Wish you a Very Happy, Healthy and Prosperous New Year.

Setting the Context
“National Initiatives: Quality Healthcare for all”

The quest for Quality is all pervasive in this day and age, and never more apparent than in Healthcare

Healthcare Organizations all over the world are increasingly recognizing the need to evaluate and demonstrate the quality of what they do

Different Countries are making different choices about which processes best suit their needs

Newer Models and Innovations are driving Improvements

Drivers
Rising Consumer Expectations, Consumer Protection Act, Competition, Insurance, Regulation

Quality Building Blocks
Process & staff competency, Low infection rates, good clinical outcomes, Protocols, Procedures, Treatments, Policies, Training, Efficiency, low waste, Appropriate use, Availability of Beds, OPDs, Staff, Building, Space, Equipment, Supplies, Resources, Basic Monitoring of patients, Satisfaction of staff & patients
National Accreditation Board for Hospitals and Healthcare Providers (NABH)

The National Leader in Raising the Bar for Healthcare Quality and Safety

NABH Accredited Hospitals

50+ Accredited hospitals
Over 300 Applicants

Both Government & Private Hospitals are going for NABH

Impact of NABH Accreditation on a Government Hospital

Average daily IPD increased by 100% Average daily OPD increased by 27%
Bed Occupancy ratio increased from 77% to 89%, ALOS decreased by 25%

Impact of accreditation in Govt Hospital

Average length of Stay

Government Healthcare is rapidly gaining awareness and participation

- QCI is running QA programs in the following states:
  - Delhi: 9 hospitals (1 already fully accredited)
  - Gujarat: 32 hospitals (2 already accredited)
  - Kerala: 19 hospitals (6 have applied for pre assessment)
  - Tamil Nadu: 12 (all have undergone pre assessment)
  - Andhra Pradesh: 3
  - UP: 1 fully accredited
  - MP: 5

Talks ongoing to commission projects in many other states (Haryana, Orissa, J&K etc)
NABH hospital standards, 2nd edition, November 2007:
- Accredited by The International Society for Quality in Healthcare (ISQua)

NABH Accreditation involves:
- Assessment and peer evaluation focused on performance measurement and management, risk prevention, staff and patient safety, quality improvement, and governance.

NABH Accreditation:
- One of the most effective ways for healthcare organizations to:
  - Assess and improve the quality and safety of their services
  - Demonstrate that they meet or exceed national standards of excellence

NABH Accreditation supports…
- Quality improvement
- Patient safety
- Risk management
- Change management

NABH Standards
Organized around important functions
- Can be applied to any clinic
- Focus on patient and staff safety
- Set standards that all organizations must pass
- To be revised periodically and raise the “bar”
- Achieve external recognition
- Improve patient outcomes

DEFINITION OF CLINIC:
A standalone healthcare facility that provides allopathic services by Doctors registered with Medical Council of India or State Medical Council.
The Clinic may be located in the community or in the premises of an organization, such as school, factory, etc., and includes the following types of healthcare facilities:

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<th>S. no.</th>
<th>Healthcare facility</th>
<th>Definition</th>
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<td>1.</td>
<td>Clinic</td>
<td>A standalone healthcare facility for services (other than OPD of a hospital).</td>
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<td>2.</td>
<td>Polyclinic</td>
<td>A Clinic which provides services in 2 or more specialties, working in cooperation and sharing the same facilities</td>
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<td>3.</td>
<td>Dispensary</td>
<td>A Clinic, which in addition to patient care, provides facilities for dispensing medicines.</td>
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In addition a “clinic” may have add on services as follows:

Diagnostic services such as:
- Laboratory
- Imaging
- Other

Therapeutic services such as:
- Procedures

Support services such as:
- Pharmacy
- Physiotherapy
- Nutrition
- Counselling etc.

NABH Standards For Accreditation of Clinics

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<th>S. No</th>
<th>Chapter</th>
<th>Standards</th>
<th>Objective Elements</th>
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<td>Care of Patients (COP)</td>
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<td>Community Participation and Integration</td>
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<td>5</td>
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<td>Total</td>
<td></td>
<td>30</td>
<td>139</td>
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Access, Assessment and Continuity of Care (AAC)

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

a) The services provided are clearly defined and are in consonance with the needs of the community it intends to serve, and its mission, resources and scope of services.

b) Clinic identifies barriers to access and implements processes to reduce those barriers that have potential to limit access to the Clinic and its services.

c) The services provided are displayed.

