

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

**Allopathic Clinic
Standards**

Second Edition - 2022

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Second Edition 2022

Draft NABH Allopathic Clinic Standards for Comments

Introduction

The document contain allopathic standards along with specific Dermatology and Dialysis care standards.

In case the clinic is a providing Dermatology services, Dermatology specific standards requirements are to be adhered to, which is a provided in chapter Management of Dermatology services along with the Allopathic clinic standard requirements.

In case the clinic is a providing Dialysis services, Dialysis specific standards requirements are to be adhered to, which is a provided in chapter Management of Dialysis Care along with the Allopathic clinic standard requirements.

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Summary of Chapters, Standards and Objective Elements

Chapters	No. of Standards	No. of Objective Elements
Access, Assessment and Continuity of Care (AAC)	06	25
Care of Patients (COP)	04	10
Management of Medication (MOM)	03	11
Patient Rights and Education (PRE)	05	20
Infection Prevention and Control (IPC)	02	09
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Responsibilities of Management (ROM)	03	12
Facility Management and Safety (FMS)	03	11
Human Resource Management (HRM)	03	10
Information Management System (IMS)	03	11
Total	34	124
Management of Dermatology services (MDS)	1	9
Management of Dialysis Care (MDC)	1	12

SUMMARY OF STANDARDS

Total Standards: 34
Total Objective Elements: 124

	Standard	Objective Elements	Core	Commitment	Achievement	Excellence
AAC	06	25	5	16	4	0
COP	04	10	2	7	1	0
MOM	03	11	3	7	1	0
PRE	05	20	6	13	1	0
IPC	02	09	6	3	0	0
PSQ	02	05	1	4	0	0
ROM	03	12	5	5	2	0
FMS	03	11	4	5	2	0
HRM	03	10	2	8	0	0
IMS	03	11	1	8	2	0
Total	34	124	35	76	13	0
MDS	1	9	3	6	0	0
MDC	1	12	5	7	0	0

SUMMARY OF CHANGES

2 Edition Allopathic Clinic	1st Edition Allopathic Clinic	Remarks
AAC1	AAC1	No Change
AAC 1a	AAC1a	Change in the language
AAC1b	AAC1c	Change in the language
	AAC1b	Deleted
AAC2	AAC2	No change
AAC2a	AAC2a	Change in the language
AAC2b	AAC2b AAC2c	Change in the language
AAC2c		New Objective element
AAC3	AAC3	No change
AAC3a	AAC3a	Change in the language
AAC3b		New objective element
AAC3c	AAC3b AAC3c	Change in the language
AAC3d	AAC3d AAC4a	Change in the language
AAC3e		New Objective
AAC3f		New Objective
	AAC3e	Deleted
	AAC3f	Deleted
	AAC3g	Deleted
AAC3g	AAC5a AAC5b AAC5c	Change in the language
AAC4	AAC6	Modification in language
AAC4a	AAC6a AAC6c	Modification in language
AAC4b	AAC6d	Modification in language
AAC4c AAC4d	AAC6b	Modification in language
AAC4e	AAC6g	Modification in language

	AAC6e	Deleted
	AAC6f	Deleted
AAC5	AAC7	Modification in language
AAC5a	AAC7a AAC7c	Modification in language
AAC5b AAC5c	AAC7b	Modification in language
AAC5d	AAC7g	Modification in language
	AAC7d	Deleted
	AAC7e	Deleted
	AAC7f	Deleted
AAC6		New Objective
AAC6a		New Objective
AAC6b		New Objective
AAC6c		New Objective
AAC6d		New Objective
COP1	COP1	Modification in Language
COP1a	COP1a	Modification in Language
COP1b		New Objective
COP1c		New Objective
COP2		New Standard
COP2a	COP1c	Modification in Language
COP2b		New Objective
COP3	COP2	Modification in Language
COP3a	COP2a COP2b	Modification in Language
COP3b	COP2d	Modification in Language
COP3c	COP3h	Modification in Language
COP4		New Standard
COP4a		New Objective
COP4b		New Objective
	COP2b	Delete
	COP2c	Delete
	COP2e	Delete
	COP2f	Delete
	COP2g	Delete
	COP2i	Delete

