

Criterion 1

INITIAL ENGAGEMENT WITH PATIENTS

Intent of the criterion:

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

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

Assessments include planning for utilisation of laboratory and imaging services. The laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff.

These assessments result in formulation of a definite Care plan.

Patient care is multidisciplinary in nature and encourages continuity of care through well-defined transfer and discharge protocols. These protocols include transfer of adequate information with the patient.

Evaluation Parameters:-

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

Criterion 2

CARE OF PATIENT

Intent of the criterion:

The organisation provides uniform care to all patients in different settings. The different settings include care provided in outpatient units, various categories of wards, intensive care units, procedure rooms and operation theatre. When similar care is provided in these different settings, care delivery is uniform. Policies, procedures, applicable laws and regulations guide emergency and ambulance services, cardio-pulmonary resuscitation, use of blood and blood components, care of patients in the intensive care and high dependency units.

Policies, procedures, applicable laws and regulations also guide care of vulnerable patients (elderly, physically and/or mentally-challenged and children), high-risk obstetrical patients, paediatric patients, patients undergoing moderate sedation, administration of anaesthesia, patients undergoing surgical procedures, patients under restraints, research activities and end of life care.

Pain management, nutritional therapy and rehabilitative services are also addressed with a view to providing comprehensive health care.

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

Evaluation Parameters:-

1. Uniform care to patients is provided in all settings of the organisation and is guided by the applicable laws, regulations and guidelines.
2. Emergency services are guided by documented policies, procedures applicable laws and regulations.
3. The ambulance services are commensurate with the scope of the services provided by the organisation.
4. The organisation plans for handling community emergencies, epidemics and other disasters.
5. Documented policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation.
6. Documented policies and procedures guide nursing care.
7. Documented procedures guide the performance of various procedures.
8. Documented policies and procedures define rational use of blood and blood components.
9. Documented policies and procedures guide the care of patients in the intensive care and high dependency units.

- 10.** Documented policies and procedures guide the care of vulnerable patients.
- 11.** Documented policies and procedures guide obstetric care.
- 12.** Documented policies and procedures guide paediatric services.
- 13.** Documented policies and procedures guide the care of patients undergoing moderate sedation.
- 14.** Documented policies and procedures guide the administration of anaesthesia.
- 15.** Documented policies and procedures guide the care of patients undergoing surgical procedures.
- 16.** Documented policies and procedures guide organ transplant programme in the organisation.
- 17.** Documented policies and procedures guide the care of patients under restraints (physical and/or chemical).
- 18.** Documented policies and procedures guide appropriate pain management.
- 19.** Documented policies and procedures guide appropriate rehabilitative services.
- 20.** Documented policies and procedures guide all research activities.
- 21.** Documented policies and procedures guide nutritional therapy.
- 22.** Documented policies and procedures guide the end of life care.

Criterion 3

MANAGEMENT OF MEDICATION

Intent of the criterion:

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

The standards encourage integration of the pharmacy into everyday functioning of hospitals and patient care. The pharmacy should guide and audit medication processes. The pharmacy should have oversight of all medications stocked out of the pharmacy. The pharmacy should ensure correct storage (as regards to temperature, light, lookalike, sound-alike etc.), expiry dates and maintenance of documentation.

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

Every high-risk medication order should be verified by an appropriate person so as to ensure accuracy of the dose, frequency and route of administration. The “appropriate person” could be another doctor, registered nurse or, a clinical pharmacist. Safe use of high-risk medication like narcotics, chemotherapeutic agents and radioactive isotopes are guided by policies and procedures.

The process also includes monitoring of patients after administration and procedures for reporting and analysing medication errors.

Patients and family members are educated about safe medication and food-drug interactions.

Medications also include blood, implants and devices.

Evaluation Parameters:-

1. Documented policies and procedures guide the organisation of pharmacy services and usage of medication.
2. There is a hospital formulary.
3. Documented policies and procedures guide the storage of medication.
4. Documented policies and procedures guide the safe and rational prescription of medications.
5. Documented policies and procedures guide the safe dispensing of medications.
6. There are documented policies and procedures for medication administration.
7. Patients are monitored after medication administration.
8. Near misses, medication errors and adverse drug events are reported and analysed.

9. Documented procedures guide the use of narcotic drugs and psychotropic substances.
10. Documented policies and procedures guide the usage of chemotherapeutic agents.
11. Documented policies and procedures govern usage of radioactive drugs.
12. Documented policies and procedures guide the use of implantable prosthesis and medical devices.
13. Documented policies and procedures guide the use of medical supplies and consumables.

Criterion 4

PATIENT RIGHTS AND EDUCATION

Intent of the criterion:

The organisation defines the patient and family's rights and responsibilities. The staff is aware of these rights and is trained to protect them. Patients are informed of their rights and educated about their responsibilities at the time of admission. They are informed about the disease, the possible outcomes and are involved in decision making. The costs are explained in a clear manner to patient and/or family. 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.

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

The organization pays attention to effective communication.

Evaluation Parameters:-

1. The organisation protects patient and family rights and informs them about their responsibilities during care.
2. Patient and family rights support individual beliefs, values and involve the patient and family in decision making processes.
3. The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process.
4. A documented procedure for obtaining patient and/or family's consent exists for informed decision making about their care.
5. Patient and families have a right to information and education about their healthcare needs.
6. Patients and families have a right to information on expected costs.
7. The organisation has a mechanism to capture patient's feedback and redressal of complaints.
8. The organisation has a system for effective communication with patients and / or families.

Criterion 5

HOSPITAL INFECTION CONTROL

Intent of the criterion:

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

The organisation measures and takes action to prevent or reduce the risk of Healthcare Associated Infection (HAI) in patients and employees.

