

**National Accreditation Board for Hospitals and  
Healthcare Providers**

**Entry Level  
Standards for Hospitals**

**Second Edition - 2021**

Draft Entry Level Hospital Certification Standard for Comments



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Draft Entry Level Hospital Certification Standard for Comments

## Table of Contents

Sr. No.	Particulars	Page No.
<b>Patient Centered Standards</b>		
01.	Access, Assessment and Continuity of Care (AAC)	01
02.	Care of Patients (COP)	07
03.	Management of Medication (MOM)	14
04.	Patient Rights and Education (PRE)	20
05.	Hospital Infection Control (HIC)	22
<b>Organization Centered Standards</b>		
06.	Patient Safety and Quality Improvement (PSQ)	25
07.	Responsibilities of Management (ROM)	28
08.	Facility Management and Safety (FMS)	30
09.	Human Resource Management (HRM)	33
10.	Information Management System (IMS)	37

## Summary of Chapters, Standards and Objective Elements

<b>Chapters</b>	<b>No. of Standards</b>	<b>No. of Objective Elements</b>
Access, Assessment and Continuity of Care (AAC)	7	30
Care of Patients (COP)	10	38
Management of Medication (MOM)	7	32
Patient Rights and Education (PRE)	2	6
Hospital Infection Control (HIC)	3	14
Patient safety and Quality Improvement (PSQ)	2	13
Responsibilities of Management (ROM)	3	9
Facility Management and Safety (FMS)	4	12
Human Resource Management (HRM)	5	16
Information Management System (IMS)	4	15
<b>Total</b>	<b>47</b>	<b>185</b>

# Chapter 1

## Access, Assessment and Continuity of Care (AAC)

### Intent of the chapter:

The organization defines its scope of service provision and provides information to patients about the services available. This will facilitate appropriately matching patients with the organization's resources. Once the patient is in the organization, 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 organization. Further, the chapter lays down key safety and process elements that the organization should meet, in the continuum of the patient care within the hospital and till discharge.

## Summary of Standards

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

## Standards and Objective Elements

### Standard

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

### Objective Elements

- a. The services being provided are clearly defined.
- b. The defined services are prominently displayed.
- c. Each defined healthcare service should have out-patient, in-patient and emergency covered by qualified medical staff to take care of the patient's needs.

### Standard

**AAC. 2** The organization has a written guidance for registration, admission and transfer process

### Objective Elements

- a. The organisation has implemented uniform process for registering and admitting out-patients, in-patients and emergency patients as per written guidance.
- b. A unique identification number is generated at the end of the registration
- c. There is an appropriate mechanism for transfer (in and out) or referral of patients.

### Standard

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

### Objective Elements

- a. The initial assessment of the out-patients, day-care, in-patients and emergency patients is done through defined content.
- b. The initial assessment for in patients results in a documented care plan.

## 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. Patients are reassessed at appropriate intervals to determine their response to treatment and to plan further treatment or discharge.
- c. The organization lays down the guidelines and implement process to identify early warning signs of change or deterioration in clinical conditions for initiating prompt intervention.
- d. Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.
- e. The organization implements standardized hand over during each staffing shift, between shifts and during transfers between units/departments.

## Standard

**AAC. 5 Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements**

### Objective Elements

- a. Scope of the laboratory services is commensurate to the services provided by the organization through appropriate infrastructure (physical, equipment and manpower).
- b. Requisition for the tests, collection of specimens, identification, handling, safe transportation, processing and disposal of specimens is performed as per written guidance.
- c. Laboratory reports are available in standardized manner within a defined time frame and critical results are intimated immediately to the concerned personnel.
- d. There is established laboratory safety program with laboratory personnel trained in safe practices and are provided with appropriate safety equipment/ devices.



- e. There is established laboratory quality assurance programme
- f. Laboratory tests not available in the organization are outsourced to an organization based on its quality assurance system

## Standard

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

### Objective Elements

- a. Imaging services comply with legal and other regulatory requirements.
- b. Scope of the imaging services is commensurate to the services provided by the organization through appropriate infrastructure (physical, equipment and manpower).
- c. Imaging reports are available in standardized manner within a defined time frame and critical results are intimated immediately to the concerned personnel.
- d. There is an established imaging safety program with imaging personnel trained in safe practices and are provided with appropriate safety equipment/ devices.
- e. There is established imaging services quality assurance programme.
- f. Services not available at the organization are outsourced to an organization based on its quality assurance system.

