National Accreditation Board for Hospitals and Healthcare Providers (NABH)



NABH Accreditation Standards for Nursing Excellence

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CHAPTER 1

NURSING RESOURCE MANAGEMENT (NRM)

Intent of the chapter:

Nursing professionals are the most important resource of a hospital and healthcare system.

The goal of nursing resource management is to acquire, provide, retain and maintain competent and skilled nursing professionals in adequate numbers to meet the needs of the patients and community served by the organization.

Professional nurses play a diverse role, encompassing direct patient care, planning and implementing healthcare services, as well as overseeing and supervising care delivery.

Training and development of the nurses must be in consonance with the expected performance in the present and future anticipated jobs. The nursing professionals shall be provided with opportunities for professional advancement. The organization shall lay down the job description and procedures for credentialing and privileging of the Nursing Professionals.

An effective procedure shall be established and implemented to address grievances within the organization.

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Summary of Standard

NRM.1.	The organization has a documented system of nursing resource planning
NRM.2.	The staff are provided with induction training at the time of joining the organization.
NRM.3.	There is an ongoing programme for professional training and development of the staff.
NRM.4.	Nursing professionals are appropriately trained based on their specific job description.
NRM.5.	Staff are trained in safety and quality-related aspects.
NRM.6.	There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision
NRM.7	An appraisal system for evaluating the performance of nursing professionals exists as an integral part of the nursing resource management process.
NRM.8.	Process for disciplinary and grievance handling is defined and implemented in the organisation.
NRM.9	There is an established process in place to identify and manage problems related to incompetent, unsafe or unprofessional conduct.
NRM.10	The organization demonstrates workplace safety and concern of wellbeing for nursing professionals (including change rooms, washrooms & dining facilities).
NRM.11	The organization has a documented and established grievance handling system.
NRM.12	The nursing department to specify the role of workforce assisting in nursing functions

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Standard

NRM.1.	**The organization has a documented system of nursing resource planning**

Objective Elements

a.	The nursing resource planning supports the nursing departments current and future ability to meet the care, treatment and service needs of the patient.
b.	Written guidance governs the process for recruitment *
c.	The organization maintains an adequate number of mix of nursing professionals to meet the care, treatment and service needs of the patient*
d.	All nurses permitted by law and regulation to provide patient care are appointed by the organization.
e.	The organization has contingency plans to manage long and short term workforce shortages, including unplanned shortage
f.	The Job specification, Job description and reporting relationship are defined for each category of nursing professionals.
g.	Nursing shift plans based upon timings of shift, day or week shall identify and depute nursing professionals to various areas based on their skills and competencies.

Standard

NRM .2	**The staff are provided with induction training at the time of joining the organization.**

Objective Elements

a.	Staff are provided with induction training.

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b.	The induction training includes an orientation on nursing administrative procedures wherever applicable.
c.	The induction training includes training on cardio-pulmonary resuscitation for staff.
d.	The induction training includes training in hospital infection prevention and control.
e.	The induction training includes training on safety.
f.	Staff is trained on information systems, information security, information use and management.
g.	All new nurses to undergo preceptorship in their areas of deployment or in case of department change.

Standard

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

a.	Written guidance governs training and development policy for the staff. *
b.	Training need shall be identified on a continual basis by the senior nursing professionals.
c.	The organization maintains the training record.
d.	Feedback mechanisms are in place for improvement of training and development programme.
e.	Evaluation of training effectiveness is done by the organization.
f.	Nursing professionals shall receive adequate training and orientation when there is a change in area of deployment, new job

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	responsibilities or when new process or new job responsibilities or when new process or equipment is introduced.
g.	All nursing professionals are provided training on cardiopulmonary resuscitation periodically.
h.	The organization supports continuing professional development and learning.
i.	All nursing professionals are provided training on safety and quality related aspects

Standard

NRM.4	**Nursing professionals are appropriately trained based on their specific job description.**

a.	Nursing professionals involved in blood transfusion services are trained in the handling of blood and blood products.
b.	Nursing professionals are trained in handling vulnerable patients.
c.	Nursing professionals are trained in control and restraint techniques.
d.	Staff are trained in healthcare communication techniques.
e.	Staff are provided training on infection prevention and control.

NRM.5	**Staff are trained in safety and quality-related aspects.**

a.	Staff are trained in the organisation's safety programme.

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b.	Staff are provided training in the detection, handling, minimisation and elimination of identified risks within the organisation's environment.
c.	Staff members are made aware of procedures to follow in the event of an incident.
d.	Staff are trained in occupational safety aspects
e.	Staff are trained in the organisation's disaster management plan.
f.	Staff are trained in handling fire and non-fire emergencies.

Standard

NRM.6	**There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision**

a.	Nursing staff permitted by law, regulation and the organisation to provide patient care without supervision are identified.
b.	All such information pertaining to the nursing professional is appropriately verified when possible.
c.	The person heading the nursing services shall have requisite credentials and experience
d.	The education, registration, training and experience of all nurses are recorded and updated periodically.
e.	Required competency parameters shall be evaluated by senior nursing professionals and shall be recorded in the personal records.

Standard

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NRM.7	**An appraisal system for evaluating the performance of nursing professionals exists as an integral part of the nursing resource management process.**

a.	Performance appraisal is done for staff within the organisation. *
b.	The nursing professionals are made aware of the system of appraisal at the time of induction and subsequently.
c.	Performance is evaluated based on the pre-determined criteria.
d.	Performance is evaluated based on the pre-determined criteria at pre-defined intervals

Standard

NRM .8	**Process for disciplinary and grievance handling is defined and implemented in the organisation.**

a.	Written guidance governs disciplinary and grievance handling mechanisms.*
b.	The disciplinary and grievance handling mechanism is known to all categories of staff of the organization.
c.	The disciplinary policy and procedure are based on the principles of natural justice and in consonance with the prevailing laws.

