. of handover opportunities				
32.	PSQ3d	Compliance rate to Medication Prescription in capitals		Total no. of prescriptions in capital letters	X 100	Percentage	Monthly	This includes only Out-patients prescriptions.
				Total no. of prescriptions				

───────── Sample size calculation ─────────

Solvent formula

n= N/(1+Ne²)

(where n = Number of samples, N = Total population and e = Error tolerance)
By using 95% confidence level (margin of error of 0.05)

By using this formula the values calculated are the following:

Screening Population	Sample Size*
50	44
100	80
150	109
200	133
500	222
1000	286
2000	333
5000	370
10000	385
20000	392

For values beyond the purview of the table, minimum 10% of the population size can be taken as representative sample.

It is preferred to take the samples on Stratified random basis than on Continuous basis to eliminate the bias that can occur in convenient sampling.

Stratified random sampling accurately reflects the population being studied because researchers are stratifying the entire population before applying random sampling methods. In short, it ensures each subgroup within the population receives proper representation within the sample.

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Annexure-II

5th EDITION
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MEDICATION ERRORS
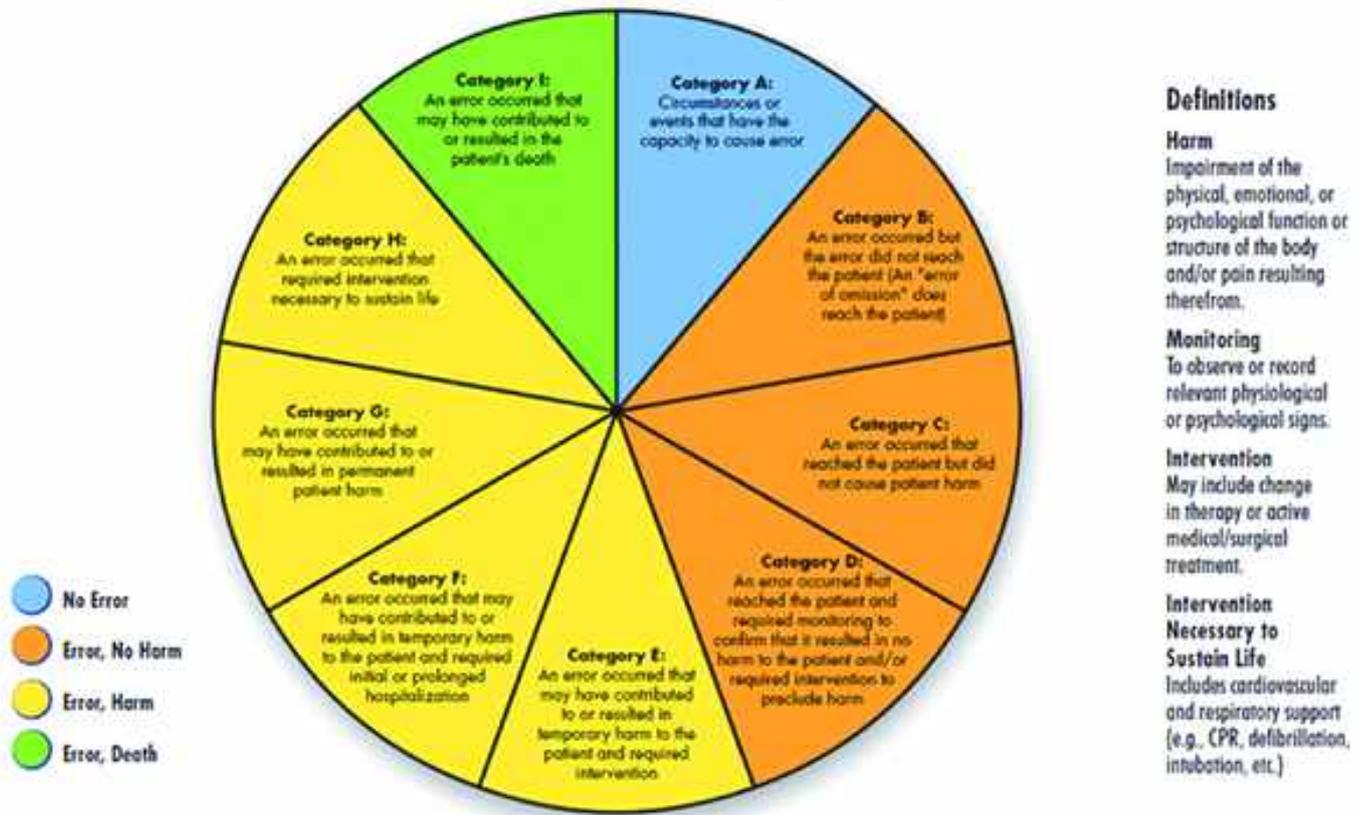
Medication Errors

