

**Paramanand Ayurveda panchkarma hospital (Plot No. 2,Block-A, Gopal Nagar, near Prem Nursery, Main Dhansa Road, Najafgarh, New Delhi 110043)**

**Internal Audit Report**

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<b>Chapter 1: Access, Assessment and Continuity of Care (AAC)</b>	
<b>AAC.1: The organisation defines and displays the healthcare services that it provides.</b>	
<b>Elements</b>	<b>Scores (0/5/10)</b>
<b>Remarks</b>	
a. The healthcare services being provided are clearly defined and are in consonance with the needs of the community.	10
b. The defined services are prominently displayed.	10
c. The staff are oriented to these services.	10
<b>AAC.2: The organisation has a well-defined registration and admission process.</b>	
a. The healthcare services being provided are clearly defined and are in consonance with the needs of the community.	10
b. The defined services are prominently displayed.	10
c. The staff are oriented to these services.	10
<b>AAC.3: There is an appropriate mechanism for transfer (in and out) or referral of patients.</b>	
a. Documented policies and procedures guide the transfer of patients to another facility in an appropriate manner.	10
b. Documented policies and procedures guide the transfer-out/referral of unstable patients to another facility in an appropriate manner.	10
c. Procedures identify staff responsible during transfer/referral.	10
d. The organisation gives a summary of patient's condition and the treatment given.	10
<b>AAC.4. Patients cared for by the organization undergo an established initial assessment.</b>	

b. The organization defines the content of the assessments for the out-patients, inpatients and emergency patients.	10	8
c. The organization determines who can perform the assessments.	10	9
d. The organization defines the time frame within which the initial assessment is completed.	10	9
e. The initial assessment for in-patients is documented within 24 hours or earlier as per the patient's condition or hospital policy. Initial assessment includes identification of medication that the in-patient is using of the relevant AYUSH system, of any other AYUSH system & of allopathic medicines.	10	10
f. Initial assessment includes screening for nutritional needs.	10	10
g. Care plan has to be documented and is monitored after the initial assessment.	10	9
h. The care plan also includes preventive aspects of the care where appropriate.	10	9
i. The care plan is countersigned by the doctor in-charge of the patient within 24 hours.	10	9
j. The care plan includes desired results of the treatment, care or service.	10	9
<b>AAC.5: Patients cared for by the organisation undergo a regular reassessment.</b>		
a Patients are reassessed at appropriate intervals.	10	10
b Out-patients are informed of their next follow-up, where appropriate.	10	10
c For in-patients during reassessment the care plan is monitored and modified, where found necessary.	10	9
d Staff involved in direct clinical care document reassessments.	10	9
e Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.	10	9
<b>AAC.6: Laboratory services are provided as per the scope of services of the organisation.</b>		
a. Scope of the laboratory services are commensurate to the services provided by the organization.	10	
b Adequately qualified and trained personnel perform and/or supervise the investigations.	10	
c Documented policies and procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.	10	
d Laboratory results are available within a defined time frame.	10	
e Critical results are intimated immediately to the personnel concerned.	10	



Results are reported in a standardised manner.	10	
Laboratory tests not available in the organisation are outsourced to organisation(s) based on their quality assurance system.	05	
<b>AAC.12: Patient care is continuous and multidisciplinary in nature.</b>		
a. During all phases of care, there is a qualified individual identified as responsible for the patient's care.	10	10
b. Care of patients is coordinated in all care settings within the organisation.	10	9
c. Information about the patient's care and response to treatment is shared among medical, nursing and other care-providers.	10	9
d. Information is exchanged and documented during each staffing shift, between shifts, and during transfers between units/departments.	10	9
e. The patient's record(s) is available to the authorized care-providers to facilitate the exchange of information	10	10
f. Documented policies and procedures guide the referral of patients to other departments/ specialties.	10	10
<b>AAC.13: The organisation has a documented discharge process.</b>		
a. The patient's discharge process is planned in consultation with the patient and/or family.	10	9
b. Documented policies and procedures exist for coordination of various departments and agencies involved in the discharge process (including medico-legal and absconded cases).	10	9
c. Documented policies and procedures are in place for patients leaving against medical advice (LAMA) and patients being discharged on request.	10	9
d. A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice and on request).	10	9
<b>AAC.14: Organisation defines the content of the discharge summary.</b>		
a. Discharge summary is provided to the patients at the time of discharge.	10	9
b. Discharge summary contains the patient's name, unique identification number, date of admission and date of discharge.	10	9
c. Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge	10	9
d. Discharge summary contains information regarding investigation results, any procedure performed, medication administered and other treatment given.	10	9
e. Discharge summary contains follow-up advice, medication and other instructions in an understandable manner.	10	10

Discharge summary incorporates instructions about when and how to obtain urgent care.

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)

### Elements

Scores  
(0/5/10)

Remarks

**COP.1: Uniform care to patients is provided in all settings of the organisation and is guided by the applicable laws, regulations and guidelines.**

a. Care delivery is uniform for a given health problem when similar care is provided in more than one setting.

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b. Uniform care reflects applicable laws, regulations and guidelines.

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c. Standard guidelines are adopted to guide uniform patient care whenever possible.