Standard

NRM.9	**There is an established process in place to identify and manage problems related to incompetent, unsafe or unprofessional conduct.**

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a.	The process shall include daily monitoring of nursing conduct and ability to deliver nursing care while on duty
b.	The process shall include analysis of all complaints pertaining to nursing services specifically addressing individual nursing professionals.

Standard

NRM.10	**The organization demonstrates workplace safety and concern of wellbeing for nursing professionals (including change rooms, washrooms & dining facilities).**

a.	Management provides infrastructural facilities and other resources to enable nurse work with respect and dignity.
b.	Management shall ensure that there is a mechanism whereby any safety related issues are duly reported and attended on priority.
c.	The organization has an environment that promotes the reporting of safety-related concerns while ensuring fairness, neutrality, and protection from victimization.
d.	A record of corrective and preventive actions shall be maintained wherever appropriate, with due consideration given to anonymity and confidentiality
e.	Health checks of nursing professional staff dealing with direct patient care are done at least once a year and the findings/results are documented.

Standard

NRM.11	**The organization has a documented and established grievance handling system.**

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a.	Written guidance governs disciplinary and grievance handling mechanisms.*
b.	The disciplinary and grievance handling mechanism is known to staff of the organisation.
c.	The organisation has measures in place for prevention and handling workplace violence.
d.	The disciplinary policy and procedure are based on the principles of natural justice and in consonance with the prevailing laws.
e.	The nursing professionals are educated about their rights.

Standard

NRM.12	The nursing department to specify the role of workforce assisting in nursing functions

a.	The HCO to have a documented guideline on the supporting healthcare staff assisting the nursing functions
b.	The tasks assigned to the supporting healthcare staff are defined and documented.
c.	Nursing professionals shall provide regular training to supporting healthcare staff.

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CHAPTER: 2

PROFESSIONAL NURSING PRACTICE (PNP)

Intent of the chapter:

The standard aims to guide and encourage patient safety and quality care as the overall principle for providing nursing care to patients.
The organization supports nursing service to provide systematic method of nursing care with specific emphasis on Assessment, Planning, Implementation and Evaluation. Nursing care is preventive, promotive, curative and rehabilitative in nature. Nurses shall provide holistic nursing care, where each patient is treated differently. Holistic nursing/patient centered care is based on the principle that a patient's biological, social, psychological and spiritual aspects are interconnected. Nurses shall consider patients values and health beliefs while caring for patients. Patient-centered care supports active involvement of patients and their families in the design of new care models and in decision-making about individual options for treatment.
Nurses recognize the essence of nursing and care delivery is all about human connection and involvement. The registered nurse, in collaboration with the patient, family and other team members assesses, makes decisions, plans, implements, evaluates, and documents nursing care based on reflection, current knowledge, and best practices.
Policies and procedures in concurrence with the laws and regulation guide the nursing services in all functional units applicable in the organization.
Patient safety and nursing professional's safety is intertwined in every aspect of the care. Nursing professionals' practice in accordance with the Code of Ethics for Registered Nursing professionals, establishes professional therapeutic relationships with patients and advocates for and with patients throughout their interactions with the health system.

Nursing services promote and initiate measures to create a learning environment that supports patient advocacy and ethical practice.
Uniform nursing care is provided to all patients in different settings that include care provided in outpatient units, various categories of wards, intensive care units, procedure rooms, operation theatre, etc.

A designated senior nursing professional controls the care of vulnerable patients (elderly, physically and/or mentally-challenged and children), patients undergoing moderate sedation, patients under restraints, and end of life care.

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Pain management is also addressed with a view to providing comprehensive health care.

Empowered Nursing professionals embrace the concepts of managing patient and nursing care situations with dignity and mutual respect which produces strong and efficient nursing leaders within the organization thereby ensuring safe and quality nursing care.

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Summary of Standard

PNP.1.	Consistent and systematic nursing care is provided across all settings within the organization, following written guidelines and adhering to applicable laws and regulations.
PNP.2.	The organization has a uniform process for accuracy of patient identification.
PNP.3.	The organization establish and implements a process for care of high-risk patients.
PNP.4.	The patients cared for by the organization undergo an established nursing initial assessment
PNP.5.	The Nursing reassessment is done in a predetermined format at prescribed time.
PNP.6.	Nurse patient ratio is maintained inconsonance with current occupancy and as per patient acuity.
PNP.7.	The nursing care planned and provided by the nursing professionals is recorded.
PNP.8.	Nursing professionals provide holistic nursing care by collaborating with other healthcare professionals.
PNP.9.	Information is exchanged and documented during each staffing shift, between shifts, and during transfers between units/departments.
PNP.10.	Nursing professionals with knowledge and experience is responsible for smooth functioning of their respective units
PNP.11.	The nursing care of vulnerable patients (elderly, children, physically and/or mentally challenged) are supervised by senior nursing professionals.
PNP.12.	The nursing care of patients under restraints (physical and/or chemical) are supervised by senior nursing professionals.
PNP.13.	Appropriate pain management practices are supervised by senior nursing professionals.
PNP.14.	Appropriate End of Life (EOL) care are provided to patients by the nursing professionals.

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Standard

PNP.1.	**Consistent and systematic nursing care is provided across all settings within the organization, following written guidelines and adhering to applicable laws and regulations.**

a.	The nursing manual, incorporating standard operating procedures and guidelines for nursing care across all settings, based on best practices and evidence-based standards is available.
b.	Nursing manual is reviewed and updated by the nursing management committee.
c.	Nursing manual shall be available for and followed by the nursing professionals uniformly.
d.	Nursing manual includes policy on nursing station management.

Standard

PNP.2.	**The organization has a uniform process for accuracy of patient identification.**

a.	Patients are identified at a minimum using two identifiers.
b.	The organization plans and implement a mechanism to identify vulnerable patients.

Standard

PNP.3.	**The organization establish and implements a process for care of high-risk patients.**

a.	High risk patients are defined and identified.