Definition

NCCMERP (National Coordinating Council for Medication Error Reporting and Prevention) defines medication error as

"A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures and systems, including prescribing, order communication, product labelling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use."
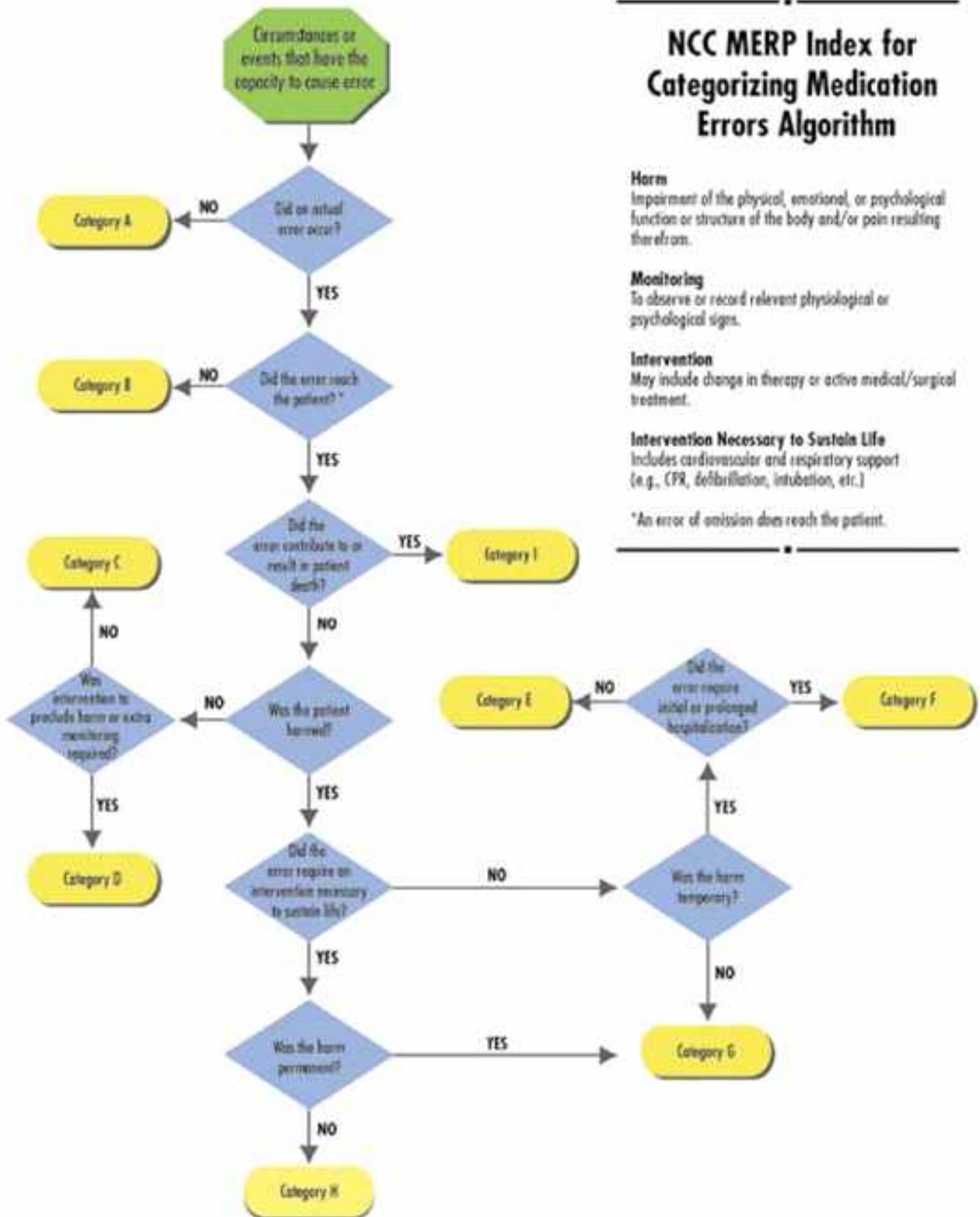
Level of Harm	Category of Error	Explanation of events/ error
NO ERROR	Category A	Circumstances or events that have the capacity to cause error
ERROR, NO HARM	Category B	An error occurred but the error did not reach the patient (An "error of omission" does reach the patient.)
	Category C	An error occurred that reached the patient, but did not cause patient harm.
	Category D	An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm
ERROR, HARM	Category E	An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
	Category F	An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization
	Category G	An error occurred that may have contributed to or resulted in permanent patient harm
	Category H	An error occurred that required intervention necessary to sustain life
ERROR, DEATH	Category I	An error occurred that may have contributed to or resulted in the patient's death.