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**COP.2: Emergency services are guided by documented policies, procedures, applicable laws and regulations.**

a. Policies and procedure for emergency care are documented

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b. Policies also address handling of medico-legal cases.

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c. The patients receive care in consonance with the policies

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d. Documented policies and procedures guide the triage of patients for initiation of appropriate care.

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e. Staff are familiar with the policies and trained on the procedures for care of emergency patients.

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f. Admission or discharge to home or transfer to another organisation is also documented.

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g. In case of discharge to home or transfer to another organisation, a discharge note shall be given to the patient.

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**COP.3: The ambulance services inhouse or Outsourced are commensurate with the scope of the services provided by the organisation.**

a. There is adequate access and space for the ambulance(s).

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b. The ambulance adheres to statutory requirements.

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c. The ambulance(s) is appropriately equipped.

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d. The ambulance(s) is manned by trained personnel.

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e. The ambulance(s) is checked on a daily basis.

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Equipment are checked on a daily basis.	10	9
Emergency medications are checked daily and prior to dispatch.	10	9
h. The ambulance(s) has a proper communication system.	10	9
<b>COP.4: Documented policies and procedures guide the care of vulnerable patients (elderly, physically and/or mentally challenged and children).</b>		
a. Policies and procedures are documented and are in accordance with the prevailing laws and the national and international guidelines.	10	9
b. Care is organized and delivered in accordance with the policies and procedures.	10	9
c The organisation provides for a safe and secure environment for this vulnerable group.	10	9
d A documented procedure exists for obtaining informed consent from the appropriate legal representative.	10	8
e. Staff is trained to care for this vulnerable group.	10	9
<b>COP.9: Policies and procedures guide the care of patients undergoing Surgical, parasurgical, panchakarma and other treatment procedures</b>		
a The policies and procedures are documented.	10	9
b An informed consent is obtained by a Physician/Surgeon prior to the procedure.	10	10
c Patients shall have a preoperative (parasurgical), preprocedure (panchakarma) assessment and a provisional diagnosis documented prior to surgery/procedures	10	9
d Documented policies and procedures exist to prevent adverse events like wrong site, wrong patient and wrong surgery/procedures.	10	9
e Persons qualified by law are permitted to perform the procedures that they are entitled to perform	10	9
f A brief operative note / note regarding the procedure is	10	9

Documented prior to transfer of patient from recovery area.		
The operating surgeon/physician document the post-operative/post-procedure care plan.	10	9
h Adequate area, appropriate facilities and equipment/instruments are available in the OT / Panchakarma therapy and Treatment procedure room	10	9
i Patient, personnel and material flow conforms to infection control practices.	10	9
j Guidelines for various Parasurgical procedures / Panchakarma therapy and other Treatment procedures are prepared separately and adhered.	10	9
k Standard precautions and asepsis is adhered to during the conduct of therapies.	10	9
l A quality assurance program is followed for the Parasurgical / panchakarma therapy and other treatment services.	10	9
m The quality assurance program includes surveillance of the OT / panchakarma or treatment procedure room.	10	9
<b>COP.14: Documented policies and procedures guide the care of patients under restraints.</b>		
a Documented policies and procedures guide the care of patients under restraints.	10	9
b These include physical restraint measures.	10	9
c These include documentation of reasons for restraints.	10	9
d These patients are more frequently monitored.	10	9
e Staff receives training and periodic updating in control and restraint techniques.	10	9
<b>COP.18: Documented policies and procedures guide Therapeutic diet (Poshana Karma)</b>		
a Documented policies and procedures guide implementation of therapeutic diet (poshana karma) after assessment and reassessment of patient needs.	10	9
b Patients receive food according to their clinical needs.	10	10



There is a written order for the pathyahara.	10	9
When families provide food, they are educated about the patient's pathya and apathya.	10	
Food is prepared, handled, stored and distributed in a safe manner.	10	9

### Chapter 3: Management of Medication (MOM)

#### MOM.1: Documented policies and procedures guide the organisation of pharmacy services and usage of medication.

a There is a documented policy and procedure for pharmacy services and medication usage.	10	9
b These comply with the applicable laws and regulations.	10	9
c A multidisciplinary committee guides the formation and implementation of these policies and procedures.	10	9
d There is a procedure to obtain medication when the pharmacy is closed	10	9

#### MOM.2. There exists a hospital formulary.

a A list of medication appropriate for the patients and organization's resources is developed.	10	9
b The list is developed collaboratively by the multidisciplinary committee.	10	9
c The formulary is available for clinicians to refer and adhere to.	10	9
d There is a defined process for acquisition of these medications.	10	9
e There is a defined process for preparation of these medications.	10	9
f There is a process to obtain medications not listed in the formulary.	10	9

#### MOM.3: Documented policies and procedures guide the storage of medication.

a Documented policies and procedures exist for storage of medication.	5	5
b Medications are stored in a clean, safe and secure environment; and incorporating manufacturer's recommendation(s).	5	5
c Sound inventory control practices guide storage of the medications.	10	9
d Sound alike and look alike medications are identified and stored separately.	5	5