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b.	High risk patients are cared effectively.
c.	Staffs are trained on care of high-risk patients

Standard

PNP.4.	**The patients cared for by the organization undergo an established nursing initial assessment**

a.	Nursing Initial assessment of daycare/in-patients/emergency patients is done and documented within the defined time frame.
b.	Initial assessment for inpatients includes assessment of actual and potential needs & problems
c.	The initial nursing assessment results in a documented nursing care.
d.	The care documentation must include preventive aspects of the care where appropriate.

Standard

PNP.5.	**The Nursing reassessment is done in a predetermined format at prescribed time.**

a.	Patients are reassessed at appropriate intervals and change in patient's clinical conditions.
b.	Patients are reassessed to determine response to treatment and plan for treatment continuity and/or discharge.

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c.	Patients are reassessed at the time of receiving and transferring from one unit to another, before and after shifting for investigations.
d.	Patient care is prioritized based on assessment and reassessment
e.	Nursing care plan is modified when emergency situations or when there is change in patient status.
f.	Nursing professionals evaluate outcomes using reassessment and revise action plans as needed.
g.	Nurses are trained to recognize and respond to changes in patient's condition
h.	Nursing professionals identify areas of escalation based on priority in both clinical and non-clinical areas and escalate appropriately.

Standard

PNP.6.	**Nurse patient ratio is maintained inconsonance with current occupancy and as per patient acuity.**

a.	Nurse patient ratio is planned and provided based on the scope of the unit.
b.	Nurse patient ratio is monitored in every shift by the designated nursing professionals.
c.	Nurses are assigned patients based on their competencies, privileges and patient acuity.

Standard

PNP.7.	**The nursing care planned and provided by the nursing professionals is recorded.**

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a.	Nursing professionals document assessment, nursing activities, and care outcomes in accurate and timely, manner.
b.	Documented information shall be checked and supervised by the senior nursing professionals for accuracy and completeness
c.	There shall be a consistent pattern adopted by the nursing service for documentation of nursing care.
d.	Adequate supervision is ensured by the senior nursing professional.

Standard

PNP.8.	**Nursing professionals provide holistic nursing care by collaborating with other healthcare professionals.**

a.	Nurses prepare patient specific/individualized nursing care plan to address the needs of patient and family
b.	Care of patients is coordinated in all care settings within the organization.
c.	Nurses collaborate with other healthcare professionals to provide safe and consistent care

Standard

PNP.9.	**Information is exchanged and documented during each staffing shift, between shifts, and during transfers between units/departments.**

a.	There is a handoff mechanism among the care team across shifts regarding patient's status.

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b.	Nursing professionals communicate with staff in other departments when required to ensure that care plan is implemented.
c.	HCO uses predetermined formats for such communication wherever required.
d.	Documented information shall be clearly dated, timed and signed by the assigned nurse and endorsed by the senior nursing professionals at every shift.
e.	Transfers between departments/ units are done in a safe manner.

Standard

PNP.10.	**Nursing professionals with knowledge and experience is responsible for smooth functioning of their respective units**

a.	Every unit shall have an assigned senior nursing professional in all shifts.
b.	A senior suitably experienced nursing professional shall guide and supervise the nursing professionals in each shift in each department.
c.	Senior nursing professionals are responsible for the implementation of the policy, protocol and procedures of the respective areas.
d.	The scope of services for senior nursing professionals includes supervision and monitoring of all nursing activities related to patient safety, quality of nursing care rendered and turnaround time.
e.	The nursing professionals shall ensure availability of patients reports in their respective records.
f.	Nursing professionals seek additional knowledge and assistance as needed, in a timely manner.

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g.	Nursing professionals recognize any limitations to safe, competent, and ethical care and report concerns and consult and/or initiate appropriate changes as necessary.
h.	Nursing professionals evaluate, disseminate, and support the integration of evidence-based practice findings into care.

Standard

PNP.11.	**The nursing care of vulnerable patients (elderly, children, physically and/or mentally challenged) are supervised by senior nursing professionals.**

a.	Written guidance governs the care of vulnerable patients.
b.	The nursing professionals are trained to care for vulnerable patient.
c.	All vulnerable patients are identified as per HCO policy and then assessed and reassessed at periodic intervals.
d.	Nursing professionals monitor vulnerable patients' closely participating with the family whenever required.

Standard

PNP.12.	**The nursing care of patients under restraints (physical and/or chemical) are supervised by senior nursing professionals.**

a.	Written guidance exist for restraints
b.	Written orders form the clinician are obtained prior to the application of physical restraint.
c.	These patients are frequently monitored. (Physical & chemical)

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d.	Staff receives training and periodic updating in management of restraint.

Standard

PNP.13.	**Appropriate pain management practices are supervised by senior nursing professionals.**

a.	All patients are screened for pain at the time of admission.
b.	Nursing professionals are trained to identify level of pain in various categories of patients and document the same.
c.	Nursing professionals shall provide non-pharmacological management of patients with pain.
d.	The nursing professionals educate the patient and their family on various pain management techniques wherever appropriate.

Standard

PNP.14.	**Appropriate End of Life (EOL) care are provided to patients by the nursing professionals.**

a.	Nursing professionals are aware of end-of-life care policy of the organization and shall incorporate EOL needs of patient in the care plan.
b.	Nursing professionals shall provide care to meet the unique EOL needs of the patient and family
c.	Nursing professionals are educated and periodically trained on end-of-life care.

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CHAPTER 3

MANAGEMENT OF MEDICATION (MOM)

Intent of the chapter:

The organization has a safe and organized medication management process.

Designated nursing personnel will play a key role in policy formulation, risk assessment, and medication management to ensure patient safety. They will oversee inventory control, proper storage, and timely replenishment of medications, including emergency and high-risk drugs.

A structured verification process involving trained professionals will be implemented to confirm the accuracy of high-risk medication orders before administration. A protocol will allow escalation of concerns to higher authorities when necessary. Post-administration monitoring, especially for high-alert and pain management medications, will be standardized.