NCC MERP Index for Categorizing Medication Errors

National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) index for categorizing medication errors. © 2001 National Coordinating Council for Medication Error Reporting and Prevention.

NCC MERP Index for Categorizing Medication Errors Algorithm

Harm
Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

Monitoring
To observe or record relevant physiological or psychological signs.

Intervention
May include change in therapy or active medical/surgical treatment.

Intervention Necessary to Sustain Life
Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

*An error of omission does reach the patient.

Algorithm developed by the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) for applying the NCC MERP index for categorizing medication errors. © 2001, National Coordinating Council for Medication Error Reporting and Prevention.

Methodology

Chart Review, Audit and Self Reporting of Medication Errors are preferred methods in case medication charts are documented manually in the HCO. Software programmes can be used where prescriptions are generated online.

The format for capturing medication errors by routine chart review is provided in Annexure-1.

The idea of trying to identify personnel involved in errors is to ensure that the organisation does a proper root cause analysis and takes appropriate corrective and/or preventive action. It is not meant for punitive action. Process improvements are a must to reduce errors.

Formula

$$\frac{\text{Total number of errors identified}}{\text{Total number of opportunities}} \times 100$$

- Total No of errors identified / No of drugs per chart reviewed * No of charts reviewed

Note:

- Self-reported medication errors, medication errors identified during audits or medication errors identified by any other methodology shall be added to the numerator i.e. total number of errors identified.

Sample size

Adhere to the formula stated by NABH Advisory for sample size calculation. The 'population' would be calculated from the running average of the previous three months admissions.

Care needs to be taken to ensure that files from all clinical specialities.are included. Stratified sampling will help the organisation achieve this.

Correction

Pending analysis, it is imperative that the organisation do correction to mitigate the effect(s) of the error. An example of how correction could be done is provided below.

For category A and B	Administer the drug within reasonable time frame
For Category C and D	Consult the clinician and follow orders accordingly

Analysis

The first step in analysis is collation of data. This would help identify

- Categories of error
- Personnel involved in error

The data could be collated as per the table below.

	A	B	C	D	E	F	G	H	I	Total
DOCTORS										
NURSES										
PHARMACISTS										
TOTAL										

The organisation should identify the proper root cause to ensure that effective corrective and/ or preventive action are taken. It is suggested that appropriate tools are used for the same.

Some of the possible causes of medications errors are provided in the table below.

