



## **FAQ – NABH AYUSH Entry Level Hospitals & Centers**

### **1. Define AYUSH Center and Hospital?**

**A. AYUSH Center:** AYUSH Healthcare Organisations with only Out-Patient Department (OPD) Services or Day Care Clinics. It includes Clinic, Polyclinic, CHC, PHC, Dispensary, etc. (other than an OPD in a Hospital) having facilities for AYUSH therapies (excluding inpatient services).

- **AYUSH Hospital:** AYUSH Healthcare Organisations with In-Patient Department (IPD) Services. It includes:
  - a) Central or State Government AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa & Homoeopathy) hospital having facilities for AYUSH therapies.
  - b) NABH accredited AYUSH Hospital.
  - c) Teaching hospitals attached to AYUSH colleges recognised by the Central Government/ Central Council of Indian Medicine/Central Council for Homoeopathy.
  - d) Any AYUSH Hospital, standalone or otherwise, established for inpatient care and day care therapeutic procedures/interventions for diseases or disorders with indicated procedures; and which is registered with the local authorities, wherever applicable, and is under the supervision of a registered qualified AYUSH practitioner and complies with all the following criteria:
    - i) At least 05 in-patient beds;
    - ii) Has qualified nursing care provider (AYUSH therapist) under its employment round the clock;
    - iii) Has qualified AYUSH practitioner in-charge round the clock;
    - iv) Has dedicated AYUSH therapy sections
    - v) Maintains daily records of the patients and will make these accessible to the insurance company's authorized representative.

### **2. What are the certification fees for AYUSH entry level Center and Hospital?**

A. i) Center: Rs 11000 + GST

ii) Hospital: a) Less than and equal to 50 beds: Rs 21000 + GST  
b) More than 50 beds: Rs 52000 + GST

### **3. What is the duration of AYUSH entry level certification?**

A. Two years

### **4. What type of assessment are being conducted during AYUSH entry level certification assessment?**

A. Assessment can be conducted as virtual, desktop, on-site and hybrid i.e virtual plus on-site depending upon the requirement.



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### **5. What are the benefits of AYUSH entry level certification?**

- A. a) Empanelment with Ayushman Bharat Yojana.
- b) Insurance coverage
- c) Patient centered culture
- d) Road map for standardization
- e) Improved level of community confidence and trust
- f) Safety and quality into focus
- g) System oriented approach
- h) Improved patient satisfaction levels
- i) Improved health outcomes
- j) External recognition
- k) Enhanced reputation

### **6. What is the list of services provided for OPD/IPD in AYUSH health care organization (HCO)? Give 2 e.g.s of each AYUSH departments.**

A.

- Ayurvedic HCO – Panchakarma, Kayachikitsa etc.
- Homoeopathy HCO – General medicine, Psychiatry etc
- Yoga & Naturopathy HCO – Naturopathy Treatments, Yoga Treatments etc
- Siddha HCO – Pothu maruthuvam, Sirappu Maruthuvam - Pura Maruthuvam etc
- Unani HCO – Moalajat, Jarahat etc

### **7. What are the prominent areas where the hospital can display the list of services it offers?**

- A. Prominent locations in hospital includes Entrance, Waiting area, OPD, Reception, Nursing Stations.

### **8. In how many languages atleast scope of services must be displayed in Hospital?**

- A. Bilingual

### **9. Does the hospital have a documented policy for patient's registration and admission (including unidentified patients)?**

- A. Each hospital shall ensure a documented policy that every patient who are getting admission in the hospital are registered with unique identification number.

### **10. What are the minimum requirements for documentation for initial assessment of patients (OPD/IPD/Emergency care)?**

- A. Presenting complaints, salient examination findings and vitals.

### **11. Initial assessment shall be documented within how much time period of assessing the patient?**

- A. 24hrs



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**12. After how much time the patient's need to be re-assessed?**

A. 24 hrs

**13. Who all needs to document handover during shift change and transfer of patient?**

A. Doctor- doctor and Nurse-nurse shall document the structured clinical handover during shift change and transfer of patient.

**14. What all parameters need to be defined while conducting laboratory tests?**

A.

- Turnaround time
- biological reference interval for different tests
- Critical limits for different tests

**15. What all safety devices must be installed in laboratory? Name few.**

A. Personal protective equipments (mask, gloves, eye gear), dressing material, disinfectants, fire extinguisher etc.

**16. What all safety devices in must be present in radiology department? Name Few.**

A. Lead apron, shields- thyroid, gonadal, TLD badges etc.

**17. What guidelines to be followed for imaging signages in the hospital?**

A. AERB/PCPNDT

**18. In which all situations a discharge summary needs to be given?**

A.