The organisation provides proper facilities and adequate resources to support the Infection Control Programme.

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

The programme includes an action plan to control outbreaks of infection, disinfection/sterilization activities, biomedical waste (BMW) management, training of staff and employee health.

Evaluation Parameters:-

1. The organisation has a well-designed, comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care.
2. The organisation implements the policies and procedures laid down in the Infection Control Manual in all areas of the hospital.
3. The organisation performs surveillance activities to capture and monitor infection prevention and control data.
4. The organisation takes actions to prevent and control Healthcare Associated Infections (HAI) in patients.
5. The organisation provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI).
6. The organisation identifies and takes appropriate action to control outbreaks of infections.
7. There are documented policies and procedures for sterilization activities in the organisation.
8. Biomedical waste (BMW) is handled in an appropriate and safe manner.
9. The infection control programme is supported by the management and includes training of staff.

Criterion 6

CONTINUOUS QUALITY IMPROVEMENT

Intent of the criterion:

The standards encourage an environment of continual quality improvement. The quality and safety programme should be documented and involve all areas of the organisation and all staff members. The organisation should collect data on structures, processes and outcomes, especially in areas of high-risk situations. The collected data should be collated, analysed and used for further improvements. The improvements should be sustained. The quality programme of the diagnostic services should be integrated into the organisation's quality plan. Infection-control and patient-safety plans should also be integrated into the organisation's quality plan.

The organisation should define its sentinel events and intensively investigate when such events occur.

The quality programme should be supported by the management.

Evaluation Parameters:-

1. There is a structured quality improvement and continuous monitoring programme in the organisation.
2. There is a structured patient-safety programme in the organisation.
3. The organisation identifies key indicators to monitor the clinical structures, processes and outcomes, which are used as tools for continual improvement.
4. The organisation identifies key indicators to monitor the managerial structures, processes and outcomes, which are used as tools for continual improvement.
5. There is a mechanism for validation and analysis of quality indicators to facilitate quality improvement.
6. The quality improvement programme is supported by the management.
7. There is an established system for clinical audit.
8. Incidents are collected and analysed to ensure continual quality improvement.
9. Sentinel events are intensively analysed.

Criterion 7

RESPONSIBILITIES OF MANAGEMENT

Intent of the criterion:

The standards encourage the governance of the organisation in a professional and ethical manner. The responsibilities of the management are defined. The organisation complies with all applicable regulations. The organisation is led by a suitably qualified and experienced individual. The responsibilities of the leaders at all levels 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.

Evaluation Parameters:-

1. The responsibilities of those responsible for governance are defined.
2. The organisation is responsible for and complies with the laid-down and applicable legislations, regulations and notifications.
3. The services provided by each department are documented.
4. The organisation is managed by the leaders in an ethical manner.
5. The organisation displays professionalism in management of affairs.
6. Management ensures that patient-safety aspects and risk-management issues are an integral part of patient care and hospital management.

Criterion 8

FACILITY MANAGEMENT AND SAFETY

Intent of the criterion:

The standards guide the provision of a safe and secure environment for patients, their families, staff and visitors. The organisation shall take steps to ensure this, including proactive risk mitigations.

To ensure this, the organisation conducts regular facility inspection rounds and takes the appropriate action to ensure safety.

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

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

The organisation plans for emergencies within the facilities.

The organisation is a no-smoking area and manages hazardous materials in a safe manner.

The organisation works towards measures on being energy efficient.

Evaluation Parameters:-

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

Criterion 9

HUMAN RESOURCE MANAGEMENT

Intent of the criterion:

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

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

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

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

Evaluation Parameters:-

1. The organisation has a documented system of human resource planning.
2. The organisation has a documented procedure for recruiting staff and orienting them to the organisation’s environment.
3. There is an ongoing programme for professional training and development of the staff.
4. Staff are adequately trained on various safety-related aspects.
5. An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.
6. The organisation has documented disciplinary and grievance handling policies and procedures.
7. The organisation addresses the health needs of the employees.
8. There is documented personal information for each staff member.
9. There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.
10. There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.

Criterion 10

INFORMATION MANAGEMENT SYSTEM

Intent of the criterion:

Information is an important resource for effective and efficient delivery of health care. Provision of health care and its continued improvement is dependent to a large extent on the information generated, stored and utilised appropriately by the organisations. One of the major intent of this chapter is to ensure data and information meet the organisation's needs and support the delivery of quality care and service.

Provision of patient care is a complex activity that is highly dependent on communication of information. This communication is to and from the community, patients and their families, and other health professionals. Failures in communication are one of the most common root causes of patient safety incidents. The goal of Information management in a hospital is to ensure that the right information is made available to the right person. This is provided in an authenticated, secure and accurate manner at the right time and place. This helps achieve the ultimate organisational goal of a satisfied and improved provider and recipient of any health care setting.

An effective Information management system is based on the information needs of the organisation. The system is able to capture, transmit, store, analyse, utilise and retrieve information as and when required for improving clinical outcomes as well as individual and overall organisational performance.

Although a digital-based information system improves efficiency, the basic principles of a good information management system apply equally to a manual/paper-based system. These standards are designed to be equally compatible with non-computerised systems and future technologies.

Evaluation Parameters:-

1. Documented policies and procedures exist to meet the information needs of the care providers, management of the organisation as well as other agencies that require data and information from the organisation.
2. The organisation has processes in place for effective control and management of data.
3. The organisation has a complete and accurate medical record for every patient.
4. The medical record reflects continuity of care.
5. Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information.
6. Documented policies and procedures exist for retention time of records, data and information.
7. The organisation regularly carries out review of medical records.