



1st
EDITION
EFFECTIVE 1st APRIL, 2025

**NABH ACCREDITATION
STANDARDS FOR
ATWC (AYUSH TREATMENT
AND WELLNESS CENTRES)**



QUALITY : SAFETY : WELLNESS

NABH

Accreditation Standards for Ayush Treatment and Wellness Centres

1st Edition – Effective 1st April 2025

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1st Edition - 1st April 2025

National Accreditation Board for Hospitals & Healthcare Providers (NABH)

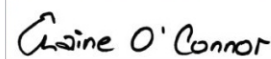
Awarded by ISQua EEA
following an independent assessment
against the
Guidelines and Standards for
External Evaluation Organisations,
5th Edition

The period of Accreditation for this Organisation

June 2022 is from June 2026
until



Prof Jeffrey Braithwaite, President



Ms Elaine O'Connor, Head of Operations

National Accreditation Board for Hospitals and Healthcare Providers (NABH), is continuing its journey for creating an ecosystem for quality in healthcare in India. NABH standards focus on safety and quality of the delivery of services by the organisations in the changing healthcare environment. Without being prescriptive, the standards have been developed with the intent of providing information and guiding the organisation in conducting its operations with a focus on patient safety.

Over the year various NABH standards have brought about not only a paradigm shifts in healthcare organisation's approach towards delivering the healthcare services to the patients but have equally sensitised the healthcare workers and patients towards their rights and responsibilities.

NABH released accreditation standards for Panchakarma clinics in February 2017 for the 1st time. NABH has now 1st time formulated integrated accreditation standards for the Ayush clinics and day care centres of all Ayush disciplines (i.e. Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy and Sowa-rigpa) as an endeavour in to improve quality of services and patient safety at clinic and day care level. The standards are designed keeping in view the suggestions made by Ministry of Ayush and various stakeholders. All the NABH accredited Panchakarma clinics will be required to comply with the NABH accreditation standards for the ATWC and subsequent assessments shall be carried out on the basis of the ATWC standards.

The NABH hallmark methodology of 10 standard chapters approach has been followed having total 40 standards and 141 objective elements. The objective elements have been designed to be assessed as CORE, commitment, achievement and excellence. There are 38 objective elements, which are in CORE category and will be mandatorily assessed during each assessment, 82 objective elements are in Commitment category which will be assessed during the final assessment, 10 objective elements are in Achievement category which will be assessed during surveillance and 11 objective elements are in Excellence category which will be assessed during re-accreditation.

This objective methodology will aid any Ayush clinic or day care in a stepwise progression to mature quality system over the full accreditation cycle. The scoring methodology is in a graded scheme to help recognise every progressive effort made by the ATWC in the implementation of the standards. The accreditation will be a four-year cycle with a midterm surveillance assessment at 21-24 months of accreditation.

I sincerely hope that ATWC will certainly benefit from the collective efforts of Ayush Technical Committee of NABH and practical suggestions of stakeholders involved in formulating the standards.

NABH remains committed to its mission of taking Quality, Safety and Wellness to the last man in the line.

Jai Hind

Dr. Atul Mohan Kochhar
CEO, NABH

ACKNOWLEDGEMENTS

I acknowledge contribution of the following in preparing 1st Edition of the ATWC accreditation standards of NABH.

I earnestly thank Shri Jaxay Shah, Chairperson QCI, for his unwavering guidance and support. His vision of taking quality to the grassroots has been instrumental in the milestone of finalising NABH accreditation standards for the ATWC.

I sincerely thank Mr. Chakravarthy T. Kannan, Secretary General QCI, for his invaluable contribution to the healthcare community and commitment to fostering excellence in healthcare standards.

Mr. Rizwan Koita, Chairperson NABH, has been the guiding light throughout the development of the 1st Edition of NABH accreditation standards for the ATWC. I thank him for his active participation, support and invaluable suggestions despite of his busy schedule.

I thank all board members of NABH in giving significant suggestions for betterment of the standards and respective guidebooks.

The Technical Committee of NABH worked relentlessly and meticulously to accommodate the best practices in the ATWC, referred to innumerable references and incorporated suggestions made by all of the stakeholders in bringing this standard to reality. It was, indeed, a mammoth task. I profoundly thank all the members for playing a pivotal role in development of the 1st Edition of the ATWC accreditation standards.

I would also like to express my deepest appreciation to Ministry of Ayush, Govt. of India for being a source of encouragement by its multifarious initiatives which have not only taken the Ayush system of medicine to top-notch, but has also helped NABH in shaping the new 1st Edition of ATWC accreditation standards.

I thank all our passionate assessors, management of the ATWCs, clinicians, nurses and paramedics who gave us extensive feedback to improve upon the standards and their exhaustive interpretation.

I thank the officers at NABH Secretariat for working round the clock, to complete the work within time.

It is entirely due to overwhelming participation, dedication, and diligence of all concerned that we could present these standards in current detail and format.

To all of you a sincere, heartfelt and, profound – Thank you.

Jai Hind

Dr. Atul Mohan Kochhar
CEO, NABH

C O N T E N T S

About NABH	1
Scope and Purpose of the Standards	2
Overview of the NABH Accreditation Process	3
How to read the Standard?	4
System Documentation	6
Scoring	12
Accreditation decision and maintenance of same	14
Abbreviations	18
Summary of Chapters, Standards and Objective Elements	20
Introduction to the ATWC standards	
Patient Centered Standards	
01. Access, Assessment and Continuity of Care (AAC)	21
02. Care of Patients (COP)	30
03. Management of Medication (MOM)	39
04. Patient Rights and Education (PRE)	50
05. Infection Prevention and Control (IPC)	59
Organisation Centered Standards	
06. Patient Safety and Quality Improvement (PSQ)	64
07. Responsibilities of Management (ROM)	68
08. Facility Management and Safety (FMS)	74
09. Human Resource Management (HRM)	80
10. Information Management System (IMS)	85

Glossary	90
Annexure I	97
Annexure II	98
Annexure III	100
Annexure IV	101
Annexure V	103

About NABH



National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of the Quality Council of India (QCI), set up to establish and operate accreditation programs for healthcare organisations. NABH has been established with the objective of enhancing the health system & promoting continuous quality improvement and patient safety. The board, while being supported by all stakeholders, including industry, consumers, government, has full functional autonomy in its operation.