- Normal Discharge
- LAMA
- Separate discharge summary notes of new born in obstetrics cases.

**19. What are the contents of discharge summary?**

A. Discharge summary contains the name of patient, registration number/UHID number, date and time of admission and discharge, reasons for admission, significant findings, investigation results (if any), diagnosis, procedure performed (if any), treatment given, patient's condition at the time of discharge and prescription with necessary instructions of how to obtain urgent care/opinion in case of emergency situation related with the disease and any other relevant information.

**20. What is mandate in death summary?**

A. Documentation of apparent cause of death.



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### **21. Who all are categorized under Vulnerable category?**

- A. Elderly, children, physically and/or differently able patients etc.

### **22. How frequently at least vulnerable patients need to be monitored?**

- A. Twice a day.

### **23. What all guidelines need to be followed during performance of para surgical procedure and various AYUSH therapies?**

- A. It shall incorporate as to who will do the procedure, the pre-procedure instructions, the conduct of the procedure and post-procedure instructions. Standard precautions and overall hygiene are adhered to during the conduct of the procedure.

### **24. Pain assessment is done under which all parameters?**

- A. Pain rating scale shall include the intensity, character, frequency, location, duration and referral or radiation of the pain.

### **25. Who all are qualified to perform procedure?**

- A. Personnel who have training for at least six months and certified by the head of the hospital.

### **26. Under what headings Interventions/Procedures are documented in the patient record.**

- A. Hospital maintain the patient procedures record accurately which shall mention name of the procedure, person performing it, salient steps, key findings and post-procedure care.

### **27. What all needs to be monitored for storage of medicines?**

- A. For storage of medicines- temperature monitoring (refrigeration) , control of exposure to light, humidity, ventilation, preventing entry of pests/vermin needs to be monitored.

### **28. What is LASA? How are they need to be stored?**

- A. LASA stands for look alike and sound alike medicines. LASA has to be stored separately and alphabet wise and physically apart from each other.

### **29. What is the near expiry policy of medicine?**

- A. Three months prior to the expiry date such drugs are withdrawn and no medication beyond expiry date should be available.

### **30. What all constitutes the prescription by the doctor?**

- A. The prescription includes name of the patient, UHID, name of the drug in CAPITAL, dose, route and frequency of administration of the medicine and also name, date, signature and registration number of the prescribing AYUSH doctor.



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**31. Verbal orders shall be counter-signed by the AYUSH doctor who ordered it preferably within how much time of ordering?**

A. 24hrs

**32. How a verbal order can be given?**

A. Verbal order can be given by using repeat back/read back policy.

**33. What protocol is to be followed for high risk medications?**

A. High risk medications shall be given only after written orders of qualified/ competent personnel and it should be verified by the staff before dispensing.

**34. What all needs to be verified before administration of drugs?**

A. Patient, medication (Ayurveda, Siddha, Unani & Homoeopathic drugs) name, dosage, route and timing are verified prior to administration.

**35. What are medication errors?**

A. Medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.

**36. What are adverse drug events?**

A. An injury resulting from medical intervention related to a drug. It includes harm caused by a  
• drug  
• harm caused by drug use, and  
• a medication error with or without harm

**37. What are the patient's rights?**

A.

- Privacy and dignity during the treatment/ examination
- The administration of AYUSH therapies to female patients should be done by female therapists and to male patients by male therapist in dedicated therapy sections.
- Treating patient information as confidential.
- Patient rights include refusal of treatment.
- It includes access to have an additional opinion.
- Patient rights include information on the expected cost of the treatment.
- Patient rights include access to his / her clinical records.
- Patient rights include information on how to voice a complaint.



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### **38. What all constitutes a written consent?**

- A. Written Informed consent includes information on risks, benefits, alternatives and right to refuse the treatment and as to who will perform the requisite procedure in a language that the patient and his family members can understand.

### **39. When it is mandatory to take written consent?**

- A. Prior to any diagnostic or therapeutic procedures/interventions.

### **40. What are the medium through which education, communication of patient and their family can be done?**

- A. Counselling, use of printed material, audio-visual aids etc.

### **41. What should be the content of Hospital Infection prevention and control program?**

- A. It aimed at procedures which are used for preventing and reducing risk of healthcare associated infections in all areas of the hospital.

### **42. What are standard precautions mean?**

- A. A method of infection control in which all human blood and other bodily fluids are considered infectious for HIV, HBV and other blood-borne pathogens, regardless of patient history.

