

PRE ACCREDITATION ENTRY LEVEL STANDARDS FOR HOSPITALS

First Edition : April 2014



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

Pre Accreditation Entry Level Standards for Hospital

First Edition - April 2014



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

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FOREWORD

Patient safety is a fundamental principal of healthcare. There is a widespread awakening all over the globe, about the need to improve the quality of healthcare in terms of actual patient care and patient safety. India has also taken up the cause in full earnest and today private and public hospitals are both showing commitment towards improvement in quality of health services provided. Patient satisfaction is a key determinant of quality of care.

Accreditation as we say is basically a framework, which helps healthcare organization to establish objective systems aimed at patient safety and quality of care. Documentation plays an important role in defining of such systems. In general, the organization will need to establish objective and dynamic system incorporating requirements given in the standard. These systems are as we say, defined, implemented, owned by the staff and finally provide objective evidence of compliance.

NABH Objective is to operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare. Accreditation standards for HCO were developed in 2006 however only few hospitals have achieved accreditation across the country as large number of hospitals face challenges and difficulties in implementing all the standards. With the aim to encourage HCOs to join quality journey, NABH has developed Pre Accreditation Entry Level certification standards, in consultation with various stake holders in the country, as a stepping stone for enhancing the quality of patient care and safety. The aim is to introduce quality and accreditation to the HCOs as their first step towards awareness and capacity building. Once Pre Accreditation Entry Level Certification is achieved, the HCO can then prepare and move to the next stage - “Progressive” Level, and finally to “Full Accreditation” status. This methodology provides a step by step and staged approach, which is practical for the HCOs.

Needless to say, the HCO has the choice to apply for any stage of Accreditation based on its state of readiness, e.g. an HCO can straightaway apply for Full Accreditation if they so desire, or can take this step by step approach.

A baseline assessment can help the HCO in defining whether they should apply for Entry level or Full Accreditation at the time of initiation of their quality journey.

The first edition of certification standards is divided in 10 chapters, which have been further divided into 45 standards. Put together there are 173 objective elements incorporated with in these standards which is almost one-fourth of the full

accreditation standards. These standards will sensitize the HCO to adopt the quality and patient safety framework. These standards are achievable and equally applicable to government and private hospitals, and are applicable to the whole organisation.

Standards are dynamic and would be under constant review process. Comments and suggestions for improvement are appreciated. We seek your support in keeping these standards adequate to the need of industry.

(Dr. K. K. Kalra)
CEO - NABH

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The conceptualization, compilation and production of this document have been elaborate collective efforts of all stakeholders belonging to various governments, insurance bodies and NABH Team members.

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Chapter 1

Access, Assessment and Continuity of Care (AAC)

Intent of the chapter:

The HCO defines its scope of service provision, and provides information to patients about the services available. This will facilitate appropriately matching patients with the organisation's resources. Once the patient is in the HCO, the patient is registered and assessed, whether in OPD, IPD or Emergency. The laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff.

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

Summary of Standards

AAC.1.	The organization defines and displays the services that it can provide..
AAC.2.	The organization has a documented registration, admission and transfer process.
AAC.3.	Patients cared for by the organization undergo an established initial assessment.
AAC.4.	Patient care is continuous and all patients cared for by the organization undergo a regular reassessment.
AAC.5.	Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.
AAC.6.	Imaging services are provided as per the scope of the hospital's services and established radiation safety programme
AAC.7.	Organization has a defined discharge process.

Standards and Objective Elements

Standard

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

Objective Elements

- a. The services being provided are clearly defined.
- b. The defined services are prominently displayed.
- c. The staff is oriented to these services.

Standard

AAC. 2	The organization has a documented registration, admission and transfer process
---------------	---

Objective Elements

- a. Process addresses registering and admitting out-patients, in-patients and emergency patients.
- b. Process addresses mechanism for transfer or referral of patients who do not match the organizational resources.

Standard

AAC. 3	Patients cared for by the organization undergo an established initial assessment
---------------	---

Objective Elements

- a. The organization defines the content of the assessments for the out-patients, in-patients and emergency patients.
- b. The organization determines who can perform the assessments.
- c. The initial assessment for in-patients is documented within 24 hours or earlier.
- d. Initial assessment of inpatients includes nursing assessment which is done at the time of admission and documented.

Standard

AAC. 4 Patient care is continuous and all patients cared for by the organization undergo a regular reassessment

Objective Elements

- a. During all phases of care, there is a qualified individual identified as responsible for the patient's care who coordinates the care in all the settings within the organization.
- b. All patients are reassessed at appropriate intervals.
- c. Staff involved in direct clinical care document reassessments.
- d. Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.

Standard

AAC. 5 Laboratory services are provided as per the scope of the hospital's services and adhering to best practices

Objective Elements

- a. Scope of the laboratory services are commensurate to the services provided by the organization.
- b. Procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.
- c. Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.
- d. Adequately trained personnel perform, supervise and interpret the investigations
- e. Laboratory personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.
- f. Laboratory tests not available in the organization are outsourced

Standard

AAC. 6 Imaging services are provided as per the scope of the hospital's services and established radiation safety programme

Objective Elements

- a. Scope of the imaging services are commensurate to the services provided by the organization.
- b. Imaging signages are prominently displayed in all appropriate locations
- c. Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.
- d. Imaging personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.

Standard

AAC. 7 The organization has a defined discharge process

Objective Elements

- a. Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.
- b. A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice).
- c. Discharge summary contains the reasons for admission, significant findings, investigation results, diagnosis, procedure performed (if any), treatment given and the patient's condition at the time of discharge.
- d. Discharge summary contains follow up advice, medication and other instructions in an understandable manner.
- e. Discharge summary incorporates instructions about when and how to obtain urgent care.
- f. In case of death the summary of the case also includes the cause of death.