#### MOM.4: Documented policies and procedures exist for prescription of medications.

Documented policies and procedures exist for prescription of medications.	10	9
The organisation determines the minimum requirements of a prescription.	10	9
c The organization determines who can write orders.	10	9
d Orders are written in a uniform location in the medical records.	10	9
e Medication orders are clear, legible, dated, timed, named and signed.	10	9
f Medication orders contain the name of the medicine, route of administration, dose to be administered and frequency/time of administration.	10	9
g Policy on verbal orders is documented and implemented.	10	9
h The organization defines a list of high alert medication.	10	9
i High Alert medication orders are verified prior to dispensing	10	10
<b>MOM.5: Documented policies and procedures guide the safe dispensing of medications.</b>		
a Documented policies and procedures guide the safe dispensing of medications.	10	9
b The policies include a procedure for medication recall.	10	9
c Expiry dates are checked prior to dispensing, wherever applicable.	05	5
d Labeling requirements are documented and implemented by the organization	05	5
<b>MOM.6: There are documented policies and procedures for medication management.</b>		
a Medications are administered by those who are permitted to do so.	10	10
b Prepared medication is labelled prior to preparation of a second drug.	10	10
c Patient is identified prior to administration.	10	10
d Medication is verified from the order and physically inspected prior to administration.	10	10
e Dosage is verified from the order prior to administration.	10	10
f Route is verified from the order prior to administration.	10	10



ing is verified from the order prior to administration.	10	9
Medication administration is documented.	10	9
Polices and procedures govern patient's self administration of medications.	10	9
<b>MOM.7: Patients are monitored after medication administration.</b>		
a Documented policies and procedures guide the monitoring of patients after medication administration.	10	9
b The organisation defines those situations where close monitoring is required.	10	9
c Monitoring is done in a collaborative manner.	10	9
d Medications are changed where appropriate based on the monitoring.	10	9
<b>MOM.8: Near misses, medication errors and adverse drug events are reported and analysed.</b>		
a Documented procedure exists to capture near miss, medication error and adverse drug event.	10	9
b Near miss, medication error and adverse drug event are defined.	10	9
c These are reported within a specified time frame.	10	9
d They are collected and analysed.	10	8
e Corrective and/or preventive action(s) are taken based on the analysis where appropriate.	10	9
<b>MOM.9: Documented policies and procedures guide the use of medical supplies and consumables.</b>		
a There is a defined process for acquisition of medical supplies and consumables.	10	9
b Medical supplies and consumables are used in a safe manner, where appropriate.	10	9
c Medical supplies and consumables are stored in a clean, safe and secure environment and incorporating manufacturer's recommendation(s).	10	9
d Sound inventory control practices guide storage of medical supplies and consumables.	10	9
<b>MOM.10: Documented policies and procedures guide the use of formulations containing toxic/narcotic drugs.</b>		
a Documented procedures guide the use of narcotic drugs.	10	9

These procedures are in consonance with local and national regulations.	10	8
These drugs are stored in a secure manner.	10	8
d A proper record is kept of the usage, administration and disposal of these drugs.	10	8
e These drugs are handled by appropriate personnel in accordance with the documented procedure.	10	9
<b>Chapter 4: Patient Rights and Education (PRE)</b>		
<b>PRE.1. The organisation protects patient and family rights and informs them about their responsibilities during care.</b>		
a Patient and family rights and responsibilities are documented and displayed.*	10	9
b Patients and families are informed of their rights and responsibilities in a format and language that they can understand.	10	9
c The organisation's leaders protect patient and family rights.	10	8
d Staff are aware of their responsibility in protecting patient and family rights.	10	8
e Violation of patient and family rights is recorded, reviewed and corrective/preventive measures taken.	10	8
<b>PRE.2: Patient and family rights support individual beliefs, values and involve the patient and family in decision making processes.</b>		
a Patients and family rights include respecting any special preferences, spiritual and cultural needs.	10	8
b Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment.	10	8
c Patient and family rights include protection from physical abuse or neglect.	10	10
d Patient and family rights include treating patient information as confidential.	10	8
e Patient and family rights include refusal of treatment.	10	8
f Patient and family rights include informed consent before panchakarma therapy, prasuti tantra and streeroga procedures, shalaky procedures, anesthesia, parasurgical procedure, and surgery, initiation of any research protocol and any invasive/high risk procedures/treatment.	10	8
g Patient and family rights include information on how to voice a complaint.	10	8



ent and family rights include information on the expected cost of the treatment.	10	9
patient and family have a right to have an access to his/her clinical records.	10	8
j Patient and family rights include information on care plan, progress and information on their health care needs	10	8
<b>PRE.3: The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process.</b>		
a The patient and/or family members are explained about the proposed care including the risks, alternatives and benefits.	10	8
b The patient and/or family members are explained about the expected results.	10	8
c The patient and/or family members are explained about the possible complications.	10	8
d The care plan is prepared and modified in consultation with patient and/or family members.	10	8
e The care plan respects and where possible incorporates patient and/or family concerns and requests.	10	8
f The patient and/or family members are informed about the results of diagnostic tests and the diagnosis.	10	9
g The patient and/or family members are explained about any change in the patient's condition.	10	9
<b>PRE.4: A documented procedure for obtaining patient and/or family's consent exists for informed decision making about their care.</b>		
a General consent for treatment is obtained when the patient enters the organisation.	10	9
b Patient and/or his family members are informed of the scope of such general consent	05	9
c Documented procedure incorporates the list of situations where informed consent is required and the process for taking informed consent.	10	8
d Informed consent includes information regarding the procedure, risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.	10	9
e The procedure describes who can give consent when patient is incapable of independent decision making.	10	8
f Informed consent is taken by the person performing the procedure.	10	9