NABH provides accreditation to healthcare organisations in a non-discriminatory manner regardless of their ownership, size, and degree of independence.

International Society for Quality in Healthcare (ISQua) has accredited NABH.

Vision: To be apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

Mission: To operate accreditation and allied programmes in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon national/international standards, through process of self and external evaluation.

NABH Activities

NABH Accreditation Programmes: NABH offers accreditation to Hospitals, Small Healthcare Organisations/Nursing Homes, Blood Banks, Eye Care hospitals, Digital Health Standards, Ayush (Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy and Sowa-Rigpa) Hospitals, Medical Imaging Services, Care Homes, Dental Healthcare Service Providers, Allopathic Clinics, Ethics Committees.

NABH Certification Programmes: NABH offers certification to Medical Laboratories, Nursing Excellence, Emergency Department, Stroke Centres, Entry Level Hospitals, Entry Level Small Healthcare Organisations, Entry Level Ayush Hospitals and Entry Level Ayush centres.

NABH Empanelment: NABH offers empanelment programmes for CGHS, ECHS and Medical Value Travel Facilitator (MVTF).

NABH International: NABH has started its operations overseas under NABH International (NABH I). It offers all accreditation programs as being offered in India. The programme is unique as in addition to the accreditation standards it requires compliance with local regulatory requirements.

Training and Education: NABH conducts Education/Interactive Workshops, Awareness Programmes, and Programme on Implementation (POI) on a regular basis.

Scope and Purpose of the Standards



Scope of the Standards

The ATWC stands for the Ayush Treatment and Wellness Centres whereby qualified Ayush doctor (s) along with trained professionals provide therapeutic and preventive treatments through any of the Ayush system i.e. Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy and Sowa-Rigpa. These standards are applicable to all Ayush Treatment and Wellness Centres (including Panchakarma Clinics) which are providing OPD or day care services and willing to apply for NABH accreditation. The ATWC aspiring to get NABH accreditation should fulfil the following requirements before applying:

- The ATWC should be operational as a healthcare provider for at least three months.
- The ATWC commits to comply with NABH standards and applicable legal/statutory/regulatory requirements.

These standards are to be used by the whole ATWC and not for a specific service within the ATWC. ATWC may have different services and it is equally applicable to all services and both public and private centres.

Purpose of the Standards

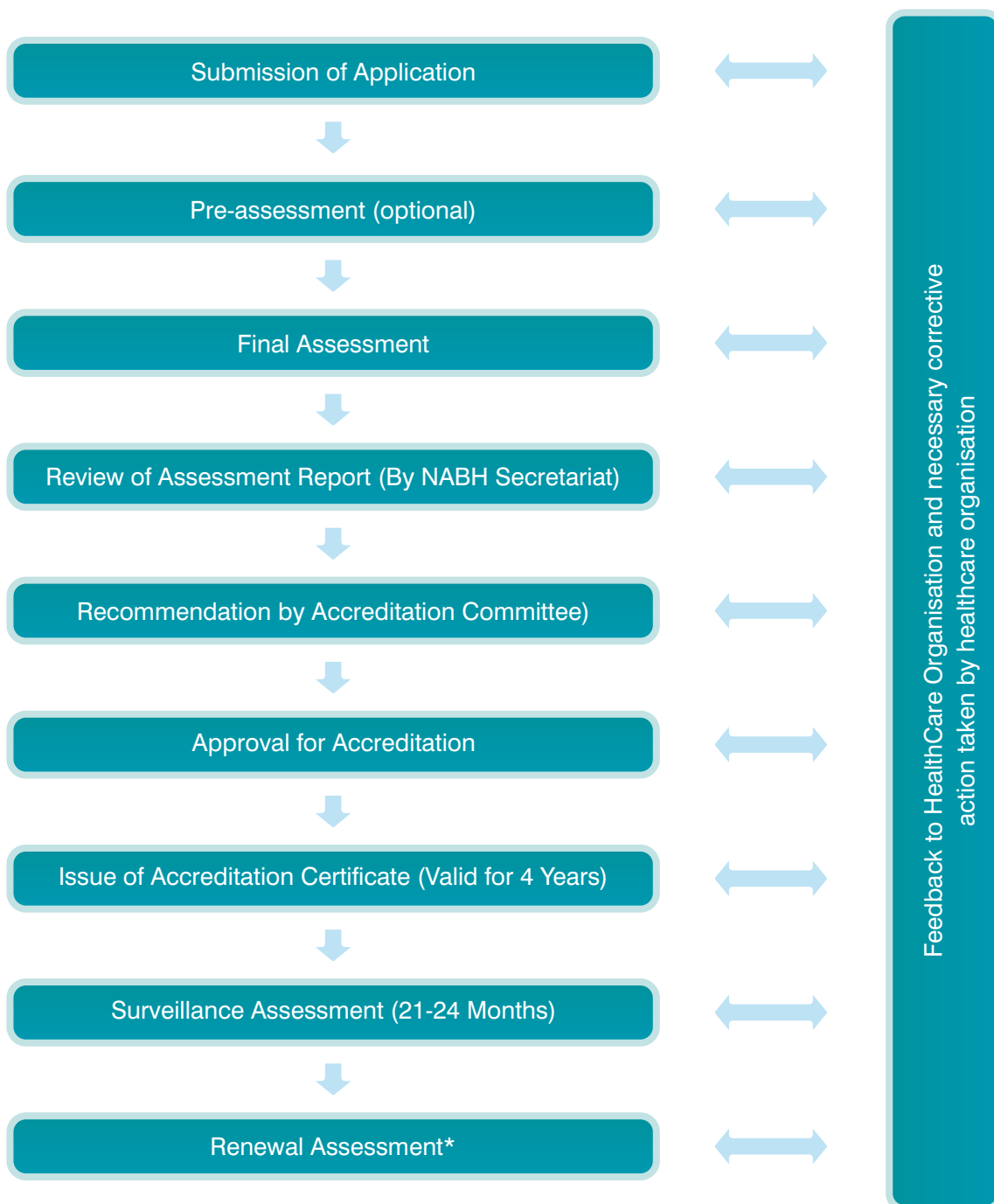
The aim of the standards is to achieve an acceptable level of performance with a view to:

- Improve public trust and community confidence that the organisation is concerned for patient safety and the quality of care;
- Ensure that they listen to patients and their families, respect their rights, and involve them in the care process as partners;
- Ensure that they provide a safe and efficient work environment that contributes to staff satisfaction and improves overall professional development;
- Provide an objective system of empanelment by insurance companies and other third parties.

In addition, these standards can also be used to:

- Guide the efficient and effective management of the ATWC;
- Guide the organisation in the delivery of patient care services and in their efforts to improve the quality and efficiency of those services;
- Review the important functions of the ATWC;
- Provide an opportunity to explore compliance expectations of standards and the additional requirements related to safety and regulation.

Overview of the NABH Accreditation Process



* For Renewal Assessment, the accredited ATWC has to apply 6 months prior to expiry of validity of accreditation.

How to read the standard?



The standards focus on the key points required for providing patient-centred, safe and high-quality care. The interests of various stakeholders have been incorporated into the standards. The standards provide a framework for quality assurance and quality improvement. The focus is on patient safety and quality of patient care. It sets forth the basic standards that organisations must achieve to improve the quality of care. The requirements have been divided into ten chapters. The first five chapters are “patient centric” and the last five chapters are “organisation centric”. The ten chapters are:

1. Access, Assessment and Continuity of care (AAC)
2. Care of Patients (COP)
3. Management of Medication (MOM)
4. Patient Rights and Education (PRE)
5. Infection Prevention and Control (IPC)
6. Patient Safety and Quality Improvement (PSQ)
7. Responsibility of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)

Every chapter begins with an ‘intent’. The intent states the broad requirements of what the organisation needs to put in place and implement to improve the quality of care. This is followed by the ‘summary of standards’ which lists all the standards of that chapter. The standards and objective elements are explained after the summary.

What is a Standard?

A standard is a statement of expectation that defines the structures and processes, that must be substantially in place in an organisation to enhance the quality of care. The standards are numbered serially, and a uniform system is followed for numbering. The first three letters reflect the name of the chapters and the number following this reflects the order of the standard in the chapter. For example, AAC.1. would mean that it is the first standard of the chapter titled ‘Access, Assessment and Continuity of Care’.

What is an Objective Element?

It is that component of standard which can be measured objectively on a rating scale. Acceptable compliance with objective elements determines the overall compliance with a standard. The objective element is scored during assessments to arrive at the compliance. The objective element is numbered alphabetically in a serial order. For example, AAPC.1.c would mean that it is the third objective element of the first standard of the chapter titled 'Access, Assessment, and Continuity of care'.

What is an Interpretation?

The interpretation provides guidance on what the organisation needs to do to ensure that the requirement(s) of the objective element is met. Where applicable, it provides references and suggests a specific methodology that the organisation needs to adhere to. The word 'shall/should' or 'will/would' is used to reflect a mandatory requirement. The interpretation also lists out desirable aspects for the organisation to implement, and the word 'can/could' is used to reflect this. During scoring, the desirable aspects are not considered, and they are only used to reflect on the overall achievement of the standard, which is reflected in the assessment report. At places, the interpretation would not be specific and would have used the words like 'adequate/appropriate'. This has been done keeping in mind the diverse nature of healthcare delivery and adhering to the intent of the standard which is to improve the quality of healthcare and at the same time, be feasible. The expectation is that whenever such a phrase has been used in the interpretation/objective element, the organisation shall base its practice on evidence-based/best practice. In some places, the interpretation has listed out examples. The examples are only illustrative in nature, and the organisation has the liberty to decide, what/how to implement. However, the requirement of the objective element would have to be adhered.

Other Sections Included in the Standards Book

About NABH

- Scope and purpose of the standards
- Overview of the NABH accreditation process
- Abbreviations
- Glossary

In the book, certain objective elements require mandatory system documentation. The same have been identified by the * (asterisk) mark. A detailed guide on documentation is provided in the next section.

System Documentation

Introduction

Documentation for systems is complicated and best left to specialists in this line, is a perception that is wrongly carried by even the organisations which have well established, functioning, and externally assessed quality systems. It is a notion that is far removed from the truth. An attempt is made here to clear the concepts of documentation and make it simple enough to be carried out by the staff who is responsible for executing various tasks in the organisation without depending on anyone else. This will keep the documentation closer to reality and flexible in the hands of the organisation and will also reduce the dependence on external sources for creating documents that are many times far removed from reality.

Why do we need documentation?

The fundamental purpose of documentation is the standardisation of actions across various departments and functional units in the organisation. Documentation is required for clarity on actions, continuity of systems, and information on the established system that is common to all levels of staff. Therefore, the documentation has various components:

- **Operation System Documentation:** It defines the procedures and processes that are required to be carried out in a standardised manner.
- **Quality System Documentation:** The actions that are specifically required for activities that are related to the quality system and are not covered under operation system documentation.
- **Specialised Documentation:** Safety system documentation and business continuity documentation etc.