PEOPLE	ENVIRONMENT	EQUIPMENT	PROCESS
Casual Attitude	Pharmacy- poor drug storage- poor ventilation, lighting, humidity	Defective syringe pumps	'Ten' rights not observed
Inexperienced/ New staff	Pharmacy space constraint for storage,		Wrong stocking
Untrained staff	Pharmacy manpower constraint for dispensing		Wrong labelling
Shift change time/ in hurry			Inappropriate syringe/ diluent
Emotionally unfit			No cross checking

PEOPLE	ENVIRONMENT	EQUIPMENT	PROCESS
Physically unfit			Stock outs
Wrong indent/ receiving			Unauthorized replacement of drug
Patient identification error			LASA medicine error
Wrong dispensing pharmacy			
Wrong distribution GDA			
Illegible handwriting doctors			

Some of the common corrective actions include:

- Training
- Manpower recruitment
- Pharmacy stock rectification
- Equipment replacement/ rectification

Suggested Reading

1. www.nccmerp.org. National Coordinating Council for Medication Error Reporting and Prevention

2. American Society of Health-System Pharmacists. ASHP guidelines on pre- venting medication errors in hospitals. Am J Health-Syst Pharm. 2018; 75:1493–1517.

3. Nrupal Patel, Mira Desai, Samdih Shah et al. A study of medication errors in a tertiary care hospital. Perspect Clin Res. 2016 Oct-Dec; 7(4): 168–173.

4. Khandelwal AK. Getting it Right. Healthcare Radius 2014; March: 32-34

Annexure-1: Medication Chart Review Checklist

Auditor: Date of Audit: Location:

UHID: Date of Admission: Primary Consultant:

	Error Perpetuation (Write Category of error from A to I)# In case of no error, kindly write 0; if a particular parameter is not applicable, kindly write NA (Multiple errors can be there and documented for each row and column)									
	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	Drug 10
DOCTORS										
1. Incorrect prescription										
Incorrect drug selection										

	Error Perpetuation (Write Category of error from A to I)# In case of no error, kindly write 0; if a particular parameter is not applicable, kindly write NA (Multiple errors can be there and documented for each row and column)									
	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	Drug 10
No/wrong dose										
No/wrong unit										
No/wrong frequency										
No/wrong route										
No/wrong concentration										
No/wrong rate of administration										
2. Drug allergies not documented										
3. Illegible handwriting										
4. Non-approved abbreviations used										
5. Non-usage of capital letters for drug names										
6. Non usage of generic names										
7. Non-modification of drug dose keeping in mind drug-drug interaction										
8. Non modification of time of drug administration/ dose/drug keeping in mind food-drug interaction										
PHARMACIST										
9. Wrong drug dispensed										
10. Wrong dose dispensed										
11. Wrong formulation dispensed										
12. Expired/Near-expiry drugs dispensed										
13. No/wrong labelling										
14. Delay in dispense > defined time										

	Error Perpetuation (Write Category of error from A to I)# In case of no error, kindly write 0; if a particular parameter is not applicable, kindly write NA (Multiple errors can be there and documented for each row and column)									
	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	Drug 10
15. Generic or class substitute done without consultation with the prescribing doctor										
NURSES										
16. Wrong Patient										
17. Dose Omission										
18. Improper Dose										
19. Wrong Drug										
20. Wrong Dosage Form										
21. Wrong Route of Administration										
22. Wrong Rate										
23. Wrong Duration										
24. Wrong Time*										
25. No documentation of drug administration										
**26. Incomplete/Improper documentation by nursing staff ** **										
27. Documentation without administrationOthers										

Number of errors (Number of cells having a value between A to I) =

Number of opportunities {Number of cells having a value of either 0 or a value between A to I (excluding NA)} =

\# Select only one of the medication error categories or subcategories, whichever best fits the error that is being reported. In selecting the patient outcome category, select the highest level severity that applies during the course of the event. For example, if a patient suffers a severe anaphylactic reaction (Category H) and requires treatment (Category F) but eventually recovers completely, the event should be coded as Category H.

* Deviation from the organisation's defined timeframe for administration of drugs for which the time has not been written. The basis for stating 'wrong time' should be evidence-based. The organisation could adopt/adapt the ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications.

** Incomplete documentation includes missing date, time, signature. Improper documentation includes writing the wrong dose like instead of stating ½ tablet of 500 mg being administered, stating that 1 tablet of 250 mg was administered (based on how the medication order was written) or not stating the actual brand that was administered in cases of brand substitution.

NABH