med consent process adheres to statutory norms.	10	8
Staff are aware of the informed consent procedure.	10	8
<b>PRE.5: Patient and families have a right to information and education about their healthcare needs.</b>		
a When appropriate, patient and/or family are educated about the safe and effective use of medication and the potential side effects of the medication.	10	8
b Patient and/or family are educated about food-medicine interactions.	10	8
c Patient and/or family are educated about pathyahara and poshana	10	9
d Patient and/or family are educated about their specific disease process, complications and prevention strategies.	10	7
e Patient and/or family are educated about preventing infections.	10	8
f Patient and/or family are educated in a language and format that they can understand.	10	8
<b>PRE.6: Patients and families have a right to information on expected costs.</b>		
a There is uniform pricing policy in a given setting (out-patient and inpatient category).	10	8
b The tariff list is available to patients.	10	8
c Patients and family are educated about the estimated costs of treatment.	10	8
d Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting.	10	8
<b>PRE.7: Organisation has a complaint redressal procedure.</b>		
a The organisation has a documented complaint redressal procedure.	10	8
b Patient and/or family members are made aware of the procedure for lodging complaints.	10	8
c All complaints are analysed.	10	8
d Corrective and/or preventive action(s) are taken based on the analysis where appropriate.	10	8
<b>Chapter 5: Hospital Infection Control (HIC)</b>		
<b>HIC.1: The organization has a well-designed, comprehensive and coordinated infection control programme aimed at reducing/eliminating risks to patients, visitors and providers of care</b>		



a The hospital infection control programme is documented which is at preventing and reducing risk of healthcare associated infections.	10	8
b The infection prevention and control programme is a continuous process and updated at least once in a year.	10	8
c The hospital has a multi-disciplinary infection control committee which coordinates all infection prevention and control activities	10	8
d The hospital has an infection control team, which coordinates implementation of all infection prevention and control activities.	10	7
e The hospital has designated infection control officer as part of the infection control team.	10	8
<b>HIC.2: The organization implements the policies and procedures laid down in the Infection Control Manual.</b>		
a The organisation identifies the various high-risk areas and procedures and implements policies and/or procedures to prevent infection in these areas.	10	8
b The organisation adheres to standard precautions at all times.	10	8
c The organisation adheres to hand-hygiene guidelines.	10	8
d The organization adheres to cleaning, disinfection and sterilization practices.	10	8
e An appropriate antibiotic policy for organisations providing integrated services with allopathy is established and implemented.	10	8
f Laundry and linen management processes are also included	10	8
g Kitchen sanitation and food handling issues are included in the manual.	10	8
h Engineering controls to prevent infections are included.	10	8
i The organisation adheres to housekeeping procedures.	10	8
<b>HIC.3: The organisation performs surveillance activities to capture and monitor infection prevention and control data.</b>		
a Surveillance activity are appropriately directed towards the identified high-risk areas and procedures.	10	8
b A collection of surveillance data is an on-going process.	10	8
c Verification of data is done on a regular basis by the infection control team.	10	8
d The scope of surveillance activities incorporates tracking and	10	8

ing of infection risks, rates and trends.		
Surveillance activities include monitoring the effectiveness of housekeeping services.	10	7
Surveillance activities include monitoring the compliance with hand-hygiene guidelines.	10	7
g Appropriate feedback regarding HAI rates are provided on a regular basis to appropriate personnel.	10	7
h In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.	10	8
<b>HIC.4: The organization takes actions to prevent or reduce the risk of Hospital Associated Infections (HAI) in patients and employees</b>		
a The organisation takes action to prevent catheter associated urinary tract Infections.	10	9
b The organization takes action to prevent respiratory tract infections.	10	9
c The organization takes action to prevent Parasurgical site infections and other HAI.	10	9
d The organization takes action to prevent skin infections.	10	9
e The organization takes action to prevent surgical site infections and other HAI.	10	9
f Appropriate pre- and post-exposure prophylaxis is provided to all staff members concerned	10	9
<b>HIC.5: The organisation provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI).</b>		
a Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.	10	9
b Adequate and appropriate facilities for hand hygiene in all patient-care areas are accessible to healthcare providers.	10	9
<b>HIC.6: Biomedical waste (BMW) is handled in an appropriate and safe manner.</b>		
a The organization adheres to statutory provisions with regard to biomedical waste	10	9
b Proper segregation and collection of biomedical waste from all patient-care areas of the hospital is implemented and monitored.	10	9
c The organization ensures that biomedical waste is stored and transported to the site of treatment and disposal in proper covered vehicles within stipulated time limits in a secure manner.	10	9