	COP4a	Delete
	COP5c	Delete
	COP5d	Delete
	COP6	Delete
	COP6a	Delete
	COP6b	Delete
MOM1	COP3	Modification in Language
MOM1a		New Objective
MOM1b	COP3b	
MOM1c		
MOM2	COP4	-
MOM2a		New Objective
MOM2b	COP4c	Modification in Language
MOM2c	COP4d	Modification in Language
MOM2d		New Objective
MOM3	COP5	Modification in Language
MOM3a	COP5a	Modification in Language
MOM3b	COP5b	Modification in Language
MOM3c	COP5c	Modification in Language
MOM3d		New Objective
PRE1	PRE 1	-
PRE1a	PRE1a PRE1b	-
PRE1b	PRE1e	-
PRE2	PRE2	-
PRE2a	PRE 2b	-
PRE2b	PRE 2c	-
PRE2c	PRE 2d	-
PRE2d	PRE 2e	-
PRE2e		New objective
PRE2f	PRE2h	-
PRE2g	PRE2i	-
PRE 3		New standard
PRE3a		New objective
PRE3b		New objective
PRE3c		New objective
PRE 4	PRE 4	-

PRE4a	PRE 4a	-
PRE4b	PRE 4b	-
PRE4c	PRE 4c	-
PRE4d	PRE 4d	
PRE4e		New objective
PRE4f		New objective
PRE 5	PRE 5	
PRE5a	PRE5a	
PRE5b	PRE5b PRE 5d	
	PRE1c	Deleted
	PRE1d	Deleted
	PRE 2a	Deleted
	PRE4d	
	PRE5c	Deleted
IPC1	IC	Modification in language
IPC1a	IC1a	Modification in language
IPC1b	IC1b	Modification in language
IPC1c	IC1c	Modification in language
IPC1d		New Objective
IPC2		New Standard
IPC2a		New Objective
IPC2b	IC2a	
IPC2c	IC1d	
IPC2d		New Objective
	IC1e	
	IC	
PSQ		New Standard
PSQ1a		New Objective
PSQ1b		New Objective
PSQ1c		New Objective
PSQ2	CQI1	Modification in language
PSQ2a	CQI1a CQI2a	Modification in language
PSQ2b	CQI1d	Modification in language
	COI2b	Deleted
	CQI2c	Deleted

	CQI1b	Deleted
	CQI1c	Deleted
ROM1	ROM1	-
ROM1a	ROM1a	Modification in language
ROM1b	ROM1b	-
ROM1c	ROM1c	-
ROM1d	ROM1d	Modification in language
ROM1e		New Objective
ROM1f	CPI1e	Modification in language
ROM1g		New objective
ROM2	ROM2	-
ROM2a	ROM2a	-
ROM2b	ROM2c	-
ROM2c	ROM2d	-
	ROM2b	Deleted
ROM3	CPI1	Modification in language
ROM3a	CPI1a	Modification in language
ROM3b	CPI1d	Modification in language
	CPI1b	Deleted
	CPI1c	Deleted
	ROM1e	Deleted
	ROM3d	Deleted
	ROM4d	Deleted
	ROM4f	Deleted
FMS1	FMS1	Modification in language
FMS1a	FMS1a	Modification in language
FMS1b	FMS1b	Modification in language
FMS1c	FMS1c	Modification in language
FMS1d		New Objective
FMS2	FMS 2	Modification in language
FMS2a	FMS2a	-
FMS2b		New Objective
FMS2c	FMS2b FMS2c FMS2d	Modification in language
FMS2d	FMS2e	Modification in language
FMS3	FMS3	-

FMS3a	FMS3a	--
FMS3b	FM3b	
FMS3c	FMS3c	-
HRM1	ROM4	Modification in language
HRM1a	ROM4a	Modification in language
HRM1b		New Objective
HRM1c		New Objective
HRM1d		New Objective
HRM2		New Standard
HRM2a		New Objective
HRM2b	ROM4c ROM4e	Modification in language
HRM 3	ROM4g	Modification in language
HRM3a	ROM4g	Modification in language
HRM3b		New Objective
HRM3c	IC1d	
IMS 1	ROM3	Modification in language
IMS1a	ROM3a ROM3b	Modification in language
IMS1b	ROM3b	Modification in language
IMS1c		New Objective
IMS1d		New Objective
IMS1e	ROM3c	Modification in language
IMS2		New Standard
IMS2a		New Objective
IMS2b		New Objective
IMS2c		New Objective
IMS3		New Standard
IMS3a		New Objective
IMS3b		New Objective
IMS3c		New Objective

Chapter 1

Access, Assessment and Continuity of Care (AAC)

Intent of the chapter:

The clinic defines its scope of service provision and provides information to patients about the services available. This will facilitate appropriately matching patients with the clinic's resources. Once the patient is in the organization, the patient is registered and assessed in OPD. The laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff.