It encompasses a variety of practices to prevent occupational exposure, such as the use of personal protective equipment (PPE), disposal of sharps and safe housekeeping.

### **43. How a hospital can maintain and monitor the cleanliness and general hygiene of hospital?**

- A. The hospital shall document and maintain cleanliness and general hygiene of areas/surfaces, furniture, fixtures and items used in patient care by training the staff, adherence to housekeeping policies and audits at defined frequency.

### **44. Where the hospital shall display hand-hygiene guidelines?**

- A. Hand washing instructions to be installed near every hand washing area.

### **45. How does the hospital adhere with housekeeping procedures of cleaning of surfaces, furniture/fixtures, items used in patient care, terminal cleaning?**

- A. This shall include categorization of areas/surfaces, general cleaning procedures for surfaces, furniture/fixtures, and items used in patient care. It shall also include procedures for terminal cleaning, blood and body fluid cleanup. The common disinfectants used, dilution factors and methodology should be specified. Brooming and dry dusting of any sorts inside the clinical areas should be avoided.



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**46. How does the hospital adhere to cleaning, disinfection and sterilization practices for all instruments/equipments used in invasive procedure?**

A. It shall be practised at all levels of the organisation, e.g. ward, treatment procedure rooms. The sterilized /disinfected equipment /sets shall be stored in an appropriate manner across organisation.

**47. How a hospital can adhere to food and beverage safety practices?**

A. The in- house kitchen sanitation measures are implemented to prevent the risk of cross contamination. This shall also include screening and examination of food handlers at the prescribed intervals.

**48. How we can prevent healthcare associated infection?**

A. Protocols should be devised to prevent Catheter associated urinary tract Infections, AYUSH therapies related consumables, catheter linked blood stream infections etc.

**49. How appropriate pre and post exposure prophylaxis is maintained to concerned staff members in hospital? Elaborate with help of 1 e.g?**

A. In needle stick injury – Hep B vaccine as pre- exposure prophylaxis and Post exposure prophylaxis as post injury. Documentation of occupational injuries and pre and post exposure prophylaxis records to be maintained.

**50. How we can practise proper segregation and collection of Bio-medical waste from all patient care areas of the hospital?**

A. Wastes to be segregated and collected in different colour coded bags and containers as per statutory provisions.

**51. How frequently the quality improvement and patient safety programme needs to be updated?**

A. At least once a year

**52. Define Quality Assurance?**

A. Part of quality management focussed on providing confidence that quality requirements will be fulfilled.

**53. Define Quality improvement program?**

A. It is an Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.

**54. What is sentinel event?**

A. A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services.



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**55. Sentinel events needs to be analysed within how many working hours?**

A. Within 24 working hours, root cause analysis of sentinel event has to be carried out.

**56. What is adverse event?**

A. Any untoward medical occurrence that may present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment.

**57. What is the timeframe defined to conduct an internal audit?**

A. Atleast 6 months.

**58. What are the components of incident reporting system?**

A. The incident reporting system includes identification, reporting, review and action as appropriate.

**59. What do you understand by Mission of the hospital?**

A. An organisation's purpose. This refers to the overall function of an organisation.

**60. What do you understand by Vision of the hospital?**

A. An overarching statement of the way an organisation wants to be,an ideal state of being at a future point.

**61. What is Root cause analysis?**

A. Root Cause Analysis (RCA) is a structured process that uncovers the physical, human, and latent causes of any undesirable event in the workplace. Root cause analysis (RCA) is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events.

**62. How the hospital defines its service standards and state the upper limit for different services being provided?**

A. The organization shall develop measurable standards and state the upper limit for different services being provided. For example, waiting time in OP is 60 minutes.

**63. What is hospital organogram?**

A. The hospital shall have a well-defined organization structure/ chart and this shall clearly document the hierarchy, line of control, along with the functions at various levels.

**64. What are the different types of ownership of a hospital?**

A. Hospital can be under trust, private and public.



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### **65. Name the committees of AYUSH Hospital?**

A. Quality and Safety, Infection Control, Pharmacy and Therapeutics, AYUSH Therapies and Blood Transfusion.

### **66. Who all should be the part of AYUSH hospital's committee?**

A. Committee could have a mix of administrators, engineers, AYUSH doctors and nursing care providers. It is recommended that members be selected based on their competency and not necessarily based on seniority.