Policies on verbal orders, safe infusion therapy, and infection control will be enforced. Medication errors, adverse events, and near misses will be reported and analyzed. Guidelines for the safe handling, storage, and disposal of high-risk drugs will be followed.

Patients and families will be educated on medication safety, including blood products and chemotherapy. A quality improvement program will be established to enhance medication management across the organization. Nursing professionals will actively report and monitor adverse events, including adverse drug reactions.

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Summary of standards

MOM.1.	The organization adheres to state and national guidelines for safe medication management.
MOM.2.	Nursing professionals participate in periodic risk management activities pertaining to medication use systems.
MOM.3.	Medications are stored appropriately and are available where required.
MOM.4.	Chemotherapeutic agents are handled in a safe manner.
MOM.5.	Medications are administered safely.
MOM.6.	The monitoring of patients after medication administration is supervised by responsible personnel.
MOM.7.	Nursing professionals report near misses, medication errors and adverse drug events as per the organisation's policy and participate in taking corrective and preventive action, whenever required.
MOM.8.	Verbal orders are implemented by ensuring safe medication management practices.
MOM.9.	Measures to govern safe injection and infusion practices are implemented.

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Standard

MOM.1.	**The organization adheres to state and national guidelines for safe medication management.**

a.	**The organization has written guidance on medication management as per current state and national guidelines.**
b.	**Senior nursing professionals contribute to developing written guidance , including policies and procedures, for medication management.**
c.	**Nursing professionals are aware of the policies and protocols on medication management.**
d.	**Policies and procedures including drug information are accessible to nursing professionals at all levels.**

MOM.2.	**Nursing professionals participate in periodic risk management activities pertaining to medication use systems.**

a.	**Nursing professionals are aware of the risks associated with the medication management system.**
b.	**Senior nursing professionals are involved in risk assessment of the medication management system**
c.	**There is a quality improvement plan for medication management.**

Standard

MOM.3.	**Medications are stored appropriately and are available where required.**

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a.	Medications are indented as per HCO policy.
b.	Medications are stored in a clean, safe and secure environment; and incorporating manufacturer's recommendation(s).
c.	Sound inventory control practices guide storage of the medications.
d.	The organisation defines and updates list of high-risk medication(s). *
e.	High-risk medications are stored in areas of the organisation where it is clinically necessary.
f.	Sound-alike and look-alike medications are identified and stored separately.
g.	The list of emergency medications is defined and is stored in a uniform manner.
h.	Emergency medications are available all the time.
i.	Emergency medications are replenished in a timely manner when consumed.

Standard

MOM.4.	**Chemotherapeutic agents are handled in a safe manner.**

a.	Written guidance is available for the preparation, administration and monitoring of chemotherapeutic drugs.
b.	The dose of medication is calculated correctly.
c.	Preparation of chemotherapy drugs are carried out safely as permitted by the organization.
d.	Monitoring of patients shall be done prior to and after chemotherapy.

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e.	Extravasation kit is available and nurses are aware of the protocol.

Standard

MOM.5.	**Medications are administered safely.**

a.	Medications are administered by those who are permitted by law to do so.
b.	Nursing professional assess the status of the patient prior to medication administration.
c.	Nursing professionals are familiar with the medications being used for their patients.
d.	Prepared medication is labelled prior to preparation of a second drug.
e.	The patient is identified with at least two identifiers prior to administration.
f.	Medication is verified from the order prior to administration.
g.	Dosage is verified from the order prior to administration.
h.	Route is verified from the order prior to administration.
i.	Timing is verified from the order prior to administration.
j.	Medication administration is documented.
k.	Nursing professionals are trained on drug-drug and drug-food interaction and practice the same while administering medications.

Standard

MOM.6.	**The monitoring of patients after medication administration is supervised by responsible personnel.**

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a.	Patients are monitored after medication administration.
b.	Patients are monitored prior, during and after transfusion of blood and blood products.
c.	Patients are monitored intra and post-operatively and for invasive procedures.
d.	Effect of medicines, untoward side effects, allergies, toxicity, medicines interactions, adverse reactions are monitored, evaluated documented and escalated appropriately.
e.	Patient and Family education includes benefits, risk factors and adverse effects.

Standard

MOM.7.	**Nursing professionals report near misses, medication errors and adverse drug events as per the organisation's policy and participate in taking corrective and preventive action, whenever required.**

a.	A system exists to capture near miss, medication error and adverse drug reactions including blood transfusion reactions.
b.	Incidents are reported within a specified time frame.
c.	They are collected and analyzed by appropriately trained personnel.
d.	Corrective and/or preventive action(s) are taken based on the analysis where appropriate.
e.	Action is taken to reduce the risk of adverse medication incidents.

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Standard

MOM.8.	Verbal orders are implemented by ensuring safe medication management practices.

a.	The organization shall have a written guidance to address verbal orders.
b.	The shall address who can give verbal orders and how these orders will be validated.
c.	An authorised list of drugs which can be ordered verbally is available
d.	The situations where a verbal order can be given is defined by the organization .
e.	Rectification of verbal orders are carried out as per the defined timeframe.

Standard

MOM.9.	Measures to govern safe injection and infusion practices are implemented.

a.	Safe infusion practice standards are implemented.
b.	Established policies and protocols for vascular access devices is available
c.	Nursing professionals shall select the appropriate type of catheter (peripheral or central) to meet the patient's vascular access needs.
d.	The staff is aware on use of Infusion therapy equipment.
e.	Nursing personnel maintain high quality infusion practices in the organisation.

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f.	The staff is competent in safe infusion therapy, vascular access device insertion, maintenance and central venous access device maintenance.
g.	Patients with inserted vascular access devices shall be assed for signs and symptoms of infection for patients with VAD, CVAD and other devices.

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CHAPTER 4

EDUCATION COMMUNICATION AND GUIDANCE (ECG)

Intent of the chapter:

The organization shall ensure that there exists a documented communication policy for nursing personnel and nursing professionals are trained in communication skills at various levels. Patients are informed of their rights and educated about their responsibilities at the time of admission. They are informed about their disease process, results of investigations, management processes and the possible outcomes and are involved in decision making. The patients are educated about the different mechanisms available for addressing their grievances.