Medical waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorized contractor(s).	10	8
Appropriate personal protective measures are used by all categories of staff handling biomedical waste.	10	8
<b>HIC.7: The infection control programme is supported by the organization's management and includes training of staff.</b>		
a Hospital management makes available resources required for the infection control programme.	10	9
b The hospital earmarks adequate funds from its annual budget in this regard.	10	9
c The organisation conducts induction training for all staff.	10	9
d The organisation conducts appropriate "in-service" training sessions for all staff at least once in a year.	10	9
<b>HIC.8 : There are documented policies and procedures for sterilization activities in the organization.</b>		
a There is adequate space available for sterilization activities	10	9
b Documented procedure guides the cleaning, packing, disinfection and/or sterilisation, storing and issue of items.	10	9
c Regular validation tests for sterilisation are carried out and documented.	10	9
d There is an established recall procedure when breakdown in the sterilisation system is identified.	10	9
<b>Chapter 6: Continual Quality Improvement (CQI)</b>		
<b>CQI.1: There is a structured quality improvement and continuous monitoring programme in the organisation.</b>		
a The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee.	10	9
b The quality improvement programme is documented.	10	9
c There is a designated individual for coordinating and implementing the quality improvement programme.	10	9
d The quality improvement programme is comprehensive and covers all the major elements related to quality improvement and risk management.	10	9
e The designated programme is communicated and coordinated amongst all the employees of the organization through proper training mechanism.	10	7
f The quality improvement programme is reviewed at predefined	10	8

als and opportunities for improvement are identified.		
the quality improvement programme is a continuous process and updated at least once in a year.	10	8
n Audits are conducted at regular intervals as a means of continuous monitoring.	10	9
<b>CQI.2: There is a structured patient-safety programme in the organisation.</b>		
a The patient-safety programme is developed, implemented and maintained by a multi-disciplinary committee.	10	8
b The patient safety programme is documented.	10	8
c The patient safety programme is comprehensive and covers all the major elements related to patient safety and risk management.	10	8
d The scope of the programme is defined to include adverse events ranging from "no harm" to "sentinel events".	10	8
e There is a designated individual for coordinating and implementing the patient-safety programme.	10	8
f The designated programme is communicated and coordinated amongst all the staff of the organization through appropriate training mechanism.	10	8
g The patient-safety programme identifies opportunities for improvement based on review at pre-defined intervals.	10	8
h The patient-safety programme is a continuous process and updated at least once in a year.	10	8
i The organisation adapts and implements national/international patient-safety goals/solutions.	10	8
<b>CQI.3: The organisation identifies key indicators to monitor the clinical structures, processes and outcomes, which are used as tools for continual improvement.</b>		
a Monitoring includes appropriate patient assessment.	10	8
b Monitoring includes safety and quality-control programmes of all the diagnostic services.	10	8
c Monitoring includes medication management.	10	8
d Monitoring includes availability and content of medical records.	10	8
e Monitoring includes infection control activities.	10	8



Monitoring includes Panchakarma therapies and Treatment procedures	10	8
Monitoring includes clinical research.	10	7
i Monitoring includes data collection to support further improvements.	10	7
j Monitoring includes data collection to support evaluation of these improvements.	10	7
<b>CQI.4: The organisation identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.</b>		
a Monitoring includes procurement of medication essential to meet patient needs.	10	8
b Monitoring includes reporting of activities as required by laws and regulations.	10	8
c Monitoring includes risk management.	10	8
d Monitoring includes utilization of space, manpower and equipment.	10	8
e Monitoring includes patient satisfaction which also incorporates waiting time for services.	10	8
f Monitoring includes employee satisfaction.	10	8
g Monitoring includes adverse events and near misses.	10	8
h Monitoring includes availability and content of medical records.	10	8
i Monitoring includes data collection to support further improvements.	10	8
j Monitoring includes data collection to support evaluation of these improvements	10	8
<b>CQI.5: The quality improvement programme is supported by the management.</b>		
a Hospital Management makes available adequate resources required for quality improvement programme.	10	8
b Hospital earmarks adequate funds from its annual budget in this regard.	10	8
c The management identifies organizational performance improvement targets.	10	8

Appropriate statistical and management tools are applied whenever required	10	8
Hospital Management makes available adequate resources required for quality improvement programme.	10	8

#### **CQI.6: There is an established system for clinical audit.**

a Medical and nursing staff participates in this system.	10	8
b The parameters to be audited are defined by the organization.	10	8
c Patient and staff anonymity is maintained.	05	8
d All audits are documented.	10	8
e Remedial measures are implemented.	10	8

#### **CQI.7: Incidents are collected and analysed to ensure continual quality improvement.**

a The organisation has an incident reporting system.	10	9
b The organization has a process to collect feedback and receive complaints.	10	8
c The organization has established processes for analysis of incidents, feedbacks and complaints.	10	8
d Corrective and preventive actions are taken based on the findings of such analysis.	10	8
e Feedback about care and service is communicated to staff.	10	8

#### **CQI .8 Sentinel events are intensively analysed.**

a The organisation has defined sentinel events.	10	8
b The organisation has established processes for intense analysis of such events.	10	8
c Sentinel events are intensively analysed when they occur.	10	8
d Corrective and preventive actions are taken based on the findings of such analysis.	10	8