A standardized approach is used for referring or transferring patients in case the services they need do not match with the services available at the clinic. Further, the chapter lays down key safety and process elements that the organization should meet, in the continuum of the patient care within the clinic and till discharge.

Summary of Standards

AAC.1.	The Clinic defines and displays the services that it can provide.
AAC.2.	The Clinic has a well-defined patient registration process and appropriate mechanism for referral of patients who do not match its resources.
AAC.3.	Patient's initial and continuing healthcare needs are identified through an established assessment process.
AAC.4.	Laboratory services, if provided, are as per the scope of the Services at the Clinic.
AAC.5.	Imaging services if provided are as per scope of services of the Clinic.
AAC.6.	The day care clinic has an established discharge process and defines contents of discharge summary.

Standards and Objective Elements

Standard

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

Commitment	a. The Clinic defines the services it can provide.
Commitment	b. The services provided are prominently displayed.

Standard

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

Objective Elements

CORE	a. Written guidance governs the patient registration process.*
Commitment	b. Patients are accepted only if the clinic can provide the required services.
Commitment	c. The Patients are prioritized as per clinic needs.

Standard

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

Objective Elements

CORE	a. The written guidance governs the content of the initial assessments.*
Commitment	b. Initial assessment is completed in defined time frame.
Commitment	c. The Clinic identifies special needs of the patient.
Commitment	d. Written guidance governs the process for integrated patient care.*
CORE	e. Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.
Commitment	f. Patients are informed of their next follow-up, where appropriate.
Achievement	g. The Clinic has a process to identify the transportation needs of the patients and facilitate the same as applicable.*

Standard

AAC. 4	Laboratory services, if provided, are as per the scope of the services at the Clinic.
---------------	--

Objective Elements

CORE	a. Lab services, if provided on site are commensurate with the scope of services and comply with applicable local/ and national standards, laws and regulations.
Commitment	b. Written guidelines guide collection, identification, handling, safe transportation, processing and disposal of specimens.*.
Commitment	c. The Laboratory services, if provided on site, will have a quality assurance programme.*
Commitment	d. Laboratory services if provided on site will have a laboratory safety programme.*
Achievement	e. Laboratory tests if outsourced are based on quality assurance.*

Standard

AAC. 5	Imaging services if provided are as per scope of services of the Clinic.
---------------	---

Objective Elements

CORE	a. Imaging services if provided on site are restricted to support primarily the scope of clinical services and comply with legal and other requirements.
Commitment	b. Quality assurance programme for imaging services is implemented.
Commitment	c. Radiation safety programme for imaging services is implemented.
Achievement	d. Imaging services if not available in the Clinic are outsourced to meet patient needs.

Standard

AAC. 6	The day care clinic has an established discharge process and defines contents of discharge summary.
---------------	--

Objective Elements

Commitment	a. The patient's discharge process is planned in consultation with the patient and/or family.
Commitment	b. A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice and on request).
Achievement	c. Discharge summary contains follow-up advice, medication, other instructions and when and how to obtain urgent care in an understandable manner.
Commitment	d. In case of death of a patient, the summary of the case also includes the cause of death.

Chapter 2 Care of Patients (COP)

Intent of the standards

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

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

Summary of Standards

COP. 1	Care and treatment is provided in a uniform manner
COP. 2	The Clinic provides treatment and care as per established guild lines.
COP. 3	Written guideline guides the care & treatment of patients with special identified needs.
COP. 4	Early warning signs identification & Cardiopulmonary resuscitation services are provided uniformly across the clinic.