Patient and families have a right to information and education about their healthcare needs in a language and manner that is understood by them and proper timely guidance shall be given by the nursing professionals.

Nursing leaders and nurses are trained on soft skills, communication channel, assertive presentation of issues and possible solutions in meetings, board room decorum, presentation to small and large group as appropriate to their scope of practice.

Nursing department implement International Patient Safety Goals (IPSG 2) – Improve effective communication across the organization towards ensuring safety of patient, staff and self. The tools are identified and implemented to improve communication uniformly across HCO including non-verbal communication between patient and nurse, communication with patients who cannot speak and challenged patients.

Nurse-patient, nurse-doctors and nurse-health care professionals, nurse - nurse communication is evaluated periodically to minimize errors of omission and commission.

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Summary of standard

ECG.1	The organization has a system for effective communication with patients and / or families.
ECG.2.	The nursing professionals are trained in various communication methodologies and skills.
ECG.3	Nursing professionals identify the different communication needs of the patient and / or family.
ECG.4	Nursing professionals are aware of their responsibility in protecting patient rights.
ECG.5	The organization ensures that there is zero tolerance from and to nurses to undesirable communication.
ECG.6	Patient and family are educated where essential and in case of any modification in nursing care plan.
ECG.7	Appropriate and adequate guidance is given to each category of nursing personnel.

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Standard

ECG.1.	**The organization has a system for effective communication with patients and / or families.**

a.	Written guidance on communication skills / techniques is available to nursing professionals.
b.	Communication with patients and / or families is done effectively.
c.	Regular feedback on nurse's communication is obtained from patients/ relatives and clinicians.
d.	Corrective and preventive action shall be done based on route cause analysis and appropriate action shall be implemented.

Standard

ECG.2.	**The nursing professionals are trained in various communication methodologies and skills.**

a.	Nursing professionals are provided with communication skill training to meet the patient's specific needs.
b.	The communication needs of patients who speak different language than the caregivers are addressed.
c.	Training is imparted to address the patient's needs with impaired communication.
d.	Communication skill of the nursing professionals are evaluated periodically.

Standard

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ECG.3.	Nursing professionals identify the different communication needs of the patient and / or family.

a.	Nursing professionals shall identify special situations where enhanced communication with patients and / or families would be required.
b.	Enhanced communication with the patients and / or families is done effectively.
c.	Periodic audits are conducted by the nursing department to ensure that communication with patients is effective.
d.	Corrective and preventive measures are adopted after addressing the root cause analysis.

Standard

ECG.4.	Nursing professionals are aware of their responsibility in protecting patient rights.

a.	The nursing professionals are aware of patient rights.
b.	Nursing professionals maintain the confidentiality of patient's information.
c.	Nursing professionals maintain privacy of the patients during care.
d.	The nursing professionals support individual patient and family beliefs, values and customs and involve the patient and family in decision making processes.

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Standard

ECG.5.	The organization ensures that there is zero tolerance from and to nurses to undesirable communication.

a.	Written guidance is available to guide that there is no undesirable communication and nurses are made aware of the same.
b.	The continual and regular training is imparted to each nursing professional on undesirable communication.
c.	Patient and / or family members are involved constantly to measure the depth of undesirable communication from nursing professional at different level.
d.	There shall be a mechanism for taking action when undesirable communications are observed from nursing professional.
e.	Undesirable communication from the patients is monitored and appropriate action taken to correct it
f.	Undesirable communication from the clinicians and other healthcare workers towards nursing professional are also monitored and appropriate action taken to correct it.

Standard

ECG.6.	Patient and family are educated where essential and in case of any modification in nursing care plan.

a.	Patient and family education includes aspects of care plan.
b.	The education shall cover the medical condition, pre- post-operative education, special procedures, preventing healthcare associated infections, when to seek urgent medical attention and home care wherever applicable.

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c.	Nursing professionals explain to patient/ family before any procedures are performed on patients.
d.	Nursing professionals ensure written informed consent wherever essential.
e.	Special educational needs of the patient are identified by the nursing professionals and appropriate education is given at the time of discharge.
f.	Patient and/or family are educated in a language and format that they can understand.

Standard

ECG.7.	**Appropriate and adequate guidance is given to each category of nursing personnel.**

a.	Written guidance addresses the need for appropriate and adequate guidance to nursing professionals.
b.	Students/Interns/Newly joined nursing professionals are given adequate coaching through preceptor.
c.	Nursing professional who require guidance shall be identified.
d.	Guidance is given while assigning additional new roles and responsibilities, shifting from one department to another, new equipment and supplies, new drugs and therapies are brought in.
e.	Periodic evaluation is done by the preceptor and competencies are mapped before assigning independent responsibilities.

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CHAPTER 5

INFECTION PREVENTION AND CONTROL (IPC)

Intent of the chapter:

Hospitals and health care settings are not safer place in terms of spread of infection. Opportunity for acquiring infection is always higher for the hospitalized patients and health care professionals. These infections contribute to mortality, morbidity, disability extending length of stay and cost of health care. This indirectly influence non availability of critical beds for deserving patients especially in times of high census.

The standards guide the provision of an effective infection Prevention and control programme in the organization and contribution from the Nursing department. There should be a designated Infection prevention and control nurse with requisite qualifications and training and a group of link Infection Prevention and control nurses.

The organization provides proper facilities and adequate resources to support the Infection Prevention and Control Practices.

The practices include an action plan to minimize Healthcare associated infections, control outbreaks, disinfection / sterilization activities and their monitoring, biomedical waste (BMW) management, employee health and training of nursing and allied professionals.

Nursing professionals should adhere to standard precautions and hand hygiene practices in all areas. There should be a planned surveillance schedule. Nurses are aware of Healthcare associated infection rates, analysis and preventive measures.