### **Chapter 7: Responsibilities of Management (ROM)**

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

a Those responsible for governance lay down the organization's vision and mission statement.	10	9
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c Those responsible for governance approve the strategic and operational plans and organization's budget.	10	9
d Those responsible for governance approve the organization's budget and allocate the resources required to meet the organization's mission.	10	9
e Those responsible for governance monitor and measure the performance of the organization against the stated mission.	10	9
f Those responsible for governance establish the organization's organogram.	10	9
g Those responsible for governance appoint the senior leaders in the organization.	10	9
h Those responsible for governance support safety initiatives and quality-improvement plans.	10	9
i Those responsible for governance address the organization's social responsibility.	10	9
<b>ROM.2: The organisation complies with the laid-down and applicable legislations and regulations.</b>		
a The management is conversant with the laws and regulations and knows their applicability to the organisation.	10	9
b The management ensures implementation of these requirements.	10	9
c Management regularly updates any amendments in the prevailing laws of the land.	10	9
d There is a mechanism to regularly update licenses/registrations/certifications.	10	9
<b>ROM.3: The services provided by each department are documented.</b>		
a Scope of services of each department is defined.	10	9
b Administrative policies and procedures for each department are maintained.	10	9
c Each organisational programme, service, site or department has effective leadership.	10	9
d Departmental leaders are involved in quality improvement.	10	8
<b>ROM.4: The organisation is managed by the leaders in an ethical manner.</b>		
a The leaders make public the vision, mission and values of the organisation.	10	9
b The leaders establish the organisation's ethical management.	10	9

e Those responsible for governance approve the strategic and operational plans and organization's budget.	10	9
f Those responsible for governance approve the organization's budget and allocate the resources required to meet the organization's mission.	10	9
g Those responsible for governance monitor and measure the performance of the organization against the stated mission.	10	9
h Those responsible for governance establish the organization's organogram.	10	9
i Those responsible for governance appoint the senior leaders in the organization.	10	9
j Those responsible for governance support safety initiatives and quality-improvement plans.	10	9
k Those responsible for governance address the organization's social responsibility.	10	9
<b>ROM.2: The organisation complies with the laid-down and applicable legislations and regulations.</b>		
a The management is conversant with the laws and regulations and knows their applicability to the organisation.	10	9
b The management ensures implementation of these requirements.	10	9
c Management regularly updates any amendments in the prevailing laws of the land.	10	9
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organisation's established ethical management shall be documented.	10	9
The organisation discloses its ownership.	10	9
e The organisation honestly portrays the services which it can and cannot provide.	10	9
f The organisation honestly portrays its affiliations and accreditations.	10	9
g The organisation accurately bills for its services based upon a standard billing tariff.	10	9

## Chapter 8: Facility Management and Safety (FMS)

### FMS.1: The organisation has a system in place to provide a safe and secure environment.

a Safety committee coordinates development, implementation, and monitoring of the safety plan and policies.	10	9
b Patient-safety devices & infrastructure are installed across the organisation and inspected periodically.	10	9
c The organisation is a non-smoking area	10	10
d Facility inspection rounds to ensure safety are conducted at least twice in a year in patient-care areas and at least once in a year in non-patient-care areas.	10	8
e Inspection reports are documented and corrective and preventive measures are undertaken.	10	8
f There is a safety education programme for staff.	10	8

### FMS.2: The organisation's environment and facilities operate to ensure safety of patients, their families, staff and visitors

a Facilities are appropriate to the scope of services of the organisation.	10	9
b Up-to-date drawings are maintained which detail the site layout, floor plans and fire-escape routes.	10	9
c There is internal and external sign postings in the organisation in a language understood by patient, families and community.	10	9
d The provision of space shall be in accordance with the available literature on good practices (Indian or International Standards) and directives from government agencies.	10	9
e Potable water and electricity are available round the clock.	10	9
f Alternate sources for electricity and water are provided as backup	10	9

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failure / shortage.		
e The organisation regularly tests these alternate sources.	10	9
f There are designated individuals (with appropriate equipment) responsible for the maintenance of all the facilities.	10	9
i There is a documented operational and maintenance (preventive and breakdown) plan.	10	9
j Maintenance staff is contactable round the clock for emergency repairs.	10	9
k Response times are monitored from reporting to inspection and implementation of corrective actions.	10	8
<b>FMS.3: The organisation has a programme for engineering support services.</b>		
a The organisation plans for equipment in accordance with its services and strategic plan.	10	8
b Equipment are selected, rented, updated or upgraded by a collaborative process.	10	8
c Equipment are inventoried and proper logs are maintained as required.	10	8
d Qualified and trained personnel operate, inspect, test and maintain equipment and utility systems	10	8
e There is a documented operational and maintenance (preventive and breakdown) plan.	10	8
f There is a maintenance plan for water management.	10	9
g There is a maintenance plan for electrical systems.	10	9
h There is a maintenance plan for heating, ventilation and air-conditioning.	10	9
i There is a documented procedure for equipment replacement and disposal	10	8
<b>FMS.4: The organisation has a programme for bio-medical equipment management.</b>		
a The organisation plans for equipment in accordance with its services and strategic plan.	10	8
b Equipment are selected, rented, updated or upgraded by a collaborative process.	10	8
c Equipment are inventoried and proper logs are maintained as required.	10	8