Standards and Objective Elements

Standard

COP. 1	Care and treatment is provided in a uniform manner.
---------------	--

Objective Elements

Commitment	a. Uniform care is provided following written guidance.*
CORE	b. During all phases of care, there is a qualified individual available for the patient's care.
Commitment	c. The care and treatment orders are signed, named, timed and dated by the concerned doctor.

Standard

COP. 2	The Clinic provides treatment and care as per established guidelines.
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Objective Elements

Commitment	a. Clinic adapts evidence-based clinical practice guidelines.
Commitment	b. Nursing care is provided to day care patients in accordance with written guidance as per the scope of services *

Standard

COP. 3	Written guideline guides the care & treatment of patients with special identified needs
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Objective Elements

Achievement	a. The Clinic identifies patient who are at high risk of morbidity and mortality and manages them as per the scope of services available.
CORE	b. Written guidance addresses handling of medico-legal cases.*
Commitment	c. Written guidance governs the management of pain.*

Standard

COP. 4	Early warning signs identification & Cardiopulmonary resuscitation services are provided uniformly across the clinic.
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Objective Elements

Commitment	a. There is a written guidance for prioritisation in OPD, based on early warning signs of change or deterioration in clinical conditions for initiating prompt intervention*
Commitment	b. Resuscitation services are available to all patients at all times when required.

Chapter 3 Management of Medication (MOM)

Intent of the standards

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

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

The process also includes monitoring of patients after administration and procedures for reporting and analyzing adverse drug events, which include errors and events.

Summary of Standards

MOM. 1	Medication usage is implemented to meet patient needs and complies with applicable laws and regulations.
MOM. 2	Medication prescription, dispensing and administration follow standardized processes to ensure patient safety.
MOM. 3	Patients are monitored after medication administration.

Standards and Objective Elements

Standard

MOM. 1 Medication usage is implemented to meet patient needs and complies with applicable laws and regulations.

Objective Elements

Achievement	a. Written Guidance shall govern medication management.
CORE	b. The medication use meets applicable laws & regulations.
Commitment	c. Sound inventory control practices guide storage of the medications in all areas throughout the clinic.

Standard

MOM. 2 Medication prescription, dispensing and administration follow standardized processes to ensure patient safety.

Objective Elements

CORE	a. Medication prescription is in consonance with good practice/guidelines for the rational prescription of medications.*
Commitment	b. Dispensing of medications is done safely.*
Commitment	c. Medication administration is guided by standardized written guideline and applicable laws and regulations, including verbal orders.
Commitment	d. A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications, where applicable.

Standard

MOM. 3 Patients are monitored after medication administration.

Objective Elements

Commitment	a. Medication use is monitored for patient compliance, clinical effectiveness and adverse effects*
CORE	b. Clinic captures near miss, medication error and adverse drug reaction.*
Commitment	c. Patients and family members are educated about safe and effective use of medication and food-drug interactions
Commitment	d. Near miss, medication error and adverse drug reaction are collected, analysed and corrective and/or preventive actions are taken based on analysis.

Chapter 4

Patient Rights and Education (PRE)

Intent of the standards

The clinic defines the patient and family rights and responsibilities. The staff is aware of these and is trained to protect patient rights. Patients are informed of their rights and educated about their responsibilities at the time of admission. The costs are explained in a clear manner to patient and/or family. The patients are educated about the mechanisms available for addressing grievances.

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

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

Summary of Standards

PRE. 1	The Clinic protects patient and family rights and informs them about their responsibilities during care.
PRE. 2	Patient and family rights support individual beliefs, values and involve the patient and family in decision making processes.
PRE. 3	A documented process for obtaining patient and/or families consent exists for informed decision making about their care.
PRE. 4	Patient and families have a right to information and education about their healthcare needs.
PRE. 5	Patient and families have a right to information on expected costs.

Standards and Objective Elements

Standard

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

Objective Elements

CORE	a. Patients and families are informed of their rights and responsibilities in a format and language that they can understand.*
CORE	b. Violation of patient rights is reviewed and corrective/preventive measures taken.

Standard

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

CORE	a. Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment.
CORE	b. Patient and family rights include protection from physical abuse or neglect.
CORE	c. Patient and family rights include treating patient information as confidential.
Commitment	d. Patient and family rights include the option of refusal.
Commitment	e. Patient and family right include right to seek additional opinion regarding clinical care.
Commitment	f. Patient and family rights include information on how to voice a complaint.
Commitment	g. Patient and family has a right to have an access to his / her Clinical records.