### **67. What all constitutes the patient safety devices that needs to be installed in hospital and inspected periodically?**

A. Grab bars, bed rails, sign posting, safety belts on stretchers and wheel chairs, alarms both visual and auditory where applicable, warning signs like radiation or biohazard, call bells, fire-safety devices, etc. Provisions are made available for physically challenged/vulnerable person as per regulatory requirement example special toilet for physically challenged.

### **68. What norms are to be followed for internal and external signages?**

A. These signages are bi-lingual but shall mandatorily be in the state language/language spoken by the majority in the region.

### **69. How the facility inspection rounds to be conducted in a hospital?**

A. Rounds to be carried out by members of the multi-disciplinary committee. The hospital plans and budgets for upgrading or replacing key systems, buildings, or components based on the facility inspection, in keeping with laws and regulations. During these rounds, potential safety risks are identified. This could be carried out using a checklist incorporating some of the more common safety hazards. The potential security risk areas and restricted areas are identified & methodology is worked out to monitor and secure identified areas.

### **70. What is the hospital plans for equipment in accordance with its services and future requirements?**

A. Equipments are inventoried and proper logs are maintained by providing a unique identification. Where applicable, the relevant quality conformance certificates/marks along with manufacturer factory test certificate need to be retained as part of documentation.

### **71. How the utility equipments are periodically inspected and calibrated?**

A. The hospital either calibrates the utility equipment in-house or outsource, maintaining traceability to national or international or manufacturer's guidelines/standards.



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**72. Does the hospital have to maintains the availability of maintenance staff round the clock?**

A. Yes

**73. Does the hospital should have arrangements for supply of adequate potable water and electricity round the clock?**

A. Yes.

**74. Why hospital requires alternate source of electricity or water supply?**

A. In case of a shortfall in water or electricity, alternate sources can be used for uninterrupted supply.

**75. What are the components of safe exit plan in case of fire and non-fire emergencies?**

A. Fire-exit plan shall be displayed on each floor. Exit doors should remain open all the time. The signage of fire exits shall be as per the National Building Code and/or respective statutory body (for example, fire service). Safe exit plans for non-fire emergencies are also incorporated.

**76. What is the time frame defined to conduct a mock drill both fire and important non-fire emergencies?**

A. Atleast once in 6 months.

**77. What is the maintenance plan for fire equipment?**

A. The plan may address third party inspection, testing, functionality, preventive & breakdown maintenance of fire equipment (fire extinguishers, sprinklers etc.). This shall adhere to manufacturers and/or statutory recommendations.

**78. What should be the procedure for recruitment in an AYUSH hospital?**

A. The recruitment process ensures an adequate number and skill mix of staff to provide the hospital's services. The procedure shall ensure that the staff has the necessary registration, qualifications, skills and experience to perform its work. Recruitment is undertaken in accordance with statutory requirements, where applicable. The laid-down recruitment procedure shall be adhered to. The entire process shall be documented. This shall ensure that the recruitment is done in a transparent manner.

**79. How the personal file of an employee to be maintained?**

A. Personal file is maintained for all staff and contains information regarding the qualification, disciplinary actions and training records. The hospital maintains confidentiality and the access to personal file is controlled.



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**80. What is the timeframe defined to provide the induction training to new employee?**

- A. 15 days

**81. What all types of training needs to be given to employees?**

- A. Technical training and soft skills training like communication, etiquettes.

**82. What types of risks hospital have to identify?**

- A. The hospital shall define such risks that shall include patient, visitors and employee related risks. For example, fire and non-fire emergency, needle stick injury, etc.

**83. What kind of training is to be given when job responsibilities change/ new equipment is introduced?**

- A. The training should focus on the revised job responsibilities as well as on the newly introduced equipment and technology. In case of new equipment, the operating staff should receive training on operational as well as daily-maintenance aspects.

**84. How a medical record be identified?**

- A. By allotting unique identifier to each medical record.

**85. What all constitutes the medical records?**

- A. Admission orders, face sheet, IP sheet, discharge summary, doctor's order sheet, TPR chart, consent form, etc.

**86. Can anyone make entries in medical record?**

- A. No, only authorised personnel can make entry in medical records. For e.g. progress record by doctor and medication administration chart by nursing care provider.

**87. What protocol is to be followed for medical records review?**

- A. It focuses on the timeliness, legibility and completeness of the medical records. A standardised checklist can be used for this purpose. The review uses a representative sample based on statistical principles and include all discharged and death patients as the pool from which the sample will be identified.

**88. Retention period is defined for what type of medical records?**

- A. The hospital shall define the retention period for each category of medical records: Out-patient, in-patient and MLC.