Chapter 2 Care of Patients (COP)

Intent of the standards

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

Specific services such as Intensive Care, Surgery, Blood Transfusion, Emergency, Anesthesia, Obstetrics and Paediatric are addressed, where patient care is guided by policies and procedures. The HCO is also encouraged to identify and adapt clinical guidelines, so as to bring about uniformity in patient care.

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Summary of Standards

COP. 1	Care of patients is guided by accepted norms and practice.
COP. 2	Emergency services including ambulance are guided by documented procedures.
COP. 3	Documented procedures define rational use of blood and blood products.
COP. 4	Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency units.
COP. 5	Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital
COP. 6	Documented procedures guide the care of paediatric patients as per the scope of services.
COP. 7	Documented procedures guide the administration of anaesthesia.
COP. 8	Documented procedure guides the care of patients undergoing surgical procedures.

Standards and Objective Elements

Standard

COP. 1	Care of patients is uniform and is guided by the laws and regulations
---------------	--

Objective Elements

- a. The care and treatment orders are signed and dated by the concerned doctor.
- b. Clinical Practice Guidelines are adopted to guide patient care wherever possible

Standard

COP. 2	Emergency services including ambulance are guided by documented procedures
---------------	---

Objective Elements

- a. Documented procedures address care of patients arriving in the emergency including handling of medico-legal cases.
- b. Staff should be well versed in the care of Emergency patients in consonance with the scope of the services of hospital.
- c. Admission or discharge to home or transfer to another organization is also documented.
- d. Ambulance is appropriately equipped.
- e. Ambulance(s) is manned by trained personnel

Standard

COP. 3	Documented procedures define rational use of blood and blood products
---------------	--

Objective Elements

- a. Documented policies and procedures are used to guide the rational use of blood and blood products.
- b. Documented procedures govern transfusion of blood and blood products.
- c. The transfusion services are governed by the applicable laws and regulations.

- d. Informed consent is obtained for donation and transfusion of blood and blood products.
- e. Procedure addresses documenting and reporting of transfusion reactions

Standard

COP. 4	Documented procedures guide the care of patients as per the scope of services provided by hospital in Intensive care and high dependency unit
---------------	--

Objective Elements

- a. Care of patient is in consonance with the documented procedures.
- b. Adequate staff and equipment are available.

Standard

COP. 5	Documented procedures guide the care of obstetrical patients as per the scope of services provided by hospital
---------------	---

Objective Elements

- a. The organization defines the scope of obstetric services.
- b. Obstetric patient's care includes regular ante-natal check-ups, maternal nutrition and post-natal care.
- c. The organization has the facilities to take care of neonates.

Standard

COP. 6	Documented procedures guide the care of paediatric patients as per the scope of services
---------------	---

Objective Elements

- a. The organization defines the scope of its paediatric services.
- b. Provisions are made for special care of children by competent staff.
- c. Patient assessment includes detailed nutritional, growth and immunization assessment.
- d. Procedure addresses identification and security measures to prevent child/ neonate abduction and abuse.
- e. The children's family members are educated about nutrition, immunization

Standard

COP. 7 Documented procedures guide the administration of anaesthesia

Objective Elements

- a. There is a documented policy and procedure for the administration of anaesthesia.
- b. All patients for anaesthesia have a pre-anaesthesia assessment by a qualified/trained anaesthetist.
- c. The pre-anaesthesia assessment results in formulation of an anaesthesia plan which is documented.
- d. An immediate preoperative re-evaluation is documented.
- e. Informed consent for administration of anaesthesia is obtained by the anaesthetist.
- f. Anaesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security, patency and End tidal carbon dioxide.
- g. Each patient's post-anaesthesia status is monitored and documented.
- h. Defined criteria are used to transfer the patient from the recovery area.
- i. Adverse anaesthesia events are recorded and monitored

Standard

COP. 8 Documented procedure guides the care of patients undergoing surgical procedures

Objective Elements

- a. Surgical patients have a preoperative assessment and a provisional diagnosis documented prior to surgery.
- b. An informed consent is obtained by a surgeon prior to the procedure.
- c. Documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.
- d. Qualified Persons are permitted to perform the procedures that they are entitled to perform.

- e. The operating surgeon documents the operative notes and post-operative plan of care.
- f. The operation theatre is adequately equipped and monitored for infection control practices.
- g. Patients, personnel and material flow conform to infection control practices.

Chapter 3 Management of Medication (MOM)

Intent of the standards

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

The 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 in a timely manner. There should be a monitoring mechanism to ensure that the required medications are always stocked and well within expiry dates.

The process also includes monitoring of patients after administration and procedures for reporting and analysing adverse drug events, which include errors and events. Special emphasis is laid on use of radioactive drugs.

Summary of Standards

MOM. 1	Documented procedures guide the organization of pharmacy services and usage of medication.
MOM. 2	Documented policies and procedures guide the storage of medications.
MOM. 3	Documented procedures guide the prescription of medications.
MOM. 4	Policies and procedures guide the safe dispensing of medications
MOM. 5	There are defined procedures for medication administration.
MOM. 6	Adverse drug events are monitored.
MOM. 7	Documented policies and procedures govern usage of radioactive drugs

Standards and Objective Elements

Standard

MOM. 1	Documented procedures guide the organization of pharmacy services and usage of medication.
---------------	---

Objective Elements

- a. Documented procedure shall incorporate purchase, storage, prescription and dispensation of medications.
- b. Documented procedures address procurement and usage of implantable prostheses.

Standard

MOM. 2	Documented policies and procedures guide the storage of medication
---------------	---

Objective Elements

- a. Documented policies and procedures exist for storage of medication.
- b. Medications are stored in a clean, safe and secure environment, and incorporate manufacturer's recommendations.
- c. Sound alike and look alike medications are stored separately.
- d. Beyond expiry date medications are not stored/used.
- e. List of emergency medicines is defined, stored, and available all the time.