Standard

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

CORE	a. The Clinic has listed those procedures and treatment where informed consent is required.*
Commitment	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.
Commitment	c. The Clinic describes who can give consent when patient is incapable of independent decision making.*

Standard

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

Commitment	a. When appropriate, patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.
Commitment	b. Patient and families are educated about diet and nutrition.
Commitment	c. Patient and families are educated about immunizations.
Commitment	d. Patient and families are educated about their specific disease process, prognosis, complications and prevention strategies.
Commitment	e. Patient and families are educated about preventing transmissible infections (e.g.Covid19 virus infection).
Commitment	f. Patient and families are educated about preventing and managing chronic diseases.

Standard

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

Commitment	a. The tariff list is available to patients.
Achievement	b. Patients are educated about the estimated costs of treatment.

Chapter 5

Infection Prevention and Control (IPC)

Intent of the standards

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

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

Summary of Standards

IPC. 1	The Clinic has an Infection Prevention and Control programme.
IPC. 2	The Clinic implements the infection prevention and control program for support services.

Standards and Objective Elements

Standard

IPC. 1	The Clinic has an Infection Prevention and Control programme.
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Objective Elements

CORE	a. Written guidance for infection prevention and control is available. *
CORE	b. The clinic adheres to standard precautions at all times.
CORE	c. Cleaning, Disinfection of surfaces, equipment cleaning and sterilization practices including reprocessing of instruments / single use devices are included.*
CORE	d. Antibiotic use is guided by standard guidelines.*
CORE	e. Clinic adheres to safe injection and infusion practices.*

Standard

IPC. 2	The Clinic implements the infection prevention and control program for support services.
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Objective Elements

Commitment	a. The Clinic adheres to housekeeping services.
CORE	b. Biomedical waste (BMW) complies with national/state regulations and is handled appropriately and safely.
Commitment	c. The Clinic adheres to laundry and linen management processes.
Commitment	d. The Clinic adheres to kitchen sanitation and food-handling issues.

Chapter 6

Patient Safety and Quality Improvement (PSQ)

Intent of the standards

The standards introduce the subject of continual quality improvement and patient safety. The quality and safety programme should be documented and involve all areas of the clinic and all staff members. The clinic should identify and collect data on structures, processes and outcomes, the collected data should be collated, analyzed and used for further improvements.

Summary of Standards

PSQ. 1	The clinic establishes patient safety programme.
PSQ. 2	There is a structured quality improvement and continuous monitoring programme.

Standards and Objective Elements

Standard

PSQ. 1	The clinic establishes patient safety programme.
---------------	---

Objective Elements

Commitment	a. The patient safety programme is implemented as per the scope of services.
Commitment	b. The programme covers incidents ranging from “NO Harm” to “Sentinel events”.*
CORE	c. Clinic adapts and implements national/international patient safety goals/solutions.

Standard

PSQ. 2	There is a structured quality improvement and continuous monitoring programme.
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Objective Elements

Commitment	a. The quality improvement programme is documented.*
Commitment	b. The quality improvement programme is reviewed at predefined intervals and Opportunities for improvement are identified.

Chapter 7

Responsibilities of Management (ROM)

Intent of the standards

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

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

Summary of Standards

ROM. 1	The responsibilities of the management are defined.
ROM. 2	The clinic is managed by the leaders in an ethical manner.
ROM. 3	The Clinic participate in health promotion and disease prevention.

Standards and Objective Elements

Standard

ROM. 1 The responsibilities of the management are defined.

Objective Elements

Commitment	a. Those responsible for governance define the clinic's vision, mission, and resources*
Commitment	b. Those responsible for governance establish the Clinic's organogram, as applicable.*
Achievement	c. Administrative written guidance for each section is maintained.*
CORE	d. The Clinic complies with the laid down, applicable legislations and Regulations at all times.
CORE	e. Care of patients shall be in consonance with the defined scope and applicable laws and regulations.
CORE	f. In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.
Commitment	g. Disciplinary and grievance handling is defined and implemented.

Standard

ROM. 2 The Clinic is managed by the leaders in an ethical manner.