Type of documents

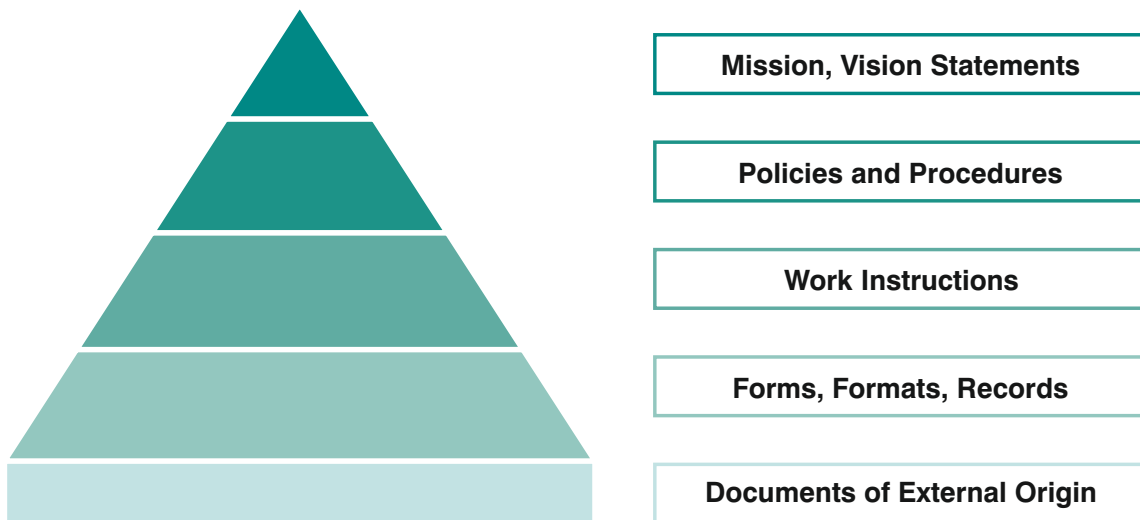
From the top level of planning to the level of maintaining records of activities, the documentation follows a general principle as below:

1. **Policy Documents:** Mission Statement, Vision Statement, Strategic plans, Policies which transcend time and act as guidance in the changing scenarios of the operational, legal, technologically changing environment in which the organisation conducts its activities. They are the principles on which planning is based while adapting to the changes.
2. **System Documentation:** Operational and quality system documentation to carry out the activities in conformance with the mission and vision statement. This includes what is commonly known as Standard Operating Procedures or SOPs.
3. **Work Instructions:** These are instructions in a detailed manner for executing tasks, including the physical steps to be carried out.

4. Forms and Formats: These are various forms and formats to capture information as a record of the execution of various activities. The records are filled forms. The forms, formats, and records can be in a physical or electronic form. These can be entries as numerical, text, image, sound, etc.

Many organisations add a fifth category to this as Externally Acquired documents such as licenses, statutory clearances, Legal contracts and Memoranda of Understanding, etc.

The documentation structure, if visualised as a pyramid, appears as below:



Vision Statement: Vision statement defines the direction that the organisation wants to chart.

Mission Statement: Mission statement defines the purpose for which the organisation exists.

Policies: These are statements that transcend time to decide on the way the activities of the organisation shall be executed. These statements connect mission and vision statements with the processes and procedures of the organisation. These may change over a relatively moderate time frame of a few years. Whenever these are developed or altered, they will always be guided by the mission and value statements forming a link between the mission and value statements and the actions on the ground which are documented through the standard operating procedures.

Standard Operating Procedures: These documents define the steps that will be carried out to complete tasks or parts of tasks. These are also known as Operations Documentation or Operations Manual. They can be in the form of multiple manuals specific to departments, or a group of related tasks and will have documentation for the processes and procedures related to the concerned department, a section or activity. The term standard refers to its being standardised for the time being and does not mean that it cannot be altered. Most of the organisations which actively follow systems will address review of these documents for correctness and adaptation at least once a year and sometimes even twice a year. It is essential that these documents are kept relevant to the requirements of alteration to the processes and procedures that are necessary from time to time due to the improvements, change in technology, and changes to statutory norms, etc. The term standard, therefore, refers to its current relevance rather than its permanent nature and everlasting non-alterability. This is important to understand because many organisations are reluctant to alter these documentations mistaking the word standard for unalterable, sometimes even after their processes have changed.

Forms and formats: Capture of information in a complete and relevant manner must be done in a standardised manner. This is achieved through various forms and formats to maintain the records of activities. The forms can be a single page, multipage or a register in which entries are made. The purpose can be from just capturing whether an activity was carried out to a very elaborate capture of values related to many parameters related to the activity. An example of the former is tick marking when some action was carried out and an example of the latter being an elaborate record of the initial assessment of a patient on arrival to the ward. Records are filled forms and formats. Forms and formats can be altered through the set alteration process, but records cannot be altered. Forms, formats, and registers are also a part of the system of controlled documents and must have their identity. It is not always necessary to number each form, and this will depend on whether the organisation wants to assign a separate identity to each filled form which is rarely required.

Documents of External Origin: For the sake of making the documentation system inclusive, some organisations include documents of external origin in their documentation system. These are licenses, statutory documents, memoranda of understanding with various organisations, etc. and are not alterable.

Temporary Documents: Many notes, documents, records are created in an informal manner during the execution of processes. These help in reducing errors or are intermediaries to further calculations. These are not necessarily maintained in a set format and can be rough entries on notepads and diaries, etc. They need not be preserved if the information content does not have lasting importance and the final entry is anyway going to be made in a set format. Such documents do not form a part of the formal documentation system.

Documentation related to processes and procedures

The documentation related to processes and procedures deals with operating procedures, quality system procedures and safety procedures, etc. These documents are commonly known as Standard Operating Procedures or SOPs. This can be documented as steps which are numbered or bulleted or in the format of flow charts. Flowcharts use a method of commonly recognised symbols, such as a circle or ellipse for start or end of the process, rectangle for activity, diamond for a decision making step and picture of rolled partially document for the steps where documentation is necessary etc. Most of the word processing software applications have these symbols inbuilt for use.

Which processes should be documented?