Standard

MOM. 3	Documented procedures guide the prescription of medications
---------------	--

Objective Elements

- a. The organization determines who can write orders.
- b. Orders are written in a uniform location in the medical records.
- c. Medication orders are clear, legible, dated and signed.

- d. The organization defines a list of high risk medication & process to prescribe them.

Standard

MOM. 4 Policies and procedures guide the safe dispensing of medications

Objective Elements

- a. Medications are checked prior to dispensing including expiry date to ensure that they are fit for use.
- b. High risk medication orders are verified prior to dispensing.

Standard

MOM. 5 There are defined procedures for medication administration

Objective Elements

- a. Medications are administered by trained personnel.
- b. Prior to administration, medication order including patient, dosage, route and timing are verified.
- c. Prepared medication is labelled prior to preparation of a second drug.
- d. Medication administration is documented.
- e. A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.

Standard

MOM. 6 Adverse drug events are monitored

Objective Elements

- a. Adverse drug events are defined and monitored.
- b. Adverse drug events are documented and reported within a specified time frame

Standard

MOM. 7	Documented policies and procedures govern usage of radioactive drugs
---------------	---

Objective Elements

- a. Documented policies and procedures govern usage of radioactive drugs.
- b. Adverse drug events are documented and reported within a specified time frame

Chapter 4

Patient Rights and Education (PRE)

Intent of the standards

The HCO defines the patient and family rights and responsibilities. The staff is aware of these and is trained to protect patient rights. Patients are informed of their rights and educated about their responsibilities at the time of admission. The costs are explained in a clear manner to patient and/or family. The patients are educated about the mechanisms available for addressing grievances.

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

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

Summary of Standards

PRE. 1	Patient rights are documented displayed and support individual beliefs, values and involve the patient and family in decision making processes.
PRE. 2	Patient and families have a right to information and education about their healthcare needs.

Standards and Objective Elements

Standard

PRE. 1	Patient rights are documented displayed and support individual beliefs, values and involve the patient and family in decision making processes
---------------	---

Objective Elements

- a. Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.
- b. Patient rights include protection from physical abuse or neglect.
- c. Patient rights include treating patient information as confidential.
- d. Patient rights include obtaining informed consent before carrying out procedures.
- e. Patient rights include information on how to voice a complaint.
- f. Patient rights include information on the expected cost of the treatment.
- g. Patient has a right to have an access to his / her clinical records.

Standard

PRE. 2	Patient and families have a right to information and education about their healthcare
---------------	--

Objective Elements

- a. Patients and families are educated on plan of care, preventive aspects, possible complications, medications, the expected results and cost as applicable.
- b. Patients are taught in a language and format that they can understand.

Chapter 5

Hospital Infection Control (HIC)

Intent of the standards

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

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

Summary of Standards

HIC. 1	The hospital has an infection control manual, which is periodically updated and conducts surveillance activities.
HIC. 2	The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees.
HIC. 3	Bio-medical Waste (BMW) management practices are followed.

Standards and Objective Elements

Standard

HIC. 1	The hospital has an infection control manual, which is periodically updated and conducts surveillance activities
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Objective Elements

- a. It focuses on adherence to standard precautions at all times.
- b. Cleanliness and general hygiene of facilities will be maintained and monitored.
- c. Cleaning and disinfection practices are defined and monitored as appropriate.
- d. Equipment cleaning, disinfection and sterilization practices are included.
- e. Laundry and linen management processes are also included

Standard

HIC. 2	The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees
---------------	--

Objective Elements

- a. Hand hygiene facilities in all patient care areas are accessible to health care providers.
- b. Adequate gloves, masks, soaps, and disinfectants are available and used correctly.
- c. Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.

Standard

HIC. 3	Bio-medical Waste (BMW) management practices are followed
---------------	--

Objective Elements

- a. The hospital is authorized by prescribed authority for the management and handling of Bio-medical Waste.
- b. Proper segregation and collection of Bio-medical Waste from all patient care areas of the hospital is implemented and monitored.

- c. Bio-medical Waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorized contractor(s).
- d. Requisite fees, documents and reports are submitted to competent authorities on stipulated dates.
- e. Appropriate personal protective measures are used by all categories of staff handling Bio-medical Waste.

Chapter 6

Continuous Quality Improvement (CQI)

Intent of the standards

The standards introduce the subject of continual quality improvement and patient safety. The quality and safety programme should be documented and involve all areas of the organisation and all staff members. The organisation should identify and collect data on structures, processes and outcomes, The collected data should be collated, analysed and used for further improvements.

Summary of Standards

CQI. 1	There is a structured quality improvement, patient safety and continuous monitoring programme in the organization.
CQI. 2	The organization identifies key indicators to monitor the structures, processes and outcomes which are used as tools for continual improvement.

Standards and Objective Elements

Standard

CQI. 1	There is a structured quality improvement, patient safety and continuous monitoring programme in the organization
---------------	--

Objective Elements

- a. There is a designated individual for coordinating and implementing the quality improvement and patient safety programme.
- b. The quality improvement and patient safety programme is a continuous process and updated at least once in a year.
- c. Hospital Management makes available adequate resources required for quality improvement and patient safety programme.

Standard

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

Objective Elements

- a. Organization may identify the appropriate key performance indicators in both clinical and managerial areas.
- b. These indicators shall be monitored.

Chapter 7

Responsibilities of Management (ROM)

Intent of the standards

The standards encourage the governance of the organisation in a professional and ethical manner. The responsibilities of the management are defined. The services provided by each department are documented.

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

Summary of Standards

ROM. 1	The responsibilities of the management are defined.
ROM. 2	The organization is managed by the leaders in an ethical manner.
ROM. 3	The organization has set up multi-disciplinary committees to oversee specific areas of quality and patient safety.