Nursing professionals are aware of occupational health hazards and effective measures to be followed. Risk assessment is done to minimize the risks of contamination and infection to improve patient safety.

Nursing personnel should be aware of the central and state statutory requirements and guidelines from associations and bodies of repute e.g Center for Disease Control, Infusion Nursing Society.

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Summary of Standard

ICP.1.	The organisation has designated Infection Prevention and control nurse(s) as part of the Infection Prevention and control team.
ICP.2.	Nursing professionals undergo training on Healthcare-Associated Infections (HCAI) to enhance their knowledge and skills in infection prevention and control.
ICP.3.	Nursing professionals should adhere to standard precautions and hand hygiene guidelines at all times.
ICP.4.	The nursing professionals shall adhere to handling, storage and disposal of bio medical waste as per the bio medical waste management Act, 2019.
ICP.5.	The designated nursing personal shall perform surveillance activities to capture and monitor Infection Prevention and control data.
ICP.6.	Isolation (barrier and reverse barrier nursing) practices shall be supervised by senior nursing professionals.
ICP.7.	Nursing professionals shall Implement systems for using transmission based precautions.
ICP. 8.	Infection Prevention and Control Nurse maintains records of all occupational injuries and pre- and post-exposure prophylaxis.

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Standard

ICP.1.	**The organisation has designated Infection Prevention and control nurse(s) as part of the Infection Prevention and control team. ***

a.	The criteria for designating Infection prevention and control nurse manager shall be based on qualification or training.
b.	Decision making and empowerment roles and responsibilities of ICN in Hospital Infection Prevention and Control Program is defined.
c.	Infection Prevention and control nurse are empowered to function at Nurse manager level in the organization.

Standard

ICP.2.	**Nursing professionals undergo training on Healthcare-Associated Infections (HCAI) to enhance their knowledge and skills in infection prevention and control.**

a.	Nursing professionals are trained on the main causes and types of HCAI
b.	Nursing professionals shall apply principles of asepsis.
c.	The organization takes action to prevent catheter-associated urinary tract infection – CAUTI
d.	The organization takes action to prevent infection-related ventilator associated complication / ventilator – associated pneumonia - VAP
e.	The organization takes action to prevent catheter linked blood stream infections (CLABSI).
f.	The organization takes action to prevent surgical site infections (SSI).
g.	Awareness of blood and other body fluids exposure protocol.

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h.	Nursing personnel shall educate community members on how they can help to prevent infections.
i.	Nursing personnel shall understand the potential social, economic and emotional burden of HCAI on patients.

Standard

ICP.3.	**Nursing professionals should adhere to standard precautions and hand hygiene guidelines at all times.**

a.	Nursing professionals are trained in standard precautions and hand hygiene guidelines.
b.	Nursing professionals should be conversant with Personal protective equipment (PPE) and their use.
c.	The organization audits compliance to standard precautions and hand hygiene practices.
d.	The nursing professionals adheres to cleaning, disinfection and sterilization practices.
e.	The nursing professionals adheres to safe linen management practices.
f.	The senior nursing professionals along with other professionals identified by the HCO monitor safe linen management practices.

Standard

ICP.4.	**The nursing professionals shall adhere to handling, storage and disposal of bio medical waste as per the bio medical waste management Act, 2019.**

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a.	The organization ensures provision for appropriate biomedical waste management practices.
b.	Where applicable municipal waste (General waste) rules shall be complied with by the nursing professional
c.	Nursing professionals shall be conversant with disposal of used Personal protective equipment (PPE).

Standard

ICP.5.	**The designated nursing personal shall perform surveillance activities to capture and monitor Infection Prevention and control data.**

a.	Surveillance activities are appropriately directed towards the identified high-risk areas and procedures. Planned surveillance schedule is followed.
b.	Appropriate feedback regarding HAI rates are provided on a regular basis to appropriate personnel.
c.	The surveillance activities include monitoring of environment and infection control indicators.
d.	The surveillance activities include monitoring of cleaning, sterilization and disinfection in patient care units.

Standard

ICP.6.	**Isolation (barrier and reverse barrier nursing) practices shall be supervised by senior nursing professionals.**

a.	The organization provides appropriate resources for isolation practices.

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b.	The Nursing professionals are familiar with the type of isolation (barrier and reverse barrier nursing) facilities provided by the HCO.
c.	Senior Nursing Professionals monitor the nursing activities provided in isolation facilities.

Standard

ICP.7.	**Nursing professionals shall Implement systems for using transmission based precautions.**

a.	Nursing professionals comply with transmission-based precautions and monitor periodically
b.	A risk analysis is undertaken to consider the need for transmission-based precautions
c.	Action is taken to improve compliance with transmission-based precautions.
d.	Nursing Professional assess the need for patient placement based on the risk of infection transmission.
e.	Checking for pre-existing healthcare associated infections or communicable disease is done immediately after admission.
f.	A process for communicating a patient's infectious status is in place whenever responsibility for care is transferred between units.
g.	Nursing personnel is aware of preparedness and management for any outbreak.

Standard

ICP.8.	**Infection Prevention and Control Nurse maintains records of all occupational injuries and pre- and post-exposure prophylaxis.**

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a.	Assessment of risk to nursing personnel for occupational allergies, injuries, infections and hazards are identified.
b.	Nursing professionals are aware of prevention of various occupational risks leading to infections, injuries etc
c.	Hazardous materials specific to the settings and locations that they work in are identified by the nursing professionals. (as applicable).
d.	The nursing professionals implement processes for sorting, labeling, handling, storage, transporting and disposal of hazardous materials.
e.	The Nursing professionals are aware of the HCOs plan for managing the spills of hazardous materials and are able to supervise and adequately implement the same in their specific locations of work.
f.	Appropriate pre- and post-exposure prophylaxis is provided to all staff members concerned.