ified and trained personnel operate and maintain the medical equipment.	10	8
are periodically inspected and calibrated for their proper functioning.	10	8
f There is a documented operational and maintenance (preventive and breakdown) plan.	10	8
g There is a documented procedure for equipment replacement and disposal.	10	8
<b>FMS.5: The organisation has a programme for medical gases, vacuum and compressed air if applicable.</b>		
a Documented procedures govern procurement, handling, storage, distribution, usage and replenishment of medical gases	10	8
b Medical gases are handled, stored, distributed and used in a safe manner.	10	8
c The procedures for medical gases address the safety issues at all levels.	10	8
<b>FMS.6: The organisation has plans for fire and non-fire emergencies within the facilities.</b>		
a The organisation has plans and provisions for early detection, abatement and containment of fire, and non-fire emergencies.*	10	9
b The organisation has a documented safe-exit plan in case of fire and non-fire emergencies.	10	9
c Staff is trained for their role in case of such emergencies.	10	9
d Mock drills are held at least twice in a year.	10	9
e There is a maintenance plan for fire-related equipment.	10	9
<b>FMS.7: The organisation has a plan for management of hazardous materials</b>		
a Hazardous materials are identified within the organisation.	10	9
b The organisation implements processes for sorting, labelling, handling, storage, transporting and disposal of hazardous material.	10	9
c There is a plan for managing spills of hazardous materials.	10	9
d Staff is educated and trained for handling such materials.	10	9
<b>FMS.8: The organisation has herbal plantation</b>		
a The organisation has herbal plantation within the organisation.	10	



**HRM.1. The organisation has a documented system of human resource planning.**

a Human resource planning supports the organisation's current and future ability to meet the care, treatment and service needs of the patient

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8

b The organisation maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.

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8

c The required job specification and job description are well defined for each category of staff.

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8

d The organisation verifies the antecedents of the potential employee with regards to criminal/negligence background.

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**HRM.2. The organisation has a documented procedure for recruiting staff and orienting them to the organisation's environment.**

a There is a documented procedure for recruitment.

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b Recruitment is based on pre-defined criteria

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c Every staff member entering the organisation is provided induction training

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8

d The induction training includes orientation to the organisation's vision, mission and values.

10

8

e The induction training includes awareness on employee rights and responsibilities.

10

8

f The induction training includes awareness on patient's rights and responsibilities.

10

8

g The induction training includes orientation to the service standards of the organisation.

10

8

h Every staff member is made aware of organisation's wide policies and procedures as well as relevant department / unit / service / programme's policies and procedures.

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8

**HRM. 3. There is an ongoing programme for professional training and development of the staff.**

a A documented training and development policy exists for the staff.

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8

b The organisation maintains the training record.

10

8

should be given appropriate orientation/training to respective em of medicine.	10	8
ment is introduced.	10	8
e Feedback mechanisms for assessment of training and development programme exist.	10	8
<b>HRM.4. Staff, students and volunteers are adequately trained on specific job duties or responsibilities related to safety.</b>		
a. All staff is trained on the risks within the hospital environment.	10	9
b. Staff members can demonstrate and take actions to report, eliminate/ minimize risks.	10	9
c. Staff members are made aware of procedures to follow in the event of an incident.	10	9
d. Reporting procedures for common problems, failures and user errors exist.	05	4
	05	
<b>HRM.5. An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.</b>		
a A documented performance appraisal system exists in the organisation.	10	8
b The employees are made aware of the system of appraisal at the time of induction.	10	8
c Performance is evaluated based on the pre-determined criteria.	10	8
d The appraisal system is used as a tool for further development.	10	8
e Performance appraisal is carried out at pre-defined intervals and is documented.	10	8
<b>HRM.6. The organization has a well-documented disciplinary policies and procedure.</b>		
a Documented policies and procedures exist	10	8
b The disciplinary policy and procedure is based on the principles of natural justice.	10	7
c The policy and procedure is known to all categories of employees of the organization.	10	7



disciplinary and grievance procedure is in consonance with the existing laws.	10	7
provision for appeals in all disciplinary cases.	10	7
<b>HRM.7. A grievance handling mechanism exists in the organization.</b>		
a Documented policies and procedures exist.	10	8
b The policies and procedures are known to all categories of staff of the organisation.	10	8
c The redress procedure addresses the grievance.	10	8
d Actions are taken to redress the grievance.	10	8
<b>HRM.8. The organization addresses the health needs of the employees.</b>		
a A pre-employment medical examination is conducted on all the employees.	10	9
b Health problems of the employees are taken care of in accordance with the organization's policy.	10	9
c Regular health checks of staff dealing with direct patient care are done at-least once a year and the findings/ results are documented.	10	9
d Occupational health hazards are adequately addressed.	10	9
<b>HRM.9. There is a documented personal record for each staff member.</b>		
a Personal files are maintained in respect of all staff.	10	8
b The personal files contain personal information regarding the staff qualification, disciplinary background and health status	10	8
c All records of in-service training and education are contained in the personal files.	10	8
d Personal files contain results of all evaluations.	10	8
<b>HRM.10. There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.</b>		
a Medical professionals permitted by law, regulation and the hospital to provide patient care without supervision are identified.	10	9
b The education, registration, training and experience of nursing staff is documented and updated periodically.	10	9