Organisations sometimes fall into a dilemma about the extent of documentation that should be followed. Though the list is not exhaustive, the following processes and procedures require documentation:

- Procedures which are required to be followed uniformly at various locations across the organisation.
- Procedures which are required to be followed uniformly across time.
- Procedures which, if not followed uniformly and correctly will increase the risk to patients, staff or visitors .
- Procedures which, if not followed uniformly, can lead to serious consequences concerning the loss of material, time, physical damage, equipment, etc.
- Procedures which are complicated leading to either missing of some steps or risk of variation in their execution.

- Procedures which are required to be followed uniformly in spite of high turnover of human resources.
- Procedures which are specific to the organisation as against procedures which are universally accepted or that are part of standard curricula of those professionals who carry out these procedures.

How to develop documentation that is easy to follow?

The following steps can help in developing documentation that is easy to follow:

- Providing a clear plan of documentation architecture. This can be as a print map or in electronic form.
- Using a uniform format to ensure uniformity in visual appearance of documents to cover their appearance, fonts, symbols, page layout, etc.
- Adding colour codes, font changes for different documents.
- Participation of staff that is involved in carrying out the activities in the development process for documentation.
- Using the same language and structure as per the users.
- Using a direct form of speech (active) than the indirect form (passive).
- Providing chapter index or index of words.
- Sequencing activities as per their actual sequence of execution in real time.
- If necessary replicate the documentation related to specific processes and procedures within all relevant documents with a clear reference to the original document.
- Making relevant documents available at the location of use.
- Keeping relevant documents available all days of the year and all times of day and night as per the requirements of execution of the activities.
- Removing obsolete documents from all locations, other than those retained for archiving.

Controlled Documents

As mentioned above, documents bring uniformity and clarity for execution of activities in the organisation. It is, therefore, imperative that they are not altered without the knowledge of the creator or the staff who is specifically authorised for this purpose. Such documents are known as controlled documents. All types of documents described above come under this category, except for temporary documents.

Characteristics of controlled documents:

- Each document is named.
- The purpose of the document is defined.
- There is a date of creation of the document.
- There is a date of approval of the document.
- There is a date of review of the document.
- There may be a date of expiry of the document.
- Signatory for creation is defined.
- Signatory for approval is defined.
- The document may have a number assigned to it.

- The signatory for alterations is defined (this may be the same or different from the creator).
- Each page is numbered.
- The document may have a number assigned to it.

This information about the identity of the document may be contained in the form of a box (control box) or otherwise at the top of the document. This information is an integral part of each controlled document. The designation of authorised staff for preparation/review/release or issue of the document with the corresponding signature is maintained at the bottom of the page. The dates related to the document may be mentioned at the beginning page of the document and may not be there on each page, though most organisations put it on each page. The alphanumeric identity, if assigned to these documents must form a system that may include department, a section of the department, purpose or activity referred in the document, version number of the document, page number. The purpose of this exercise is to create a unique identity for each page of the controlled document. It is not mandatory to have an expiry date for the document.

An example of the control box is given below:

Name of Organisation	Document Code	Date of Issue	Date of next revision / validity

A similar box appears at the bottom of the page for the signatory, an example of which is given below:

Authorised by: Designation	Issue No./Version No./	Issued by: Designation
Signature		Signature

Body of Document

There are many formats for the documentation of the contents. One of them is given below:

Name of Organisation	Document Code	Date of Issue	Date of next revision / validity
Dept. Name/Process			

Body of document

There are many formats for the documentation of contents. One of them is given below:

- Name of the Document:
- Purpose of the Process that is documented
- Start point
- End Point
- Procedure:
 - Step 1: XXXXXXXXXXXXXXXX
 - Step 2: XXXXXXXXXXXXXXXX
 - Step 3: XXXXXXXXXXXXXXXX
 - Step n: XXXXXXXXXXXXXXXX
- Related Records
- Related documents

Manuals

One category of controlled documents is manuals. Manuals are documents that are used by various departments as against the SOPs which pertain to a particular department. Some of the examples of manuals are which deal with various specific functions such as infection control, safety and quality, etc. If the departmental SOPs are vertical and restricted to a particular department, then the manuals are horizontal and are used across many departments. The format of a manual is similar to the SOPs but has reference to or duplication of departmental SOPs that have relevance to the subject of the manual, and are required to be duplicated for coherence and completeness.

Scoring

The objective elements stated in the standards are scored during the assessment. The same should also be used for scoring during the self-assessment. This scoring is to be done using a five-point scale. When applying a score, the following rationale to determine the level of compliance shall be used.

Score	Rationale
1	<p>No compliance</p> <ul style="list-style-type: none"> • No systems in place and there is no evidence of working towards implementation • None or little ($\leq 20\%$) of the samples meet the requirement(s) of the objective element • Non-conformity exists
2	<p>Poor compliance</p> <ul style="list-style-type: none"> • Elementary (limited) systems in place and there is some evidence of working towards implementation • Minimal (between 21-40%) of the samples meet requirement(s) of the objective element • Non-conformity exists
3	<p>Partial compliance</p> <ul style="list-style-type: none"> • Systems are partially in place, and there is evidence of working towards implementation • Some (between 41-60%) of the samples meet the requirement(s) of the objective element • Non-conformity exists
4	<p>Good compliance</p> <ul style="list-style-type: none"> • Systems are in place, and there is evidence of working towards implementation • The majority (between 61-80%) of the samples meet the requirement(s) of the objective element • Non-conformity could exist
5	<p>Full compliance</p> <ul style="list-style-type: none"> • Systems are in place, and there is evidence of implementation across the organisation • Almost all (between 81-100%) of the samples meet the requirement(s) of the objective element • No Non-conformity

The basis for scoring shall be implementation. However, if there is inadequate/ inappropriate system documentation, the score could be

NOT APPLICABLE (NA) CRITERIA

There could be a few standards/objective elements that may not be applicable to some organisations. A standard/objective element may be described as not applicable when the statement/content of the element would never occur in the organisation. The organisation has to identify such standard/objective element before the assessment and inform the NABH secretariat of the same. During the assessment, the assessment team shall discuss the same with the organisation and a final list shall be arrived at.