## Standard

**AAC. 7 The organization has an established discharge process**

### Objective Elements

- a. The organization has a process for discharge of all patients including Medico-legal cases and patients leaving against medical advice in a defined format.
- b. The discharge summary contains the patient's name, unique identification number, name of treating doctor, date of admission, date of discharge, 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.

- c. Discharge summary contains follow up advice, medication and other instructions in an understandable manner.
- d. Discharge summary incorporates instructions about when and how to obtain urgent care.
- e. In case of death the summary of the case also includes the cause of death.

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## 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 Pediatric are addressed, where patient care is guided by policies and procedures.

The organization is also encouraged to identify and adapt clinical guidelines, so as to bring about uniformity in patient care.



### Summary of Standards

<b>COP. 1</b>	<b>Written Guidance is used to provide uniform care to patients across the organization.</b>
<b>COP. 2</b>	<b>Emergency services, including ambulance are provided in accordance with written guidance, applicable laws and regulations.</b>
<b>COP. 3</b>	<b>The organization provides care in intensive care and high dependency units in a systematic manner.</b>
<b>COP. 4</b>	<b>Organization provides safe obstetric care.</b>
<b>COP. 5</b>	<b>Organization provides safe pediatric services</b>
<b>COP. 6</b>	<b>Procedural sedation is provided in a consistent and safe manner.</b>
<b>COP. 7</b>	<b>Anesthesia services are provided in a consistent and safe manner.</b>
<b>COP. 8</b>	<b>Clinical procedures, as well as procedures in the operation theatre are performed in a safe and consistent manner.</b>
<b>COP. 9</b>	<b>The organization identifies and manages patients who are at higher risk of morbidity and mortality.</b>
<b>COP. 10</b>	<b>Pain management, rehabilitation services and nutritional therapy are provided to the patients in a safe, collaborative and consistent manner.</b>

## Standards and Objective Elements

### Standard

<b>COP. 1</b>	<b>Written Guidance is used to provide uniform care to patients across the organization.</b>
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### Objective Elements

- a. The care shall be provided in consonance with applicable laws & regulations.
- b. The care and treatment is to be provided following written guidance.
- c. Care delivery is uniform for a given clinical condition when similar case is provided in more than one setting.
- d. Nursing care is aligned and integrated with overall patient care, and is documented in the patient record in consonance with the established protocols.
- e. Transfusion services are provided as per the scope of services of the organization and are governed by the applicable laws and regulations.

### Standard

<b>COP. 2</b>	<b>Emergency services, including ambulance are provided in accordance with written guidance, applicable laws and regulations</b>
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### Objective Elements

- a. There shall be an identified area in the organization, which is easily accessible to receive and manage emergency patients, with adequate and appropriate resources.
- b. The organization manages medico-legal cases and provides emergency care in consonance with statutory requirements and in accordance with written guidance.
- c. Cardio-pulmonary resuscitation services are provided uniformly across the organization
- d. Initiation of appropriate care is guided by a system of triage.
- e. All patients in emergency are reassessed as appropriate for the change of status.

- f. Admission or discharge to home / transfer to another organization is documented and discharge/transfer note shall be given to the patients.
- g. The organization has system in place for the management of patients found dead on arrival and patients who die within few minutes of arrival.
- h. Appropriately manned and equipped ambulance is available and checked daily.
- i. The organization plans and implements mechanisms for the care of patients during community emergencies, epidemics and other disasters.

### Standard

**COP. 3 The organization provides care in intensive care and high dependency units in a systematic manner.**

### Objective Elements

- a. The care of patient in intensive care units and high dependency units is in consonance with written guidance by adequately available staff and equipment.
- b. The organization shall implement a quality-assurance programme.
- c. The organization has a mechanism to counsel the patient and / or family periodically.

### Standard

**COP. 4 Organization provides safe obstetric care.**

### Objective Elements

- a. Obstetric services are organized and provided safely as per defined scope of Services.
- b. Obstetric care includes ante -natal check-ups, maternal nutrition assessment, peri-natal monitoring and post-natal monitoring as per written guidance.
- c. The organization caring for high-risk obstetric cases has the facility to take care of neonates of such cases.

**Standard****COP. 5 Organization provides safe pediatric services****Objective Elements**

- a. Pediatric services are organized and provided safely by doctors and nurses having age-specific competencies
- b. Pediatric assessment includes growth, developmental, nutritional and immunization assessment.
- c. The organization has measures in place to prevent child/ neonate abduction and abuse.