Objective Elements

CORE	a. The Clinic functions in an ethical manner.
CORE	b. The Clinic honestly portrays its affiliations and accreditation.
Commitment	c. The Clinic accurately bills for its services based upon a standard billing tariff.

ROM. 3 The Clinic participate in health promotion and disease prevention.

Objective Elements

Achievement	a. There is a process and mechanism in place to ensure health promotion and disease prevention.
Commitment	b. Clinic cooperates and collaborates with the community partners in provision of surveillance, epidemiological investigations, data collection, when required.

Chapter 8

Facility Management and Safety (FMS)

Intent of the standards

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

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

The clinic manages its hazardous materials safely.

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

Summary of Standards

FMS. 1	The Clinic shall operate in an environment to ensure safety of patients, staff and visitors.
FMS. 2	The Clinic has a programme for equipment and facility management.
FMS. 3	The Clinic has plans for emergencies (fire and non-fire) and hazardous materials within the facility.

Standards and Objective Elements

Standard

FMS. 1	The Clinic shall operate in an environment to ensure safety of patients, staff and visitors.
---------------	---

Objective Elements

Commitment	a. Updated drawings are maintained with details of site layout, floor plans and fire escape routes.
CORE	b. There is internal and external sign posting in the Clinic in a language understood by patient, families and community.
Commitment	c. Facilities and space provisions are appropriate to the scope of clinic.
Achievement	d. Patient safety devices and infrastructure are installed across the clinic.

Standard

FMS. 2	The Clinic has a programme for equipment and facility management.
---------------	--

Objective Elements

Achievement	a. The Clinic plans for equipment in accordance with its services and strategic plan.
Commitment	b. Equipment is periodically inspected and calibrated for their proper functioning.
Commitment	c. Safe water and uninterrupted electrical supply is available.
CORE	d. Written guidance governs procurement, handling, storage, distribution, usage and replenishment of medical gases.*

Standard

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

Objective Elements

CORE	a. The Clinic has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.*
Commitment	b. The Staff is trained for their role in case of such emergencies.
CORE	c. The Clinic has addressed identification, storage, disposal and spillage of Hazardous materials.

Chapter 9

Human Resource Management (HRM)

Intent of the standards

The most important resource of a clinic and healthcare system is the human resource. Human resources are an asset for effective and efficient functioning of a clinic. 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 clinic. This is based on the clinic’s mission, objectives, goals and scope of services. Effective human resource management involves the following processes and activities:-

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

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

Summary of Standards

HRM. 1	The Clinic implements human resource plan as per scope of services.
HRM. 2	The clinic establishes a program for professional training of the staff.
HRM. 3	There is a process and mechanism in place to ensure staff health and safety programme.

Standards and Objective Elements

Standard

HRM. 1	The Clinic implements human resource plan as per scope of services.
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Objective Elements

CORE	a. The clinic plans and maintains an adequate number and mix of appropriately qualified staff.
Commitment	b. The clinic defines and implements a code of conduct for its staff.
Commitment	c. Background verification a pre-employment medical examination is conducted on the staff.
Commitment	d. Personal record of all clinic staff shall be maintained.

Standard

HRM. 2	The clinic establishes a program for professional training of the staff.
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Objective Elements

CORE	a. Staff are provided induction training at the time of joining.
Commitment	b. There is an ongoing program for professional training and development of the staff.

Standard

HRM. 3	There is a process and mechanism in place to ensure staff health and safety programme.
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Objective Elements

Commitment	a. Clinic takes care of the health problems of the staff including occupational health hazards.
Commitment	b. Health checks of staff are done at least once in a year.
Commitment	c. The clinic identifies health care workers with transmissible infections and implements containment measures.
Commitment	d. Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.

Chapter 10

Information Management System (IMS)

Intent of Standards

This chapter emphasizes the requirements of a medical record in the clinic. As we know, the medical record is an important aspect of continuity of care and communication between the various care providers. The medical record is also an important legal document as it provides evidence of care provided. The clinic will lay down policies and procedures to guide the contents, storage, security, issue and retention of medical records.

Summary of Standards

IMS. 1	The Clinic initiates and maintains a medical record for every patient.
IMS. 2	The Clinic meets information needs of patients, staff, management and external agencies.
IMS. 3	Telemedicine services are provided as per regulatory guidelines.