Standards and Objective Elements

Standard

ROM. 1 The responsibilities of the management are defined

Objective Elements

- a. The organization has a documented organogram.
- b. The organization is registered with appropriate authorities as applicable.
- c. The organization has a designated individual(s) to oversee the hospital wide quality and safety programme.

Standard

ROM. 2 The organization is managed by the leaders in an ethical manner

Objective Elements

- a. The management makes public the mission statement of the organization.
- b. The leaders/management guide the HCO to function in an ethical manner.
- c. The organization discloses its ownership.
- d. The organization's billing process is accurate and ethical.

Standard

ROM. 3 The organization has set up multi-disciplinary committees to oversee specific areas of quality and patient safety

Objective Elements

- a. These committees include Quality and Safety, Infection Control, Pharmacy and Therapeutics, Blood Transfusion, and Medical Records.
- b. The membership, responsibilities, and periodicity of meetings shall be defined.

Chapter 8

Facility Management and Safety (FMS)

Intent of the standards

The standards guide the provision of a safe and secure environment for patients, their families, staff and visitors. To ensure this, the organisation conducts regular facility inspection rounds and takes the appropriate action to ensure safety.

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

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

Summary of Standards

FMS. 1	The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
FMS. 2	The organization has a program for clinical and support service equipment management.
FMS. 3	The organization has provisions for safe water, electricity, medical gas and vacuum systems.
FMS. 4	The organization has plans for fire and non-fire emergencies within the facilities.

Standards and Objective Elements

Standard

FMS. 1	The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors
---------------	---

Objective Elements

- a. Internal and External Signage's shall be displayed in a language understood by the patients and families.
- b. Maintenance staff is contactable round the clock for emergency repairs.
- c. There The hospital has a system to identify the potential safety and security risks including hazardous materials.
- d. Facility inspection rounds to ensure safety are conducted periodically.
- e. There is a safety education programme for relevant staff.

Standard

FMS. 2	The organization has a program for clinical and support service equipment management
---------------	---

Objective Elements

- a. The organization plans for equipment in accordance with its services.
- b. There is a documented operational and maintenance (preventive and breakdown) plan.

Standard

FMS. 3	The organization has provisions for safe water, electricity, medical gas and vacuum systems
---------------	--

Objective Elements

- a. Potable water and electricity are available round the clock.
- b. Alternate sources are provided for in case of failure and tested regularly.
- c. There is a maintenance plan for medical gas and vacuum systems.

Standard

FMS. 4	The organization has plans for fire and non-fire emergencies within the facilities
---------------	---

Objective Elements

- a. The organization has plans and provisions for detection, abatement and containment of fire and non-fire emergencies.
- b. The organization has a documented safe exit plan in case of fire and non-fire emergencies.
- c. There is a maintenance plan for medical gas and vacuum systems.
- d. Mock drills are held at least twice in a year

Chapter 9

Human Resource Management (HRM)

Intent of the standards

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

The goal of human resource management is to acquire, provide, retain and maintain competent people in right numbers to meet the needs of the patients and community served by the organisation. This is based on the organisation’s mission, objectives, goals and scope of services. Effective human resource management involves the following processes and activities:-

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

The term “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 HCO has staffing commensurate with patient care needs.
HRM. 2	There is an on-going programme for professional training and development of the staff.
HRM. 3	The organization has a well-documented disciplinary and grievance handling procedure.
HRM. 4	The organization addresses the health needs of the employees.
HRM. 5	There is documented personal record for each staff member

Standards and Objective Elements

Standard

HRM. 1	The HCO has staffing commensurate with patient care needs
---------------	--

Objective Elements

- a. The mix of staff is commensurate with the volume and scope of the services.
- b. Staff recruitment process is well defined.

Standard

HRM. 2	There is an on-going programme for professional training and development of the staff
---------------	--

Objective Elements

- a. All staff is trained on the relevant risks within the hospital environment.
- b. Staff members can demonstrate and take actions to report, eliminate/ minimize risks.
- c. Training also occurs when job responsibilities change/ new equipment is introduced.

Standard

HRM. 3	The organization has a well-documented disciplinary and grievance handling procedure
---------------	---

Objective Elements

- a. A documented procedure with regard to these is in place.
- b. The documented procedure is known to all categories of employees in the organization.
- c. Actions are taken to redress the grievance.

Standard

HRM. 4 The organization addresses the health needs of the employees

Objective Elements

- a. Health problems of the employees are taken care of in accordance with the organization's policy.
- b. Occupational health hazards are adequately addressed.

Standard

HRM. 5 There is documented personal record for each staff member

Objective Elements

- a. Personal files are maintained in respect of all employees.
- b. The personal files contain personal information regarding the employees qualification, disciplinary actions and health status The disciplinary procedure is in consonance with the prevailing laws.

Chapter 10

Information Management System (IMS)

Intent of Standards

This chapter emphasizes the requirements of a medical record in the hospital. As we know, the medical record is an important aspect of continuity of care and communication between the various care providers. The medical record is also an important legal document as it provides evidence of care provided. The HCO will lay down policies and procedures to guide the contents, storage, security, issue and retention of medical records.

Summary of Standards

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

Standards and Objective Elements

Standard

IMS. 1	The organization has a complete and accurate medical record for every patient
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Objective Elements

- a. Every medical record has a unique identifier.
- b. Organisation identifies those authorized to make entries in medical record.
- c. Every medical record entry is dated and timed.
- d. The author of the entry can be identified.
- e. The contents of medical record are identified and documented.

Standard

IMS. 2	The medical record reflects continuity of care
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Objective Elements

- a. The record provides an up-to-date and chronological account of patient care.
- b. The medical record contains information regarding reasons for admission, diagnosis and plan of care.
- c. Operative and other procedures performed are incorporated in the medical record.
- d. The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel.
- e. In case of death, the medical records contains a copy of the death certificate indicating the cause, date and time of death.
- f. Care providers have access to current and past medical record

Standard

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

- a. Documented procedures exist for maintaining confidentiality, security and integrity of information.
- b. Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorisation.