AAC.2. The Clinic has a well defined patient registration process and appropriate mechanism for referral of patients who do not match the Clinic’s resources.

a) Standardized policies and procedures are used for registering patients.

b) Patients are registered only if their needs match the Clinic’s mission and resources.

c) If the patient’s needs do not match the Clinic’s mission and resources, the Clinic will assist the patient in identifying and obtaining appropriate sources of care.

AAC.3. Patient’s initial and continuing healthcare needs are identified through an established assessment process.

a) The Clinic defines the scope and content of initial assessment conducted by different specialists / providers / disciplines based on applicable laws and regulations.

b) The Clinic defines criteria when additional, specialized, or more in depth special needs assessments are required for some patients.

i) Initial assessment may use screening criteria or other mechanisms to identify patients who may need additional care.

b) The Clinic has a policy and procedure which defines the process for how the outside assessments are incorporated into the assessment process.

a) There is an established process for meeting patient care needs requiring continuing care.

b) The assessment findings result in a documented plan of care.

c) The plan of care also includes preventive aspects of the care as applicable.
Access, Assessment and Continuity of Care (AAC)

AAC 4. The Clinic has a process to identify those patients who may need additional care that is beyond the scope and mission of the Clinic and advises those patients to seek additional care, treatment or follow-up.

- a) Policies and procedures are used to identify the additional care needs of the patients and to appropriately refer them to outside healthcare providers.
- b) Written summaries are provided to the patients and referring provider.
- c) The Clinic attempts to facilitate and coordinate sharing of information and plans of care between referral agencies to ensure proper coordination of care between multiple providers, if applicable.

AAC 5. The Clinic has a process to identify the transportation needs of the patients and facilitate the same as applicable.

- a) Policies and procedures address identification of transportation needs of the patient and their facilitation.
- b) Ambulance or patient transport services, if provided, are organised through defined policies and procedures for efficient and effective services.
- c) Ambulance or patient transport services, if provided, comply with the legal and regulatory requirements.

Access, Assessment and Continuity of Care (AAC)

AAC 6. Laboratory services if provided, are as per the mission and scope of the Clinic.

- a) Lab services, if provided, on site are commensurate with the scope of services and comply with applicable local and national standards, law and regulations.
- b) Lab services if provided on site will have a quality control and laboratory safety programme.
- c) Adequately qualified and trained personnel perform and/or supervise the investigations.
- d) Policies and procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.
- e) Laboratory results are available within a defined time frame.
- f) Critical results are intimated immediately to the concerned personnel.
- g) Laboratory tests not available in the Clinic are outsourced or referred to outside sources to meet patient needs.

AAC 7. Imaging services if provided are as per the mission and scope of the Clinic.

- a) Imaging services if provided are as per applicable local and national standards, law and regulations.
- b) Imaging services if provided on site will have a quality control and Radiation safety programme.
- c) Adequately qualified and trained personnel perform and/or supervise the imaging.
- d) Policies and procedures guide the handling and disposal of radio-active and hazardous materials.
- e) Imaging results are available within a defined time frame.
- f) Critical results are intimated immediately to the concerned personnel.
- g) Imaging services if not available in the Clinic are outsourced or referred to outside resources to meet patient needs.

CHAPTER 2: Care of Patients (COP)

COP.1 Care and treatment is provided in a uniform manner to ensure high level of patient care.

- a) Policies and procedures guide the uniform level of care for all patients, which reflect applicable laws and regulations.
- b) Care of patients should be in consonance with the defined scope.
- c) Evidence-based medicine and Clinical practice guidelines are adopted to guide patient care wherever possible.
### Care of Patients (COP)

#### COP 2: Policies and procedures guide the care & treatment of patients with special identified needs

- a) Policies and procedures guide the provision of services to the high-risk patients.
- b) Policies and procedures guide the provision of services that are associated with risk in the clinic setting.
- c) Policies and procedures guide basic and first responder emergency care.
- d) Policies and procedures guide the care & treatment of vulnerable patients and are in accordance with the prevailing laws and the national and international guidelines.
- e) Policies and procedures guide the care of patients undergoing procedures.
- f) Policies and procedures guide the provision of rehabilitative services and commensurate with the clinical requirements, as applicable.
- g) Policies and procedures guide the management of pain.
- h) Policies and procedures guide the care of patients undergoing moderate sedation.