Accreditation Decision and Maintenance of same

After the completion of the final assessment, the assessment team submits the report and the score sheet to the National Accreditation Board for Hospitals and Healthcare Providers (NABH). The organisation is expected to submit the corrective and preventive actions/action plan with timelines for rectifying the identified non-conformities. The corrective and preventive actions /action plan is reviewed by the assessment team, and a comment is placed indicating acceptance or non-acceptance.

The accreditation committee reviews the assessment report, the score sheet and the submitted action plan with timelines and the assessment team's comments regarding the same. Following the review, a decision is taken.

Accreditation decision criteria following the final assessment

For an organisation to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. The score for every CORE objective element must not be less than 4.
2. No individual standard should have more than one objective element scored as 2 or less.
3. The average score for individual standards must not be less than 4.
4. The average score for an individual chapter must not be less than 4.
5. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of the final assessment, only the objective elements marked as 'CORE and commitment' level are considered for scoring. Hence, the overall compliance of 80% corresponds to a score of numerator (120x4) and denominator (120x5) i.e. $480/600 = 80\%$. In case of the not applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

Award

If the organisation meets the criteria listed above, the organisation will be awarded accreditation status for four years with effect from the date of the accreditation committee meeting when the result is formally approved.

Maintaining The Award

The standards are designed to measure and support the continual improvement of an organisation's operation. Continuing accreditation status will be subject to the outcome of the surveillance assessment and the re-accreditation assessment. The criteria for maintaining accreditation following these assessments are listed below.

Accreditation decision criteria following the surveillance assessment

For an organisation to continue to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. Overall compliance rate of at least 80% for objective elements at 'commitment' level.
2. Overall compliance rate of at least 80% for objective elements at 'achievement' level.
3. Improvement in the score of objective elements from the previous assessment, which were scored as 2 or less.
4. The score for every core objective element must not be less than 4.
5. No individual standard should have more than one objective element scored as 2 or less.
6. The average score for individual standards must not be less than 4.
7. The average score for an individual chapter must not be less than 4.
8. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of the surveillance assessment, only the objective elements marked at 'CORE', 'commitment' and 'achievement' level are considered for scoring. The compliance of 80% of the 'CORE' and 'commitment' corresponds to a score of numerator (120x4) and denominator (120x5) i.e. $480/600 = 80\%$. In addition to the 'CORE' and 'commitment', the compliance of 80% of the achievement level corresponds to the score of numerator (10x4) and denominator (10x5) i.e. $40/50 = 80\%$. Hence, the cumulative score for 'CORE', 'commitment' and 'achievement' for surveillance assessment corresponds to the numerator (130x4) and denominator (130x5) i.e. $520/650 = 80\%$. In case of the not applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

Accreditation decision criteria following the re-assessment

For an organisation to continue to be re-accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. Overall compliance rate of at least 80% for objective elements at 'commitment' level.
2. Overall compliance rate of at least 80% for objective elements at 'achievement' level.
3. Overall compliance rate of at least 80% for objective elements at 'excellence' level.
4. Improvement in the score of objective elements from the previous assessment, which were scored as 2 or less.
5. The score for every core objective element must not be less than 4.
6. No individual standard should have any objective element scored as 2 or less.
7. The average score for individual standards must not be less than 4.
8. The average score for an individual chapter must not be less than 4.
9. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of there-accreditation assessment, all the objective elements marked at 'CORE', 'commitment', 'achievement' and 'excellence' level are considered for scoring. The compliance of 80% of the 'CORE' and 'commitment' corresponds to a score of (120x4) and denominator (120x5) i.e. $480/600=80\%$. In addition to the 'CORE' and 'commitment', the compliance of 80% of the achievement level corresponds to the score of numerator (10x4) and denominator (10x5) i.e. $40/50 = 80\%$ and compliance of 80% of the excellence level, corresponds to score of numerator (11*4) and denominator (11x5) i.e. $44/55 = 80\%$. Hence, the cumulative score for 'CORE', 'commitment', 'achievement' and 'excellence' for re-accreditation assessment corresponds to the numerator (141x4) and denominator (141x5) i.e. $564/705=80\%$. In case of then applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

The table below summarises the accreditation decision criteria.

	Final	Surveillance	Re-accreditation
Overall compliance (cumulative score)	≥ 80%	≥ 80%	≥ 80%
Commitment (cumulative score)	≥ 80%	≥ 80%	≥ 80%
Achievement (cumulative score)	NA	≥ 80%	≥ 80%
Excellence (cumulative score)	NA	NA	≥ 80%
Core Objective (individual OE score)	≥ 4	≥ 4	≥ 4
Average score for individual standard	≥ 4	≥ 4	≥ 4
Average score for individual chapter	≥ 4	≥ 4	≥ 4
Improvement in the score of OEs that have been scored ≤ 2 in the previous assessment	NA	Required	Required
Individual standard with OEs < 2 (number)	1	1	NA
Closure for OEs with a score of ≤ 3	Required	Required	Required

NA = Not Applicable

ABBREVIATIONS

ABHA	Ayuhman Bharat Health Account
ATWC	Ayush Treatment and Wellness Centre
ACLS	Advanced Cardiac Life Support
BLS	Basic Life Support
BP	Blood Pressure
BAMS	Bachelor of Ayurvedic Medicine and Surgery
BHMS	Bachelor of Homeopathic Medicine and Surgery
BMW	Bio Medical Waste
BUMS	Bachelor of Unani Medicine & Surgery
BSMS	Bachelor of Siddha Medicine and Surgery
BNYS	Bachelor of Naturopathy & Yogic Sciences
BSRMS	Bachelor of Sowa Rigpa Medicine and Surgery
CCTV	Closed Circuit Television
CDC	Centers for Disease Control and Prevention
CCS (CCA)	Central Civil Services (Classification, Control and Appeal)
CST	Continue Same Treatment
EMR	Electronic Medical Record
FSN	Fast-moving, Slow-moving and Non-moving
FEFO	First Expire First Out
HIS	Hospital Information System

