



GOVERNMENT OF TAMILNADU

CHIEF MINISTER COMPREHENSIVE HEALTH INSURANCE SCHEME

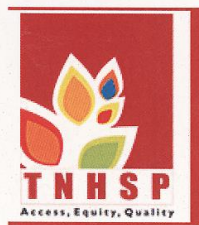
WITH

NATIONAL ACCREDITATION BOARD FOR HOSPITALS &

HEALTHCARE PROVIDERS

QUALITY WORKSHOP

11.06.2014



Pre Accreditation Entry Level Standards for Hospitals

First Edition - April 2014

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**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 within 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 organization.

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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Summary of Chapters, Standards and Objective Elements

Chapters	No. of Standards	No. of Objective Elements
Access, Assessment and Continuity of Care (AAC)	7	29
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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

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.	The 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 laboratory safety requirements

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

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 guided by accepted norms and practice

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 and 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
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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 organization 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 organization should have a mechanism to ensure that the emergency medications are standardised 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 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
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Objective Elements

- a. Documented policies and procedures govern usage of radioactive drugs.
- b. Policies and procedures include the safe storage, preparation, handling, distribution and disposal of radioactive drugs.

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
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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 needs
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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 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. 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

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 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

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

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

Summary of Standards

ROM. 1	The 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 organization 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 organization conducts regular facility inspection rounds and takes the appropriate action to ensure safety.

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

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

Summary of Standards

FMS. 1	The 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 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

HRM. 1	The organization 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 organization 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 organization 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. Organization 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 contain 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

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 authorization.

Standard

IMS. 4

Documented procedures exist for retention time of records, data and information

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.

“At United India, it’s always U before I”