#### COP 3: Medication use is organized to meet patient needs and complies with applicable laws and regulations

- a) Policies and procedures guide how the Clinic will meet medication needs of the patient.
- b) The medication use meets applicable laws & regulations.
- c) Antibiotic prescription is guided by evidence based guidelines.
- d) The medications available are appropriate to the Clinic’s mission, scope of services and patient needs.
- e) Policies and procedures guide the procurement process, storage labelling and management of medications.

#### COP 4: Medication prescription, dispensing and administration follow standardized processes to ensure patient safety

- a) Medications are prescribed, dispensed and administered by authorized persons.
- b) Medications are prescribed in a clear legible manner, dated and timed.
- c) In case medications are dispensed at the Clinic, standardized policies and procedures are used for safe dispensing.
- d) Medication administration is guided by standardized policies and procedures.

#### COP 5: Medication use is monitored for patient compliance, clinical appropriateness and adverse effects and the medication errors are appropriately addressed

- a) Medication use is monitored for patient compliance, clinical effectiveness and adverse medication effects; and the same is noted in patient’s record.
- b) Adverse medication effects are defined, analyzed, documented and reported to the collaborating centre as applicable.
- c) Patients and family members are educated about safe and effective use of medication and food-drug interactions.
- d) Policies and procedures defines reporting mechanism, analysis and implementation of corrective and preventive actions for medication error and adverse drug events.

#### COP 6: Policies and procedures guide all research activities

- a) Policies and procedures guide all research activities in compliance with the applicable law and national and international guidelines.
- b) Policies and procedures address Patient’s informed consent, their right to withdraw, and their refusal to participate in the research activities.
CHAPTER 3: Patient Rights and Education (PRE)

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

a) Patient and family rights and responsibilities are documented.
b) Patients and families are informed of their rights and responsibilities in a format and language that they can understand.
c) The Clinic’s leaders protect patient’s rights.
d) Staff is aware of their responsibility in protecting patient’s rights.
e) Violation of patient rights is reviewed and corrective/preventive measures are taken.

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

a) Patient and family rights address any special preferences, religious and cultural needs.
b) Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.
c) Patient rights include protection from physical abuse or neglect.
d) Patient rights include treating patient information as confidential.
e) Patient has the right to make an informed choice including the option of refusal.
f) Patient rights include informed consent for any invasive / high risk procedures / treatment.
g) Patient rights include information and consent before any research protocol is initiated.
h) Patient has a right to voice a complaint.
i) Patient has a right to have an access to his / her Clinical records.

PRE.3 A documented process for obtaining patient and / or families consent exists for informed decision making about their care.

a) The Clinic has listed those procedures and treatment where informed consent is required.
b) Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.
c) The policy describes who can give consent when patient is incapable of independent decision making.

PRE.4 Patient and families have a right to information and education about their healthcare needs.

a) When appropriate, patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.
b) Patient and families are educated about diet and nutrition.
c) Patient and families are educated about immunizations.
d) Patient and families are educated about their specific disease process, prognosis, complications and prevention strategies.
e) Patient and families are educated about preventing infections.

PRE.5 Patient and families have a right to information on expected costs.

a) The tariff list is available to patients.
b) Patients are educated about the estimated costs of treatment.
c) Billing, receipts and records are maintained as per statutory requirements.
d) Patients are informed about the estimated costs when there is a change in the patient condition or treatment setting.
CHAPTER 4: Infection Control (IC)

IC.1. The Clinic has a well-designed, comprehensive and coordinated Infection Control programme aimed at reducing / eliminating risks to patients, visitors and providers of care.

a) The Clinic has documented policies and procedures for infection control as applicable to its scope.

b) It focuses on adherence to standard precautions at all times.

c) Cleaning, Disinfection of surfaces, equipment cleaning and sterilization practices are included.

d) Laundry and linen management processes are also included.

e) Staff in Clinic receive regular training in infection control practices

f) Occupational risks are known to staff and they are trained to prevent these; and to take corrective and preventive actions in case of exposure.

IC.2. The Clinic complies with Bio Medical Waste regulations as applicable

a) Bio Medical waste is collected, handled, segregated and disposed of as per the regulations

b) Staff is trained to handle BMW, and follow precautions

CHAPTER 5: Continuous Quality Improvement (CQI)

CQI.1. There is a structured quality improvement and continuous monitoring programme.

a) The quality improvement programme is commensurate with the size and complexity of the clinic and is documented.

b) The quality improvement programme is comprehensive and covers all the major elements related to quality improvement and risk management.

c) The activities to achieve conformance with the defined quality management programme are communicated and coordinated amongst all the employees of the Clinic through proper training mechanisms.

d) The quality improvement programme is reviewed at predefined intervals and opportunities for improvement are identified.