Standard

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

- a. Documented procedures are in place on retaining the patient's clinical records, data and information.
- b. The retention process provides expected confidentiality and security.
- c. The destruction of medical records, data and information is in accordance with the laid down procedure.

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	<ol style="list-style-type: none"> 1. A process of external review of the quality of the health care being provided by a healthcare organisation. This is generally carried out by a non-governmental organization 2. It also represents the outcome of the review and the decision that an eligible organisation meets an applicable set of standards.
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 event	<p>Adverse event: Any untoward medical occurrence that may present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment.</p> <p>Adverse drug reaction: A response to a drug which is noxious and unintended and <i>which occurs at doses normally used in man</i> for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.</p> <p>Therefore ADR = adverse event with a causal link to a drug</p> <p>Adverse drug event: The FDA recognizes the term <i>adverse drug event</i> to be a synonym for <i>adverse event</i>.</p> <p>In the patient-safety literature, the terms <i>adverse drug event</i> and</p>

	<p>adverse event usually denote a causal association between the drug and the event, but there is a wide spectrum of definitions for these terms, including harm caused by a</p> <ul style="list-style-type: none"> • Drug • Harm caused by drug use, and • A medication error with or without harm <p>Institute of Medicine: “An injury resulting from medical intervention related to a drug”, which has been simplified to “<i>an injury resulting from the use of a drug</i>”</p> <p>Adverse drug events extend beyond adverse drug reactions to include harm from overdoses and under-doses usually related to medication errors.</p> <p>A minority of adverse drug events are medication errors, and medication errors rarely result in adverse drug events.</p>
Adverse event	<p>Patients at Risk</p> <p>Case 1</p> <p>A patient was mistakenly given the wrong blood transfusion. This resulted in a severe transfusion reaction. On investigation, it was found that the staff drew the blood sample and mistakenly labeled it for another patient.</p> <p>Case 2</p> <p>The patient was prescribed Amaryl Tablet but was mistakenly given Amrinone tablet which sounded like Amryl, by the Pharmacist. The patient developed a severe reaction and was brought to the Emergency for treatment.</p> <p>Case 3</p> <p>A patient in the ICU had a successful surgery, she developed severe hospital acquired infection, had a prolonged stay in the hospital and had to undergo repeat surgery.</p> <p>Adverse events may be preventable or non-preventable. (WHO Draft Guidelines for Adverse Event Reporting and Learning Systems)</p>

Ambulance	A patient carrying vehicle having facilities to provide unless otherwise indicated at least basic life support during the process of transportation of patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma ambulance, air ambulance, etc.
Anaesthesia	It consists of general anaesthesia and spinal or major regional anaesthesia and does not include local anaesthesia. Anaesthesia is a drug-induced loss of consciousness during which patient cannot be aroused even by painful stimulation. The ability to independently maintain ventilator function is often impaired.
Assessment	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.
Autopsy	<ol style="list-style-type: none"> 1. An examination of a cadaver in order to determine the cause of death or to study pathologic changes. 2. A surgical procedure performed after death to examine body tissues and determine the cause of death.
Barrier nursing	<p>The nursing of patients with infectious diseases in isolation to prevent the spread of infection.</p> <p>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 minimize the risk of passing on infectious agents.</p>
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.

Bylaws	A rule governing the internal management of an organisation. It can supplement or complement the government law but cannot countermand it, e.g. municipal bylaws for construction of hospitals/nursing homes, for disposal of hazardous and/or infectious waste.
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. (Principles for Best Practice in Clinical Audit 2002, NICE/CHI).
Clinical practice guidelines	Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. (Field and Lohr 1990. page 38).
Competence	<p>Demonstrated ability to apply knowledge and skills (para 3.9.2 of ISO 9000: 2000).</p> <p>Knowledge is the understanding of facts and procedures. Skill is the ability to perform specific action. For example, a competent gynaecologist knows about the patho-physiology of the female genitalia and can conduct both normal as well as abnormal deliveries.</p>
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 privacy of information related to his/her healthcare records.
Consent	<ol style="list-style-type: none"> 1. 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 take 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, 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.
Credentialing	The process of obtaining, verifying and assessing the qualification of a healthcare provider.
Data	Raw facts, clinical observations, or measurements collected during an assessment activity.
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 proceedings	Sequence of activities to be carried out when staff does not conform to the laid-down norms, rules and regulations of the healthcare organization.
Employees	All members of the healthcare organization who are employed full time and are paid suitable remuneration for their services as per the laid-down policy.
End of life	Period of time marked by disability or disease that is progressively worse until death.
Ethics	Medical ethics is the discipline of evaluating the merits, risks, and social concerns of activities in the field of medicine.(en.wikipedia.org/wiki/Medical ethics).
Evidence-based medicine	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.

Formulary	<p>An approved list of drugs. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective.</p> <p>The list is compiled by professionals and physicians in the field and is updated at regular intervals. Changes may be made depending on availability or market.</p>
Goal	<p>A broad statement describing a desired future condition or achievement without being specific about how much and when.</p> <p>(ASQ) 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. (MBNQA)</p>
Grievance-handling procedures	<p>Sequence of activities carried out to address the grievances of patients, visitors, relatives and staff.</p>
Hazardous materials	<p>Substances dangerous to human and other living organisms. They include radioactive or chemical materials.</p>
Hazardous waste	<p>Waste materials dangerous to living organisms. Such materials require special precautions for disposal. They include 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.</p>
Healthcare-associated infection	<p>Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. (CDC)</p> <p>This was earlier referred to as Nosocomial/hospital-acquired/hospital-associated infection(s).</p>
Healthcare organisation	<p>Generic term is used to describe the various types of organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.</p>
High-dependency unit	<p>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.</p>

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 overtime. 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 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	<ol style="list-style-type: none"> 1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job. 2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Job specification	<ol style="list-style-type: none"> 1. The qualifications/physical requirements, experience and skills required to perform a particular job/task.