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CHAPTER 6

GOVERNANCE, EMPOWERMENT AND LEADERSHIP (GEL)

Intent of the chapter:

The standards encourage nursing leaders to guide, empower, and govern nursing practice within their domain while aligning with the organization's Vision, Mission, and Values in a professional and ethical manner. Nursing governance is structured to adapt to evolving healthcare laws and regulations, ensuring that relevant updates are effectively communicated to nursing team members.

The roles, responsibilities, and accountability of nursing professionals in senior leadership, mid-level leadership, and managerial functions are clearly defined. The organizational structure reflects nursing leadership positioned within the hierarchy, reporting to the Unit Head of the Healthcare Organization (HCO). Leadership efforts are directed towards developing second-level leadership to facilitate change management. The nursing department budget is prepared by the Head of Nursing and submitted to the Head of HCO for approval.

The nursing service is led by qualified professionals with the necessary leadership experience. Nursing professionals actively participate in key committees and decision-making processes, including high-level committees such as the Hospital Performance Review Committee and the Mortality and Morbidity Committee. They are encouraged to contribute to organizational decision-making, particularly in crisis management and transformational initiatives. A 360-degree nursing leadership approach, ensuring visibility and support including during holidays and night shifts reinforces continuous leadership presence at the bedside. A structured mechanism exists to identify, support, and recognize outstanding nursing professionals periodically.

Bedside nursing professionals are empowered to make informed decisions in collaboration with the healthcare team to meet patient needs. They actively participate in treatment and discharge planning alongside the medical and clinical teams. Demonstrating resilience, they advocate for patient-centered care.

Patient safety and risk management are integral to hospital operations. Nursing leaders prioritize addressing safety concerns and potential risks, ensuring a proactive approach to patient care and overall healthcare quality.

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Summary of Standards

GEL.1.	The responsibilities, positioning, and scope of Nursing Leadership in Nursing Service Management (NSM) are clearly defined, documented, and communicated to all relevant stakeholders.
GEL.2.	Nursing department is ready for Transformational leadership to lead for today and future and the same is reflected in Nursing Administration and Management team of organization.
GEL.3.	Nursing Leader are part of change management system in the organization impacting changes in core nursing and multidisciplinary areas.
GEL.4.	The Head of the Nursing service ensures that suitable mechanisms exist to govern the Nursing Service Management (NSM).
GEL. 5.	The HCO empowers Nursing Leadership, management team and Nurses at the bedside.
GEL.6.	The Nursing management team is part of organization's safety committee and has an established process for proactive risk assessment and risk mitigation program for nursing service.

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Standard

GEL.1.	**The responsibilities, positioning, and scope of Nursing Leadership in Nursing Service Management (NSM) are clearly defined, documented, and communicated to all relevant stakeholders.**

a.	**Those responsible for nursing management lay down the nursing department vision.**
b.	**Those responsible for nursing management lay down the nursing department mission.**
c.	**Those responsible for nursing management lay down the Philosophy of Nursing department with clearly stated values.**
d.	**Those responsible for nursing management establish the nursing department organogram.**
e.	**All Nurses in the organization are aware of Vision, Mission, Philosophy/values of Nursing.**

GEL.2.	**Nursing department is ready for Transformational leadership to lead for today and future and the same is reflected in Nursing Administration and Management team of organization.**

a.	**Nursing Administration and management Team updates self with latest knowledge and competency both clinically and in leadership concepts.**
b.	**.Nursing Administration and management Team adapts to the changing dynamism of health care policies, regulations, need of the nursing service and the organization.**

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c.	Nursing Administration and management ensures Visibility of/access to leadership and accept every feedback from nursing team and other departments as opportunity to strengthen nursing leadership.
d.	Nursing Administration and management Advocates for resources & participation in decision-making to advance practice of Nursing as part of leveraging growth.
e.	Nursing leadership lead and promote change through innovative ideas and technologies impacting better work culture for nurses.
f.	Mentoring and succession planning is integral part of Nursing leadership at all levels

Standard

GEL.3.	**Nursing Leader are part of change management system in the organization impacting changes in core nursing and multidisciplinary areas.**

a.	Nursing Leader will foresee change management opportunities.
b.	Nursing Leader prepare team for implementing change management system.
c.	Three sixty-degree nursing leadership cover including holiday and night assures leadership visibility and support for the nurses at the bedside.
d.	Nursing Leader develop in self and among team members including bedside nurse a sense of pride in professional practice.
e.	Nursing Leader will constantly appreciate and motivate nurses at all level through various rewards and recognition.

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Standard

GEL.4.	**The Head of the Nursing service ensures that suitable mechanisms exist to govern the Nursing Service Management (NSM).**

a.	There is an established head of the nursing services who is member of the Hospital Senior Leadership committee/ Head of the Departments Committee participating in broad decision making .
b.	The scope of Nursing services and practice including aspects pertaining to empowerment and governance is defined in the nursing manual.
c.	The Nursing administrative policy and procedure is defined in the manual and implemented which includes delegation and autonomy in nursing practice.
d.	The Nursing department manual defines governance aspects of the nursing leadership at all level and specific to functional area of the HCO.
e.	The Nursing leaders are involved in interdisciplinary plan of care and quality improvement projects and program of hospital.
f.	The nursing administrative policy shall consist of policy on competency assessment of all levels of nursing professionals.

Standard

GEL.5.	**The HCO empowers Nursing Leadership, management team and Nurses at the bedside.**

a.	There is a policy on nursing empowerment to ensure appropriate/correct and timely nursing care of patients.
b.	Nursing empowerment actions are clearly defined for nurses at all level.

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c.	Management approves rewards and recognition as empowerment strategy for Nurses for being exceptional and innovative.
d.	Nursing Department has exclusive budget approved annually.
e.	Nursing quality team including HIC Nurse is empowered to conduct audit and present findings in the respective committees, meetings and functional units.