**Standard****COP. 6 Procedural sedation is provided in a consistent and safe manner.****Objective Elements**

- a. Procedural sedation is provided in a consistent manner and is administered as per written guidance.
- b. Competent and trained persons perform and monitor sedation after informed consent.

**Standard****COP. 7 Anesthesia services are provided in a consistent and safe manner****Objective Elements**

- a. There is a written guidance for administration of anesthesia.
- b. The pre-anaesthesia assessment results in the formulation of an anaesthesia plan which is documented.
- c. Patients are monitored while under anaesthesia.

- d. Post anaesthesia monitoring is documented, and patients are discharged from the recovery area based on objective criteria.
- e. Intraoperative adverse anesthesia events are recorded and monitored.

### Standard

**COP. 8 Clinical procedures, as well as procedures in the operation theatre are performed in a safe and consistent manner.**

### Objective Elements

- a. Clinical procedures as well as procedures done in operation theatres are done in a consistent and safe manner as per written guidance.
- b. Surgical patients have a preoperative assessment, a documented pre-operative diagnosis, and pre-operative instructions are provided before surgery and documented.
- c. An informed consent is obtained by a surgeon from the operating team or the doctor performing the procedure prior to the surgery/ clinical procedure.
- d. Care is taken to prevent adverse events like wrong site, wrong patient and wrong procedure/surgery and documented.
- e. Procedures / operation notes, post procedure monitoring and post-operative care plan are documented accurately in the patient record.

### Standard

**COP. 9 The organization identifies and manages patients who are at higher risk of morbidity and mortality**

### Objective Elements

- a. The organization identifies and manages vulnerable patients.
- b. The organization identifies and manages patients who are at risk of developing / worsening of pressure ulcers and deep vein thrombosis.



## Standard

**COP.10** Pain management, rehabilitation services and nutritional therapy are provided to the patients in a safe, collaborative and consistent manner.

### Objective Elements

- a. Patients in pain are effectively managed.
- b. Scope of rehabilitation services at a minimum is commensurate to the services provided by the organization.
- c. Patients admitted to the organization are screened for nutritional risk, and assessment is done for patients found at risk during nutritional screening.



## Chapter 3

# Management of Medication (MOM)

### Intent of the standards

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

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

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

### Summary of Standards

<b>MOM. 1</b>	<b>Pharmacy services and usage of medication is implemented safely.</b>
<b>MOM. 2</b>	<b>Medications are stored appropriately and are available where required.</b>
<b>MOM. 3</b>	<b>There is written guidance for safe and rational prescription of medications.</b>
<b>MOM. 4</b>	<b>There is written guidance for the safe dispensing of medications.</b>
<b>MOM. 5</b>	<b>Medications are administered safely.</b>
<b>MOM. 6</b>	<b>Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents are used in safe manner.</b>
<b>MOM. 7</b>	<b>Implantable prosthesis and medical devices are used in accordance with laid down criteria.</b>

## Standards and Objective Elements

### Standard

**MOM. 1 Pharmacy services and usage of medication is implemented safely.**

### Objective Elements

- a. Pharmacy services and safe medication usage are implemented following written guidance.
- b. The organisation develops, updates and implements a hospital formulary as per scope of its clinical services.

### Standard

**MOM. 2 Medications are stored appropriately and are available where required**

### Objective Elements

- a. Medications are stored in a clean, safe and secure environment, and incorporating the manufacturer's recommendation(s).
- b. Written guidance exists for storage of high-risk medications including look alike and sound alike medications
- c. Beyond expiry date medications are not stored/used.
- d. List of emergency medicines is defined, stored, and the medicines are available all the time.

### Standard

**MOM. 3 There is written guidance for safe and rational prescription of medications**

### Objective Elements

- a. The organization ensures that only authorized personnel can write medication orders in a uniform manner in medical records as per good practices/guidelines which are legible, dated, timed and signed.

- b. The organization adheres to the determined minimum requirements of a prescription.
- c. Drug allergies & previous adverse drug reactions are ascertained before prescribing.
- d. Organisation defines and implement verbal order practices as applicable.
- e. Medication orders are clear, legible, dated and signed and include name of medicine, strength along with the route and frequency/time of administration.
- f. Reconciliation of medications occurs at transition points of patient care.
- g. Audit of medication orders /prescription is carried out to check for safe and rational prescription of medication.