	2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.
Laws	Legal document setting forth the rules of governing a particular kind of activity, e.g. organ transplantation act, which governs the rules for undertaking organ transplantation.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (British Standard 3811:1993)
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.
Medication error	<p>1. A medication error is any preventable event that may cause or lead to inappropriate medication use or harm to a patient. (FDA)</p> <p>2. 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. Such events may be related to professional practice, healthcare products, procedures, and systems, including prescribing, order communication, product labelling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.(NCC MERP)</p>
Mission	<p>An organisation's purpose. (ASQ)</p> <p>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. (MBNQA)</p>
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.

Multi-disciplinary	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. (Wikipedia) Errors that did not result in patient harm, but could have, can be categorised as near-misses.
No harm	<p>This is used synonymously with near miss. However, some authors draw a distinction between these two phrases.</p> <p>A near-miss is defined when an error is realised just in the nick of time and abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognised and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reactions to administered drugs in allergic patients. A prophylactic injection of cephalosporin may be stopped in time because it suddenly transpires that the patient is known to be allergic to penicillin (near-miss). If this vital piece of information is overlooked and the cephalosporin administered, the patient may fortunately not develop an anaphylactic reaction (no harm event).</p>
Notifiable disease	<p>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 notifiable to WHO:</p> <ul style="list-style-type: none"> (a) Smallpox (b) Poliomyelitis due to wild-type poliovirus (c) Human influenza caused by a new subtype (d) Severe acute respiratory syndrome (SARS). <p>In India the following diseases are also notifiable and may vary from state to state:</p> <ul style="list-style-type: none"> (a) Polio (b) Influenza (c) Malaria (d) Rabies

	<p>(e) HIV/AIDS (f) Louse-borne typhus (g) Tuberculosis (h) Leprosy (i) Leptospirosis (j) Viral hepatitis (k) Dengue fever</p> <p>The various diseases notifiable under the factories act lead poisoning, byssinosis, anthrax, asbestosis and silicosis.</p>
Objective	A specific statement of a desired short-term condition or achievement includes measurable end-results to be accomplished by specific teams or individuals within time limits. (ASQ)
Objective element	It is that component of standard which can be measured objectively on a rating scale. The acceptable compliance with the measureable elements will determine the overall compliance with the standard.
Occupational health hazard	The hazards to which an individual is exposed during the course of performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
Operational plan	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 sustainability of the organisation's achievements.
Organogram	A graphic representation of reporting relationship in an organisation.
Outsourcing	Hiring of services and facilities from other organisation based upon one's own requirement in areas where such facilities are either not available or else are not cost-effective. For example, outsourcing of house-keeping, security, laboratory/certain special diagnostic facilities with other institutions after drawing a memorandum of understanding that clearly lays down the obligations of both organisations: the one which is outsourcing and the one which is providing the outsourced facility. It also addresses the quality-related aspects.

Patient-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. (Death certificate, where required).
Performance appraisal	It is the process of evaluating the performance of employees during a defined period of time with the aim of ascertaining their suitability for the job, potential for growth as well as determining training needs.
Plan of care	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Policies	They are the guidelines for decision-making, e.g. admission, discharge policies, antibiotic policy, etc.
Preventive maintenance	<p>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.</p> <p>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. (British Standard 3811:1993)</p>
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.
Procedure	1. A specified way to carry out an activity or a process (Para

	<p>3.4.5 of ISO 9000: 2000).</p> <p>2. A series of activities for carrying out work which when observed by all help to ensure the maximum use of resources and efforts to achieve the desired output.</p>
Process	A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000: 2000).
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	<p>1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2000).</p> <p>Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000: 2000).</p> <p>Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2000).</p> <p>2. Degree of adherence to pre-established criteria or standards.</p>
Quality assurance	Part of quality management focussed on providing confidence that quality requirements will be fulfilled (Para 3.2.11 of ISO 9000:2000).
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.
Re-assessment	It implies continuous and ongoing assessment of the patient which is recorded in the medical records as progress notes.
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 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. www.alz.org/Resources/Glossary.asp . Restraint may be physical or chemical (by use of sedatives).
Risk assessment	Risk assessment is the determination of 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. (Wikipedia)
Risk management	Clinical and administrative activities to identify, evaluate and reduce the risk of injury.
Risk reduction	The conceptual framework of elements considered with the possibilities to minimise vulnerabilities and disaster risks throughout a society to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development [Source: http://www.preventionweb.net/english/professional/terminology/]. It is the decrease in the risk of a healthcare facility, given activity, and treatment process with respect to patient, staff, visitors and community.
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:

	<p>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.</p> <p>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.</p> <p>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.</p>
Sentinel events	<p>A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services.</p> <p>Major and enduring loss of function <i>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.</i></p>
Social responsibility	<p>A balanced approach for 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.</p>
Staff	<p>All personnel working in the organisation including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.</p>
Standard precautions	<ol style="list-style-type: none"> 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