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

a) The clinic develops appropriate key performance indicators suitable to monitor clinical structures, processes and outcomes.

b) The clinic develops appropriate key performance indicators suitable to monitor managerial structures, processes and outcomes.

c) There is documentation of monitoring activity.

d) Corrective and preventive actions are taken and monitored for effectiveness with respect to activities being managed or monitored.
CHAPTER 6: Responsibilities of Management (ROM)

ROM.1 The responsibilities of the management are defined.
   a) Those responsible for governance lay down the clinic’s mission statement, budget and resources.
   b) Those responsible for governance establish the Clinic’s organogram, as applicable.
   c) Administrative policies and procedures for each section are maintained.
   d) The organisation complies with the laid down and applicable legislations and regulations.
   e) Those responsible for governance address the organisation’s social responsibility.

ROM.2 The Clinic is managed by the leaders in an ethical manner.
   a) The Clinic functions in an ethical manner.
   b) The Clinic discloses its ownership.
   c) The Clinic honestly portrays its affiliations and accreditation.
   d) The Clinic accurately bills for its services based upon a standard billing tariff.

ROM 3 The Clinic initiates and maintains a patient record for every patient.
   a) Only authorized persons make entries in the patient record.
   b) Every patient record has a unique identifier and the record contains sufficient information to meet patient care needs and regulatory requirements.
   c) The retention period and storage requirements are defined and implemented.
   d) Standardized forms and formats are used.

ROM 4 Those responsible for management have addressed all applicable aspects of human resource management.
   a) The Clinic maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.
   b) The required job specifications and job description are well defined for each category of staff.
   c) The Clinic verifies the antecedents of the potential employee with regards to credentials, criminal/negligence background, training, education and skills.
   d) Each staff member, employee and voluntary worker is appropriately oriented to the mission of the Clinic, policies and procedures as well as relevant department / unit / service programme’s policies and procedures.
   e) The Clinic staff participates in continuing professional education programs.
   f) Performance evaluation systems are in place, as applicable.
   g) Staff Health Problems are addressed.

CHAPTER 7: Facility Management and Safety

FMS.1 The Clinic’s environment and facilities operate to ensure safety of patients, their families, staff and visitors.
   a) Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes.
   b) There is internal and external sign posting in the Clinic in a language understood by patient, families and community.
   c) The provision of space shall be in accordance with the available literature on good practices (Indian or International Standards).
Facility Management & Safety (FMS)

FMS.2 The Clinic has a programme for equipment management, safe water, electricity, medical gases and vacuum system as applicable.

a) The Clinic plans for equipment in accordance with its services and strategic plan.
b) Potable water and electricity are available.
c) Alternate sources are provided for in case of failure.
d) The organisation regularly tests the alternate sources.
e) Safety precautions are followed with respect to medical gases and where applicable piped medical gas, compressed air & vacuum installation/equipment.

FMS.3 The Clinic has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.

a) The Clinic has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.
b) Staff is trained for their role in case of such emergencies.
c) The Clinic has addressed identification, spill management, training of staff storage and disposal of Hazardous materials.
d) The Clinic defines and implements its policies to reduce or eliminate smoking.

Community Participation & Integration (CPI)

CPI.1. The commitment of the Clinic to Health promotion and disease prevention is evident in its mission statement, value statement, collaborative arrangements with local, regional and national agencies and relevant policies and community participation.

a) The clinic defines Policies and procedures for health promotion / wellness and disease prevention / control programs that it participates in, as applicable.
b) The Clinic keeps abreast and implements national/regional or local standards and guidelines which are in consonance with its mission and objectives.
c) Clinic provides education, counselling and information to community partners and priority population on variety of topics for health promotion, health protection, and disease prevention and control.
d) Clinic cooperates and collaborates with the community partners in provision of surveillance, epidemiological investigations, data collection, where required.
e) There is a process in place for reporting notifiable diseases as per prevailing law and regulations.

Emphasis

- Admission & Discharge
- Indoor Services
- Emergency
- Continuity of Care
- ICU
- OT
- Transfusion
- Medications
- Infection Control
- Hazards
- Documentation
We Need Your Commitment.....To make a New Beginning ....

“Never doubt that a small group of thoughtful, committed persons can change the world. Indeed, it’s the only thing that ever has.”