### Standard

**MOM. 4** There is written guidance for the safe dispensing of medications

### Objective Elements

- a. Medications are checked prior to dispensing including expiry date
- b. High risk medication orders are verified prior to dispensing.
- c. Dispensed medications are labelled

### Standard

**MOM. 5** Medications are administered safely

### Objective Elements

- a. Medications are administered by those who are permitted by law to do so.
- b. Prior to administration, medication orders are verified for details including patient identification, dosage, route and timing.
- c. Prepared medication is labelled prior to preparation of a second drug.

- d. Measures to avoid catheter and tubing mis-connections during medication administration are implemented.
- e. Medication administration is documented
- f. Patients are monitored after medication administration
- g. Adverse drug events are defined, documented, reported and analyzed within a specified time frame

### Standard

**MOM. 6 Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents are used in safe manner**

### Objective Elements

- a. Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents are used safely
- b. Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents are prescribed by appropriate caregivers
- c. Narcotic drugs and psychotropic substances, chemotherapeutic agents and radioactive agents drugs are stored safely.
- d. Chemotherapy and radioactive agents are prepared properly and safely and administered by qualified personnel.
- 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. 7 Implantable prosthesis and medical devices are used in accordance with laid down criteria.**

### Objective Elements

- a. Written guidance address procurement and usage of implantable prosthesis.
- b. Patient and his/her family are counselled for the usage of the implantable prosthesis and medical devises including precautions if any.

- c. The batch and the serial number of the implantable prosthesis and medical devices are recorded in the patients' medical records, the master logbook and the discharge summary.
- d. Recall of implantable prosthesis and medical devices are handled effectively.

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## 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

<b>PRE. 1</b>	<b>Patient rights are documented, displayed and support individual beliefs and values.</b>
<b>PRE. 2</b>	<b>The patient and/or family are educated to make informed decisions and are involved in the care planning and delivery process.</b>



## Standards and Objective Elements

### Standard

<b>PRE. 1</b>	<b>Patient rights are documented displayed and support individual beliefs, values.</b>
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### Objective Elements

- a. Patient and family rights and responsibilities are documented, displayed and they are made aware of the same
- b. Patient and family rights support individual beliefs, values and involve the patient and family in decision-making processes.
- c. The organisation has a mechanism to report a violation of patient and family rights and such violations are monitored, analysed and corrective/preventive action taken within defined time frame
- d. The organisation redresses patient complaints as per the defined mechanism. Patient and/or family members are made aware of the procedure for giving feedback and/or lodging complaints.

### Standard

<b>PRE.2</b>	<b>The patient and/or family are educated to make informed decisions and are involved in the care planning and delivery process</b>
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### Objective Elements

- a. The patient and/or family members are explained about the proposed care, including the risks, alternatives and benefits
- b. The organisation obtains informed consent from the patient and or family for the situations where informed consent is required.
- c. Informed consent process adheres to statutory norms.
- d. Patients and families have a right to information on expected costs.

## Chapter 5

# Hospital Infection Control (HIC)

### Intent of the standards

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

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

### Summary of Standards

<b>HIC. 1</b>	<b>The hospital has an established infection, prevention and control programme.</b>
<b>HIC. 2</b>	<b>The organization implements the infection prevention and control programme in support services.</b>
<b>HIC. 3</b>	<b>The organization performs surveillance to capture and monitor infection prevention and control data</b>

## Standards and Objective Elements

### Standard

**HIC. 1** The hospital has an established infection, prevention and control programme.

### Objective Elements

- a. The hospital infection prevention and control programme is documented and is periodically updated.
- b. The organization adheres to hand hygiene, standard precautions and transmission-based precautions at all times.
- c. The organization adheres to safe injection and infusion practices.
- d. The organization establishes, implements and monitors the appropriate antimicrobial usage program.
- e. Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.

### Standard

**HIC. 2** The organization implements the infection prevention and control programme in support services

### Objective Elements

- a. Biomedical waste (BMW) is handled appropriately and safely.
- b. The organization has appropriate engineering controls to prevent infections.
- c. Cleaning and disinfection practices are defined and monitored as appropriate.
- d. Instruments/devices cleaning, disinfection and sterilization practices are implemented and monitored as per written guidance.
- e. The organization adheres to laundry and linen management processes.
- f. The organization adheres to kitchen sanitation and food handling issues.

- g. The organisation adheres to housekeeping procedures.