	<p>protective equipment (PPE), disposal of sharps and safe housekeeping</p> <p>2. A set of guidelines protecting first aiders or healthcare professionals from pathogens. The main message is: "Don't touch or use anything that has the victim's body fluid on it without a barrier." It also assumes that all body fluid of a patient is infectious, and must be treated accordingly.</p> <p>Standard Precautions apply to blood, all body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood, non-intact skin and mucous membranes</p>
Standards	A statement of expectation that defines the structures and process that must be substantially in place in an 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 market leader in 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. (ASQ)
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.
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.
Unstable patient	A patient whose vital parameters need external assistance for their maintenance.
Validation	<p>1. Confirmation through the provision of objective evidence that the requirements for a specific intended use or application have been fulfilled (Para 3.8.5 of ISO 9000: 2000).</p> <p>Objective Evidence – Data supporting the existence or variety of something (Para 3.8.1 of ISO 9000: 2000).</p> <p>2. The checking of data for correction or for compliance with applicable standards, rules or conventions. These are the tests to determine whether an implemented system fulfills its requirements. It also refers to what extent does a test accurately measure what it purports to measure.</p>
Values	<p>The fundamental beliefs that drive organisational behaviour and decision-making. (ASQ)</p> <p>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. (MBNQA)</p>
Vision	<p>An overarching statement of the way an organisation wants to be, an ideal state of being at a future point. (ASQ)</p> <p>This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future. (MBNQA)</p>
Vulnerable patient	Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status, e.g. infants, elderly, physically- and mentally-challenged, those on immunosuppressive and/or chemotherapeutic agents.

Indicators

The HCO may identify and select a few indicators based on relevance and feasibility of monitoring. The data collecting methodology, periodicity and review mechanism shall be identified. Learning's can be identified for improvements.

SI. No	Indicator	Definition	Formula		Sample size	Remarks
1	Percentage of re-dos.	This shall also include tests repeated before release of the result (to confirm the finding).	Number of re-dos	X 100	Not applicable	This shall be captured in the laboratory and radiology.
			Number of tests performed			
2	Number of reporting errors/1000 investigations	Reporting errors include those picked up before and after dispatch. It shall include transcription errors.	Number of reporting errors	X 1000	Not applicable	This shall be captured in the laboratory and radiology.
			Number of tests performed			Although the indicator is capture don a monthly basis, immediate correction is to be initiated when such instances happen.
3	Percentage of reports co-relating with clinical diagnosis.	Co-relation means that the test results should match either the diagnosis or differential diagnosis written in the	Number of reports co-relating with clinical diagnosis	X 100		This shall be captured in the laboratory (at least histo-pathology) and radiology (at least CT
			Number of tests performed			

		requisition form.				and MRI).
4	Percentage of adherence to safety precautions by employees working in diagnostics.		Number of employees adhering to safety precautions	X 100	10 Employees/Month	This shall be captured in the laboratory and radiology.
						This shall be captured by doing an audit on a monthly basis.
			Number of employees sampled			Even if the employee is not adhering with any one of the organization's/statutory safety precautions it shall be considered as non-adherence.
5	Return to ICU within 48 hours		Number of returns to ICU within 48 hours	X 100	Not applicable	
			Number of discharges/transfers and deaths in the ICU			
6	OT and ICU utilization rate	OT utilization is defined as the quotient of hours of OT time actually used during elective resource hours and the total number of elective		X 100	Total population	<i>Resource hours</i> - total number of hours scheduled to be available for performance of procedures

		resource hours available for use.				
		The degree of utilization depicts the average utilization of beds in per cent. The actual bed occupancy is set in relation to the maximum bed occupancy. The maximum bed capacity is the result of the product of installed beds and the number of calendar days in the reporting year. The actual bed occupancy is the sum of calculation days and occupancy days, because every patient occupies one bed per inpatient day in the facility	Bed Utilisation= x100			Equipment days available=N umber of equipment X 30 days
7	Re exploration Rate		Total No. of re exploration	X100		
			Total No. of Cases			

8	Percentage of re-scheduling of Surgeries	Re-scheduling of patients includes cancellation and postponement (beyond 4 hours) of the Surgery	Number of cases re-scheduled	X 100	Not applicable	
			Number of surgeries performed			
9	Out patient satisfaction index	Patient Satisfaction is defined in terms of the degree to which the patient's expectations are fulfilled. It is an expression of the gap between the expected and perceived characteristics of a service (Lochoro, 2004).	Score achieved	X 100	10-20 Patients Per Month	The sample shall be derived from repeat patients. It is preferable that patients who are coming to the hospital for the first time not be included as it is possible that they would not be in a position to give feedback on some aspects. The organization could also capture satisfaction for various individual parameters (as laid down in its feedback form). In case the organization is not capturing an overall feedback
			Maximum possible score			

						but instead only for various parameters, the index shall be calculated by averaging the satisfaction of various parameters.
10	In patient satisfaction index		Score achieved	X 100		Refer to remark for out patient satisfaction index.
			Maximum possible score			
11	Waiting time for services including diagnostics and out-patient consultation	A 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 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. Waiting time for out-	Sum (Patient-in Time for Consultation/ Procedure - Patient Reporting Time in OPD/Diagnostics)		Not applicable	Waiting time for diagnostics is applicable only for out-patients.
			Number of patients reported in OPD/Diagnostics			

		patient consultation 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.				
12	Time taken for discharge	Discharge is the process by which a patient is shifted out from the hospital with all concerned medical summaries after ensuring stability. The discharge process is deemed to have started when the consultant formally approves discharge and ends with the patient leaving the	Sum of time taken for discharge Number of patients discharged		Not applicable	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.