Standards and Objective Elements

Standard

IMS. 1	The Clinic initiates and maintains a medical record for every patient.
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Objective Elements

CORE	a. The unique identifier is assigned to the medical record.
Commitment	b. Medical record provides a complete, up-to-date and chronological account of patient care as applicable.
Commitment	c. Every medical record entry is dated, timed and the author of the entry can be identified.
Commitment	d. Care providers have access to current and past medical record.
Commitment	e. Retention period and process of destruction of medical records is defined as per national and State Laws/Guidelines.

Standard

IMS. 2	The Clinic meets information needs of patients, staff, management and external agencies.
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Objective Elements

Commitment	a. Clinic identifies information needs of patients, visitors, staff, management and external agencies.*
Achievement	b. Information management and technology acquisitions are commensurate with the identified information needs.
Commitment	c. Clinic develops, maintains, and tests a program for response to planned and unplanned downtime of data systems.

Standard

IMS. 3	Telemedicine services are provided as per regulatory guidelines.
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Objective Elements

Commitment	a. Telemedicine facility is provided safely and securely based on National/Local Guidelines.*
Commitment	b. The Clinic ensures quality of patient care, confidentiality and security of information.
Achievement	c. There is a defined process for community linkages and outreach activities through Telemedicine consultation service.

Management of Dermatology services (MDS)

Intent of Standards

This chapter emphasizes the special requirements for providing dermatology care at the clinic and/or dermatology care center. The dermatology care should be provided in safe manner. The assessment and monitoring requirements as per the patient clinical needs based on the dermatology care guidelines are adhered to. The procedure in these patients are performed after informed consent. Nursing care is provided as per the established protocols. The dermatology care is provided with adequate infection prevention activities. The key performance indicators are used to improve the quality of care of the patient's undergoing dermatology at the clinic.

Summary of Standards

MDS. 1	The Clinic provides safe dermatology services.
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Standards and Objective Elements

Standard

MDS. 1	The Clinic provides safe dermatology services.
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Objective Elements

CORE	a. Scope of procedures being done at clinic are commensurate with the clinical needs and safety of the patients.
Commitment	b. Patient requiring continuous monitoring beyond clinical timings shall be referred to identified facility.
Commitment	c. Assessment is done in all patients before procedure.
CORE	d. Informed consent is taken before the procedure.
CORE	e. Procedural safety checklist is implemented.
Commitment	f. Written guidance governs procedural sedation.
Commitment	g. Written guidance governs administration of anesthesia.
Commitment	h. The operative procedure note is documented.
Commitment	i. The Dermatology clinic develops appropriate key performance indicators suitable to monitor clinical structures, processes and outcomes.

Management of Dialysis Care (MDC)

Intent of Standards

This chapter emphasizes the special requirements for providing dialysis care at the clinic and/ or dialysis care center. The Dialysis care should be provided in safe manner. The assessment and monitoring requirements as per the patient clinical needs based on the dialysis care guidelines are adhered to. The procedure in these patients are performed after informed consent. Nursing care is provided as per the established protocols. The dialysis care is provided with adequate infection prevention activities and engineering controls. The key performance indicators are used to improve the quality of care of the patient's undergoing dialysis at the clinic.

Summary of Standards

MDC. 1	The Centre provides safe dialysis services.
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Standards and Objective Elements

Standard

MDC. 1	The Centre provides safe dialysis services.
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Objective Elements

CORE	a. Scope of procedures being done at clinic are commensurate with the clinical needs and safety of the patients.
Commitment	b. Patient requiring continuous monitoring beyond scope of care shall be referred to identified facility.
CORE	c. Assessment is done in all patients before procedure.
CORE	d. Informed consent is taken before the procedure.
CORE	e. Procedural safety checklist is implemented.
Commitment	f. Written guidance governs procedural sedation
Commitment	g. Written guidance governs administration of anesthesia.
Commitment	h. The operative procedure note is documented.
CORE	i. Patients are monitored for adverse events before discharge and documented.
Commitment	j. Nursing Care is provided to patients in the centre in consonance with clinical protocols.
Commitment	k. The written guidance governs equipment and engineering controls.
Commitment	l. The dialysis centre develops appropriate key performance indicators suitable to monitor clinical structures, processes and outcomes. commitment