ID	Identification
IEC	Information Education & Communication
MoU	Memorandum of Understanding
NOC	No Objection Certificate
NCISM	National Commission for Indian System of Medicine
NCH	National Commission for Homoeopathy
OPD	Out Patient Department
PPE	Personal Protective Equipment
STG	Standard treatment guidelines
TLD	Thermo Luminescent Dosimeter
VED	Vital, Essential, Desirable
WHO	World Health Organisation

Summary of Chapters, Standards and Objective Elements

Accreditation Standards for ATWC						
	Standard	Objective Elements	Core	Commitment	Achievement	Excellence
AAC	6	19	5	13	1	0
COP	6	18	5	6	2	5
MOM	7	30	10	15	3	2
PRE	5	20	6	13	1	0
IPC	2	8	4	4	0	0
PSQ	2	4	0	2	2	0
ROM	4	12	3	7	1	1
FMS	3	10	2	7	0	1
HRM	3	10	2	8	0	0
IMS	2	10	1	7	0	2
Total	40	141	38	82	10	11

Chapter 1

Access, Assessment and Continuity of Care (AAC)

Intent of the chapter

The ATWC defines the scope of its services and provides information to patients about the available services. This will facilitate matching patients appropriately with the ATWC's resources. Once the patient is at the ATWC, the patient is registered and assessed in OPD

A standardized approach is used for referring or transferring out patients, in case the services they need do not match with the services available at the ATWC. The chapter lays down key safety and process elements that the organisation should meet, in the continuum of the patient care within the Ayush Centre and until discharge.

SUMMARY OF STANDARDS

AAC.1.	The ATWC defines and displays the scope of services that it provides.
AAC.2.	The ATWC has a well-defined patient registration process and appropriate mechanism for referral of patients who do not match with its scope of services.
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 of the ATWC.
AAC.5.	Imaging services, if provided, are as per the scope of services of the ATWC.
AAC.6.	The ATWC has an established discharge process and defined contents of discharge summary in case it admits the patients.

*This implies that the objective element requires documentation

Objective Elements

Objective Element	AAC.1.	AAC.2.	AAC.3.	AAC.4.	AAC.5.	AAC.6.
a	Commitment	CORE	CORE	CORE	CORE	Commitment
b	Commitment	Commitment	Commitment	Commitment	Commitment	Commitment
c		Commitment	Commitment	Commitment		Commitment
d			CORE			
e			Commitment			
f			Achievement			

Standards and Objective Elements

Standard

AAC.1.

The ATWC defines and displays the scope of services that it provides.

Objective Elements

Commitment a. The ATWC defines the scope of services it provides. *

Interpretation: The services provided shall be defined by management of the ATWC. The services shall be in consonance with the requirements of the community. The scope provided by the ATWC could be Ayurvedic treatments including Panchakarma/homeopathic treatments/Unani treatment/Siddha treatment/Sowa-rigpa treatments/Yoga and Naturopathy treatments etc. The ATWC could also define the detailed scope of services, for example, Panchkarma, Kayachikitsa, Shalya Tantra, Shalakya Tantra, Stree Roga evam Prasuti Tantra in an Ayurveda Centre could be defined. The ATWC providing Siddha services could have Pothu Marutthuvam, Siddha Gunapaadam, and Sirappu Marutthuvam etc. in its scope. The ATWC providing Unani services could have Moalajat, Jarahat, Qabalat wa Amraze Niswan, Jild wa Tazeeniyat, Amraz-e-Atfal, Tahaffuzzi wa samaji Tibb etc. in its scope. Expertise for the defined service shall be available.

Commitment b. The scope of services provided are displayed prominently.

Interpretation: The defined scope of services shall be displayed prominently in a permanent manner in an area visible to all patients entering the ATWC. The display could be in the form of boards, citizen's charter, scrolling messages etc. Care shall be taken to ensure that the scope of services is displayed in a language(s) the patient understands. Display in the form of brochures only shall not be acceptable. Display shall be at least bi-lingual where one language should be preferably local.

Standard

AAC.2.

The ATWC has a well-defined patient registration process and appropriate mechanism for referral of patients who do not match with its scope of services.

Objective Elements

CORE

a. Written guidance governs the patient registration process.*

Interpretation: The ATWC shall prepare a document(s) detailing the process for registration of patients, which shall include day care patients / emergency patients and unidentified persons who seek medical help. All patients who are assessed in the ATWC shall be registered. A unique identification number shall be generated at the end of registration process. Registration process should be done preferably through ABHA id number.

Commitment b. Patients are accepted only if the ATWC can provide the required services.

Interpretation: The staff handling registration shall be aware of the services provided by the ATWC. In case of emergency, life-saving treatments shall be initiated before any decision is taken regarding registration/ referral.

If the patient's needs do not match the ATWCs' resources, the centre could guide the patient in identifying appropriate sources of care.

Commitment c. The patients are prioritized as per clinical needs.

Interpretation: The patient registration and assessment process shall be designed to give priority to those who require urgent care.

Standard

AAC.3.

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

Objective Elements

CORE

a. Written guidance governs the content of the initial assessments. *

Interpretation: Content of initial assessment shall be defined and implemented.

At the minimum, it shall include the vital signs, presenting complaints and provisional diagnosis leading to documented plan of care.

The initial assessment could have additional elements as per the scope of services e.g. prakriti pariksha findings in case of Ayurveda and Panchakarma centres. The ATWC could have different assessment criteria for the first and subsequent visits.

The ATWC shall ensure that only appropriately qualified and credentialed staff carry out the assessment of the patients.