		clinical unit.				
13	Employee satisfaction index	Employee satisfaction index is an index to measure satisfaction of employee in an organization	Score achieved Maximum possible score	X 100	For all employees Once in a year	Refer to remark for out-patient satisfaction index (serial number 49). The satisfaction shall be captured from all categories of staff and at least once in six months.
14	Employee attrition rate	Attrition rate is the percentage of people leaving the organization.	Number of employees who have left Number of employees at the beginning of month +newly joined staff	X 100	Not applicable	
15	Employee absenteeism rate	Absenteeism in employment law is the state of not being present that occurs when an employee is absent or not present at work during a normally scheduled work period.	Number of employees who are on unauthorised absence Number of employees	X 100	Not applicable	
16	Percentage of employees who are aware of employee	Employee awareness is the state or condition of being aware;	Number of employees who are aware of employee	X 100	For all employees Should	

	rights, responsibilities and welfare schemes	having knowledge; consciousness about employee rights, responsibilities and welfare schemes.	rights, responsibilities and welfare schemes Number of employees interviewed		done once in a year	
17	Number of sentinel events reported, collected and analysed within the defined timeframe	Refer to glossary	Number of sentinel events reported, collected and analysed within the defined timeframe Number of sentinel events reported, collected and analysed	X 100	Not applicable	If there is deviation in either reporting/collecting/analysis it shall not be included in the numerator. Organizations should consider using a portfolio of tools-including incident reporting, medical record review, and analysis of patient claims-to gain a comprehensive picture of sentinel events.
18	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.	Number of near misses reported Number of incident reports	X100	Not applicable	A key to any near miss report is the "lesson learned". Near miss reporters can describe what they

		(Wikipedia). Errors that did not result in patient harm, but could have, can be categorized as near misses.				observed of the beginning of the event, and the factors that prevented loss from occurring.
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11 MANDATORY INDICATORS

19	Incidence of medication errors	A medication error is any preventable event that may cause or lead to inappropriate medication use or harm to a patient (US-FDA). Examples include, but are not limited to: Errors in the prescribing, transcribing, dispensing, administering, and monitoring of medications; Wrong drug, wrong strength, or wrong dose errors; Wrong patient errors; Wrong route of administration errors; and Calculation or preparation errors.	Total number of medication errors	X 100	10-20 In patients/month	In addition to incident reporting, to detect medication errors the organization shall either adopt medical record review or direct observation. The sample size for this shall be as per the preceding column. The average occupancy shall be of the preceding 3 months.
			Number of patient days			
20	Bed occupancy rate and average length of	The bed occupancy rate is the percentage of official beds	Number of inpatient days in a given month	X 100	Not applicable	For a bed to be included in the official count, it must be set
	length of		Number of			

	<p>stay</p>	<p>occupied by hospital inpatients for a given period of time. – (Basic statistics for health information management technology By Carol E. Osborn) The occupancy rate is a calculation used to show the actual utilization of an inpatient health facility for a given time period.</p>	<p>available bed days in that month</p>		<p>up, staffed, equipped and available for patient care. Inpatient Days: A patient day is the unit of measure denoting lodging provided and services rendered to inpatients between the census taking hours (usually at midnight) of two successive days. A patient formally admitted who is discharged or dies on the same day is counted as one patient day, regardless of the number of hours the patient occupies a hospital bed. For patients switched from observation to inpatient status, the</p>
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						patient day count should begin on the day the patient was officially admitted as an inpatient
24	ALOS	Length of stay (LOS) is a term used to measure the duration of a single episode of hospitalization. Inpatient days are calculated by subtracting day of admission from day of discharge. However, persons entering and leaving a hospital on the same day have a length of stay of one	Number of inpatient days in a given month Number of discharges and deaths in that month		Not applicable	<i>Available bed days-</i> It is the product of number of inpatient beds and number of days in that month. Number of inpatient days-It is a sum of daily inpatient census. While calculating the overall length of stay and available number of inpatient beds, emergency, rehabilitation and day care beds should not be considered.
21	Incidence of bed sores after admission	A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony	Number of patients who develop new /worsening of pressure ulcer Number of discharges	X 100	Not applicable	The organization shall use The European and US National Pressure

		prominence, as a result of pressure, or pressure in combination with shear and/or friction.	and deaths			Ulcer Advisory panels (EPUAP and NPUAP) staging system to look for worsening pressure ulcers.
22	Incidence of falls	The US Department of Veteran Affairs National Centre for Patient Safety defines fall 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 falls Number of discharges and deaths	X 100	Not applicable	Falls may be: <ul style="list-style-type: none"> • 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 • below ground 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. (N DNQI, 2005)
23	Percentage of transfusion reactions	A systemic response by the body to the administration of blood incompatible with that of the recipient. The causes include red blood cell incompatibility; allergic sensitivity to the leukocytes, platelets, plasma protein components of the transfused blood; or potassium or citrate preservatives in the banked blood.	Number of transfusion reactions Number of transfusions	X 100	Not applicable	Any adverse reaction to the transfusion of blood or blood components shall be considered as transfusion reaction. It may range from an allergic reaction to a life threatening complication like TRALI and Graft Versus Host Disease.
24	Urinary tract infection rate	As per the latest CDC/NHSN definition	Number of urinary catheter associated	X 1000	Not applicable	

			UTIs in a month			
			Number of urinary catheter days in that month			
25	Pneumonia rate	As per the latest CDC/NHSN definition	Number of pneumonias in a month	X 1000	Not applicable	Where applicable the organization shall capture VAP separately.
			Number of ventilator days in that month			
26	Bloodstream infection rate	As per the latest CDC/NHSN definition	Number of blood stream infections in a month	X 1000	Not applicable	
			Number of inpatients that month			
27	Surgical site infection rate	As per the latest CDC/NHSN definition	Number of surgical site infections in a given month	X 100	Not applicable	
			Number of surgeries performed in that month			
28	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	X100	Not applicable	Parenteral exposure means injury due to any sharp. All incidences of needle stick injuries should be assessed on a case-by-case basis. Analyze needle stick and other sharps related injuries in
			Number of in-patient days			

		<p>Needle stick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when people use, disassemble, or dispose of needles. When not disposed of properly, needles can become concealed in linen or garbage and injure other workers who encounter them unexpectedly. (Canadian Centre for Occupational Health and Safety)</p>			<p>the workplace to identify hazards and injury trends. Data from injury reporting should be compiled and assessed to identify: (1) where, how, with what devices, and when injuries are occurring and (2) the groups of health care workers being injured.</p>
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