Standard

GEL.6.	**The Nursing management team is part of organization's safety committee and has an established process for proactive risk assessment and risk mitigation program for nursing service.**

a.	The Nursing service has clearly defined error prevention, error reporting and error addressing mechanisms and the same are documented.
b.	The Nursing professionals are provided with adequate resources including materials and equipment for providing safe and efficient nursing care.
c.	The nursing department structure and processes support a culture of patient safety with escalation mechanism and appropriate support system.
d.	The Nursing professional's competency in handling code blue, disaster and emergency situations management including fire and non-fire emergencies.
e.	Nursing Professionals are part of the Code review committee and Mortality and mobility committee.
f.	Nursing professionals are oriented to proactive and predictive approaches such as best catches, seeking help, escalation etc.
g.	There is a designated mid-level Nurse leader who is part of the hospital safety committee.

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CHAPTER 7

CONTINOUS NURSING QUALITY IMPROVEMENT (CNQI)

Intent of the chapter:

The Continuous Nursing Quality Improvement (CNQI) program shall be systematically documented and encompass all areas of the organization, engaging all essential nursing staff members. The organization shall collect and analyze data related to nursing care structures, processes, and outcomes. This data shall be utilized to drive ongoing improvements, ensuring that enhancements are effectively sustained.

Exemplary nursing practice reflects high ethical standards. Registered nurses shall actively enhance the quality and effectiveness of nursing practice by upholding these standards, documenting the nursing process in a responsible and accountable manner, and utilizing quality improvement initiatives to implement positive changes in nursing practice and healthcare delivery.

The organization shall establish a structured system for monitoring and measuring nursing quality parameters. Regular statistical reviews and trend analyses shall be conducted to guide efforts toward excellence in nursing care delivery. This approach aims to enhance patient satisfaction with nursing services and contribute to the overall improvement in the quality of care provided to every patient.

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Summary of Standard

CNQI.1.	There is a structured Continuous Nursing Quality Improvement Programme (CNQI) for Nursing Service focusing on care quality and patient safety.
CNQI.2.	The organization identifies key nursing quality indicators to monitor the care structures, processes and outcomes, which are used as tools for excellence in nursing care.
CNQI.3.	The Continuous Nursing Quality Improvement programme (CNQI) is supported by the management.
CNQI.4.	There is an established system for nursing care audit and implementation of nursing lead initiatives.
CNQI.5.	Incidents, complaints, gaps and feedback are collected and analyzed to ensure continual quality improvement.

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Standard

CNQI.1.	**There is a structured Continuous Nursing Quality Improvement Programme (CNQI) for Nursing Service focusing on care quality and patient safety.**

a.	The Continuous Nursing Quality Improvement Programme (CNQI) is developed, implemented and maintained by Nursing Management Committee.
b.	Nursing Services performs proactive assessment of patient safety risks and takes measures improve accordingly.
c.	Nursing Services performs proactive assessment of safety risks for nurses and takes measures improve accordingly.
d.	Nursing Services adapts and implements national/international patient safety goals/ solutions relevant to nursing domain.
e.	There is a designated nursing quality coordinator in Nursing Services for coordinating and implementing CNQI.
f.	The CNQI is reviewed and updated at least once in a year.

Standard

CNQI.2.	**The organization identifies key nursing quality indicators to monitor the care structures, processes and outcomes, which are used as tools for excellence in nursing care.**

a.	The patient falls are monitored, and the incident of patient falls and post fall assessment and care are documented by the appropriate nursing professionals.
b.	The hospital acquired Pressure Injuries in various age groups are monitored and recorded as per laid down protocols.

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c.	The medication errors are monitored and recorded by the concerned nursing professional.
d.	Accidental defining are monitored and recorded by the concerned nursing professional.
e.	All extravasations are recorded and monitored as per the laid down protocols.
f.	All needle stick injuries and Blood and Body fluid exposures are documented and monitored as per the policy.
g.	All physical restraint related incidents including strangulation are monitored and documented.
h.	The hand hygiene compliance is monitored and recorded by the designated nursing professionals.
i.	The compliance with pain assessment and management is monitored by the senior nursing professional.
j.	The satisfaction of patients with the nursing care is monitored by the senior nursing professionals and the same is documented.
k.	The organization has a mechanism to capture Nurses work satisfaction.
l.	All Healthcare Associated Infection (HAI) are recorded and monitored as per the laid down protocols.
m.	The organization identify and monitor Nursing Key Quality Indicators specific to scope of the HCO.

Standard

CNQI.3.	**The Continuous Nursing Quality Improvement programme (CNQI) is supported by the management.**

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a.	The management provides adequate resources required for quality improvement programme.
b.	The management supports use of appropriate quality improvement, statistical and management tools in its quality improvement programme.
c.	Employee satisfaction based on pre-determined criteria done by human resource department of the HCO for nursing team is shared with f Nursing Management Committee and the action plans are discussed and implemented.
d.	The attrition rate and frequency of attrition of the nursing professionals is monitored

Standard

CNQI.4.	**There is an established system for nursing care audit and implementation of nursing lead initiatives.**

a.	Nursing Care Audits are performed to improve quality of care and patient safety.
b.	Nursing professional participates in the audit.
c.	The nursing care audit parameters to be audited are defined by the Nursing Services and approved by head of Nursing.
d.	Patient, Nurses and other staff anonymity is maintained in the audit.
e.	All audits are recorded and reviewed by the identified capable committee supported by the quality nurse and headed by Senior nursing professional/ Head of Nursing.
f.	Implementation is recorded and periodically analyzed for continuous quality improvement.

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g.	Nursing professionals are aware of Audit cycles and they use the framework of audit.

Standard

CNQI.5.	**Incidents, complaints, gaps and feedback are collected and analyzed to ensure continual quality improvement.**

a.	The organization has an incident reporting system.
b.	The Nursing personnel are aware of methods of collecting feedback and receiving complaints from patients.
c.	The organization has established processes for analysis of incidents, feedbacks and complaints.
d.	Internal audits are done to identify area of improvement.
e.	Corrective and preventive actions are taken based on the findings of such analysis.
f.	Feedback about care and service is communicated to Nursing professionals.

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