### Standard

**HIC. 3**

**The organization performs surveillance to capture and monitor infection prevention and control data.**

### Objective Elements

- a. The scope of surveillance incorporates tracking and analysing of infection risks, rates, trends and high-risk activities.
- b. The organization takes action to prevent catheter associated urinary tract infections, catheter linked blood stream infections, ventilator associated events and surgical site infections.
- c. Surveillance includes monitoring compliance with hand hygiene guidelines.

## Chapter 6

# Patient Safety and Quality Improvement (PSQ)

### 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 organization and all staff members. The organization 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

<b>PSQ. 1</b>	<b>The organization implements patient safety and quality improvement program.</b>
<b>PSQ. 2</b>	<b>The organization identifies key indicators to monitor the structures, processes and outcomes which are used as tools for continual improvement.</b>

## Standards and Objective Elements

### Standard

**PSQ. 1****The organization implements patient safety and quality improvement program**

### Objective Elements

- a. A comprehensive quality improvement and patient safety programme(s) is/are developed, implemented and maintained
- b. There is a designated individual(s) for coordinating and implementing the quality improvement and patient safety programme(s).
- c. The quality improvement and patient safety programme is a continuous process and updated at least once in a year.
- d. The program covers incidents ranging from no harm to sentinel events
- e. The organizations adapts and implements patient safety goals
- f. There is an established process in the organization to monitor and improve quality of nursing care

### Standard

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

### Objective Elements

- a. The organization identifies and monitors the key indicators to oversee infection control activities
- b. The organization identifies and monitors key indicators to oversee patient safety activities
- c. The organization identifies and monitors key indicators to oversee the managerial structures, processes and outcomes
- d. The organization implements an incident management system

- e. There is a mechanism for analysis of indicators which results in identifying opportunities for improvement
- f. The organization undertakes quality improvement projects
- g. Clinical audits are performed to improve the quality of patient care with the involvement of doctors and nursing staff

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## Chapter 7

# Responsibilities of Management (ROM)

### Intent of the standards

The standards encourage the governance of the organization in a professional and ethical manner. The 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

<b>ROM. 1</b>	<b>The responsibilities of the management are defined.</b>
<b>ROM. 2</b>	<b>The organization is managed by the leaders in an ethical manner.</b>
<b>ROM. 3</b>	<b>Management ensures that Patient safety, Quality and risk management are integral part of patient care and hospital management.</b>



## Standards and Objective Elements

### Standard

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

### Objective Elements

- a. Those responsible for management are identified and their roles and responsibilities are defined and documented
- b. The organization is registered with appropriate authorities and complies with the applicable statutory requirements.
- 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 organization to function in an ethical manner.
- c. The organization's billing process is accurate and ethical.

**ROM. 3 Management ensures that patient safety, quality and risk management are integral part of patient care and hospital management**

### Objective Elements

- a. Multi-disciplinary committees oversee patient safety and quality improvement
- b. The management ensures proactive risk management across the organization
- c. Management ensures that it has a documented agreement for all outsourced services & monitors the quality of outsourced services

## Chapter 8

# Facility Management and Safety (FMS)

### Intent of the standards

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

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

The organization manages its hazardous materials safely.

The organization plans for fire and non fire emergencies within the facilities .

### Summary of Standards

<b>FMS. 1</b>	<b>The organization's environment and facilities operate in a manner to ensure safety of patients, their families, staff and visitors</b>
<b>FMS. 2</b>	<b>The organization has a program for facility, engineering, support services and Medical equipment management</b>
<b>FMS. 3</b>	<b>The organization has provisions for safe water, electricity, medical gas and vacuum systems.</b>
<b>FMS. 4</b>	<b>The organization has plans for fire and non-fire emergencies within the facilities.</b>

## Standards and Objective Elements

### Standard

**FMS. 1**

**The organization's environment and facilities operate in a manner to ensure safety of patients, their families, staff and visitors**

### Objective Elements

- a. The organization has appropriate infrastructure for patient safety and is inspected periodically
- b. Organisation identifies areas which need additional security and access control to staff, visitors and patients
- c. Internal and External Signage's shall be displayed in a language understood by the patients, families and community.
- d. Hazardous materials are identified and used safely within the organization

### Standard

**FMS. 2**

**The organization has a program for facility, engineering, support services, Medical equipment management**

### Objective Elements

- a. The organization plans for equipment in accordance with its services.
- b. Critical equipment are identified and their down time is monitored.
- c. The operational and maintenance (preventive and breakdown) plan for medical and support service equipment is implemented based on written guidance.