Such information pertaining to the nursing staff is appropriately verified when possible.	10	8
Patients are admitted and care for patients in consonance with their qualification, training, experience and registration..	10	8
e The requisite services to be provided by the medical professionals are known to them as well as the various departments/units of the organisation.	10	8
f Medical professionals admit and care for patients as per their privileging.	05	8
<b>HRM.11 There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.</b>		
a Nursing staff permitted by law, regulation and the organisation to provide patient care without supervision are identified.	10	8
b The education, registration, training and experience of nursing staff is documented and updated periodically.	10	8
c All such information pertaining to the nursing staff is appropriately verified when possible.	10	8
d Nursing staff are granted privileges in consonance with their qualification, training, experience and registration.	10	8
e The requisite services to be provided by the nursing staff are known to them as well as the various departments/units of the organisation.	10	8
f Nursing professionals care for patients as per their privileging.	10	8
<b>HRM.12 There is a process for collecting, verifying and evaluating the credentials (education, training and experience) of Panchakarma Therapist &amp; Paricharaka.</b>		
a The education, training and experience of Panchakarma Therapist, Paricharaka are documented and updated periodically.	10	8
b All such information is appropriately verified when possible.	10	8
c Panchakarma Therapist and Paricharaka are granted privileges in consonance with their qualification, training, experience and registration.	10	8
d Panchakarma Therapist and Paricharaka care for patients as per their privileging.	10	8



a The information needs of the organization are identified and are appropriate to the scope of the services being provided by the organization.

10

9

b Policies and procedures to meet the information needs are documented.

10

9

c These policies and procedures are in compliance with the prevailing laws and regulations.

10

9

d All information management and technology acquisitions are in accordance with the Documented policies and procedures.

10

9

e The organization contributes to external databases in accordance with the law and regulations.

10

9

### IMS.2. The organization has processes in place for effective management of data.

a Formats for data collection are standardized.

10

8

b Necessary resources are available for analysing data.

10

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c Documented procedures are laid down for timely and accurate dissemination of data.

10

8

d Documented procedures exist for storing and retrieving data.\*

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e Appropriate clinical and managerial staff participates in selecting, integrating and using data.

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8

### IMS.3. The organisation has a complete and accurate medical record for every patient.

a Every medical record has a unique identifier.

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9

b Organisation policy identifies those authorized to make entries in medical record.

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c Entry in the medical record is named, signed, dated and timed.

10

8

d The author of the entry can be identified.

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8

e The contents of medical record are identified and documented.

10

8

f The record provides an up-to-date and chronological account of patient care.

10

8

vision is made for 24-hour availability of the patient's record to healthcare providers to ensure continuity of care.	10	8
The medical record contains information regarding reasons for admission, diagnosis and care plan.	10	8
b The medical record contains the results of tests carried out and the care provided.	10	8
c Operative and other procedures performed are incorporated in the medical record.	10	8
d When patient is transferred to another hospital, the medical record contains the date of transfer, the reason for the transfer and the name of the receiving hospital.	10	8
e The medical record contains a copy of the discharge summary duly signed by appropriate and qualified personnel.	10	9
f In case of death, the medical record contains a copy of the death certificate indicating the cause, date and time of death.	10	8
g Care providers have access to current and past medical record.	10	8
<b>IMS.5. Documented policies and procedures are in place for maintaining confidentiality, integrity and security of information.</b>		
a Documented policies and procedures exist for maintaining confidentiality, security and integrity of records, data and information.	10	9
b Documented policies and procedures are in consonance with the applicable laws.	10	9
c The policies and procedure (s) incorporate safeguarding of data/ record against loss, destruction and tampering.	10	9
d The hospital has an effective process of monitoring compliance of the laid down policy.	10	9
e The organisation uses developments in appropriate technology for improving confidentiality, integrity and security	10	8
f Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorization.	10	8
g A documented procedure exists on how to respond to patients / physicians and other public agencies requests for access to information in the medical record in accordance with the local and national law.	10	8



5. Documented policies and procedures exist for retention time of records, data and information.		
a Documented policies and procedures are in place on retaining the records.	10	8
b The Documented policies and procedures are in consonance with the local and national laws and regulations.	10	8
c The retention process provides expected confidentiality and security.	10	8
d The destruction of medical records, data and information is in accordance with the laid-down policy.	10	8
<b>IMS.7. The organisation regularly carries out review of medical records.</b>		
a The medical records are reviewed periodically.	10	8
b The review uses a representative sample based on statistical principles.	10	7
c The review is conducted by identified care providers.	10	7
d The review focuses on the timeliness, legibility and completeness of the medical records.	10	8
e The review process includes records of both active and discharged patients.	05	8
f The review points out and documents any deficiencies in records.	10	8
g Appropriate corrective and preventive measures undertaken are documented.	10	8