### 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. The electric load shall be appropriate to the requirements of the organization and adhere to the regulatory requirements.
- c. Medical gases and vacuum systems are handled safely and are available round the clock.

### 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 and displayed safe exit plan in case of fire and non-fire emergencies.
- c. 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 organization. This is based on the organization’s mission, objectives, goals and scope of services. Effective human resource management involves the following processes and activities:-

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

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

### Summary of Standards

<b>HRM. 1</b>	<b>The organization has staffing commensurate with patient care needs.</b>
<b>HRM. 2</b>	<b>There is induction training and an on-going programme for professional training and development of the staff.</b>
<b>HRM. 3</b>	<b>The organization has a well-documented appraisal system, disciplinary and grievance handling procedure.</b>
<b>HRM. 4</b>	<b>The organization promotes staff well-being and addresses their health and safety needs.</b>
<b>HRM. 5</b>	<b>There is documented personal record for each staff member</b>



## Standards and Objective Elements

### Standard

**HRM. 1****The organization has staffing commensurate with patient care needs.**

### Objective Elements

- a. The mix of staff is commensurate with the volume and scope of services.
- b. The job specification and job description are defined for each category of staff
- c. Written guidance governs the process of recruitment.

### Standard

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

### Objective Elements

- a. Staff are provided with induction training
- b. Written guidance governs training and development policy for the staff.
- c. Staff are regularly trained based on their specific job description/ job responsibilities change.
- d. Staff are regularly trained in safety and quality related aspects.
- e. Staff are trained in handling disaster, fire and non-fire emergencies

### Standard

**HRM. 3****The organization has a well-documented appraisal system, disciplinary and grievance handling procedure**

### Objective Elements

- a. Performance appraisal is done for staff within the organisation at defined intervals based on predetermined criteria.
- b. Process for disciplinary and grievance handling is defined and implemented.

## Standard

**HRM. 4** The organization promotes staff well-being and addresses their health and safety needs.

### Objective Elements

- a. Health problems of the staff, including occupational health hazards, are taken care of in accordance with the organization's policy.
- b. The organisation has measure in place for prevention and handling workplace injuries and violence.
- c. The organisation provides treatment to staff who sustain work-place related injuries.

## Standard

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

### Objective Elements

- a. Personal files are maintained in respect of all staff.
- b. Credentialing records are maintained in personal files.
- c. Privileging records are maintained in personal files.®



## 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 organization will lay down policies and procedures to guide the contents, storage, security, issue and retention of medical records.

### Summary of Standards

<b>IMS. 1</b>	<b>Information needs of the patients, visitors, staff, management and external agencies are met.</b>
<b>IMS. 2</b>	<b>The organization has a complete and accurate medical record for every patient.</b>
<b>IMS. 3</b>	<b>The medical record reflects continuity of care.</b>
<b>IMS. 4</b>	<b>The organization maintains confidentiality, integrity and security of records, data and information.</b>

## Standards and Objective Elements

### Standard

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

### Objective Elements

- The organization identifies, captures and disseminate the information needs of the patients, visitors, staff, management external agencies and community\*
- The organization contributes to the external databases in accordance with the law and regulations.
- Use of Telemedicine is as per applicable guidelines.

### Standard

**IMS. 2** The organization has a complete and accurate medical record for every patient

### Objective Elements

- Every medical record has a unique identifier.
- The medical record provides a complete, up-to-date and chronological account of patient care
- Every medical record entry is signed, named, dated and timed by those authorized to make entries in medical record
- Medical records are reviewed periodically

### Standard

**IMS. 3** The medical record reflects continuity of care

### Objective Elements

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

- b. The medical record contains the details of assessments, re-assessments, consultations, results of investigations, operative and other procedures, and the details of the care provided.
- c. When patient is transferred to another hospital, the medical record contains the details of the transfer.
- d. The medical record contains a copy of the discharge summary or death summary and death certificate as applicable.
- e. Care providers have access to current and past medical record

### Standard

**IMS. 4** The organisation maintains confidentiality, integrity and security of records, data and information

### Objective Elements

- a. The organisation maintains confidentiality, integrity and security of information including electronic medical records.
- b. The organisation discloses privileged health information as authorized by the patient/physician and/or as required by law.
- c. The organisation defines the retention time of records, data and information