For day care patients the assessment findings shall be documented in a uniform manner and location in patient's medical record and same shall be readily available to those who are responsible for the patient's care. The care plan shall be documented by doctor of Ayush discipline.

Commitment

b. Initial assessment is initiated in a defined time frame. *

Interpretation: Written guidance shall define the timeframe within which the initial assessment shall be initiated.

Commitment

c. The ATWC identifies special needs of the patient.

Interpretation: The patients with special needs (for example, need for speech therapy, occupational therapy and nutritional needs etc.) shall be appropriately identified and guided to avail such services within/outside the ATWC as per the scope of services of centre.

CORE

- d. **Day care patients are re-assessed to determine their response to treatment and to plan further treatment or discharge.**

Interpretation: After the initial assessment, the patients shall be reassessed periodically and the same shall be documented in patient medical record. The frequency could be different for different conditions.

The care plan shall be subjected to modifications or changes at reassessments.

Every patient in day-care shall be reassessed by treating doctor/doctor member of the team within their scope of practice and registration, at least once after admission, once before discharge and in between depending upon the clinical condition of the patient.

Commitment

- e. **Patients are informed of their next follow-up, where appropriate.**

Interpretation: The information could be either in terms of specific date or after a certain period (weeks/months). The same shall be documented in outpatient consultation sheet or in discharge record of day-care patients.

This shall not be applicable in cases where the patient has come for just an opinion or the patient's condition does not warrant a repeat visit.

Achievement

- f. **The ATWC has a process to identify the transportation needs of the patients and facilitate the same, as applicable. ***

Interpretation: The ATWC shall identify conditions in which patients need to be transported to another facility, for example, for investigation/emergency medical condition. The ATWC shall have the contact details of the ambulance or transport vehicle providers and shall be able to arrange an ambulance or transport vehicle in case the patient is to be transported.

Standard

AAC.4.

Laboratory services, if provided, are as per the scope of the services at the ATWC.

Objective Elements

CORE

- a. **Lab services, if provided in house, are commensurate with the scope of services and comply with applicable local/ and national standards, laws and regulations.**

Interpretation: The scope of the laboratory services whether provided in-house or by outsourced/referral centre shall be clearly defined. In case of in-house services, adequately qualified and trained personnel shall perform and supervise the investigations and report the results. In case of outsourced/referral laboratory, the ATWC shall have a valid MoU available with it.

Commitment

- b. **Written guidance govern collection, identification, handling, safe transportation, processing, reporting and disposal of specimens if there is laboratory. ***

Interpretation: The ATWC shall document the procedures for collection, identification, handling, safe transportation, processing and disposal of specimens, to ensure safety of the specimens until the tests and retests (if required) are completed.

Commitment

- c. **The ATWC shall have a laboratory safety programme if it provides in-house laboratory services. ***

Interpretation: The laboratory safety programme shall address handling and disposal of infectious and hazardous materials. The laboratory safety programme shall ensure that the Laboratory personnel are provided with adequate safety measures and trained on occupational hazards and other aspects of laboratory safety. All the staff working in laboratory shall be provided necessary personal protective equipment.

Standard

AAC.5.

Imaging services, if provided, are as per scope of services of the ATWC.

Objective Elements

CORE

- a. Imaging services, if provided, in house, are commensurate with the scope of services and comply with applicable local/ and national standards, laws and regulations.**

Interpretation: The ATWC could have availability of imaging services commensurate with the health care services offered by it, either by providing the same in house or by outsourcing/referral.

The ATWC shall comply with the legal and other requirements of imaging services and the same shall be documented for information and compliance by all concerned in the ATWC. The ATWC shall maintain and update its compliance status of legal and other requirements in a regular manner.

Qualified and trained personnel shall perform, supervise and interpret the investigations.

AERB guidance (<https://aerb.gov.in>) could be used as a reference document.

- Commitment b. The ATWC shall have a documented radiation safety programme if it provides in-house radiology services. ***

Interpretation: The radiation safety programme shall address the patient and staff safety, ensures that imaging signages are prominently displayed in appropriate locations and imaging personnel are provided with appropriate radiation safety devices (e.g. TLD badges, gonadal shields etc.) and training of staff in imaging safety practices and radiation safety measures.

Standard

AAC.6.

The ATWC has an established discharge process for day care patients 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.

Interpretation: The patient's treating doctor shall determine the discharge process for day care patients in consultation with the patient and family.

- Commitment b.** A discharge summary shall be given to all the day care patients leaving the organisation.

Interpretation: A discharge summary shall be provided to all the patients leaving the organisation including the patients leaving against medical advice and discharge on request at the time of discharge. The discharge summary shall be signed by the Ayush doctor. The patient/family shall acknowledge the receipt of the same. The ATWC hands over the discharge summary and any other reports to the patient/attendant in all cases, and a copy is retained in the ATWC record. Day wise post treatment advice

- Commitment c.** The discharge summary contains follow-up advice, medication, other instructions and when and how to obtain urgent care in an understandable manner.

Interpretation: The ATWC shall ensure that the follow up advice, medication and other instructions shall be explained to the patient/ relative in a language and manner that they understand. The ATWC shall define the clinical conditions when the patient has to contact the doctor/treating team. The ATWC shall also define how to obtain urgent care in case of emergency beyond the working hours of the facility. Medical terms like BD, TDS, QID shall not be used in discharge summary

Chapter 2

Care of Patients (COP)

Intent of the chapter

The standards in this chapter aim to guide and encourage the ATWC to provide uniform care to the patients. The ATWC is also encouraged to identify and adapt clinical guidelines, to bring uniformity in patient care.

SUMMARY OF STANDARDS

COP.1.	Care and treatment is provided in a uniform manner.
COP.2.	The ATWC provides treatment and care as per established guidelines.
COP.3.	Written guidance governs the care and treatment of vulnerable patients.
COP.4.	Rehabilitation services if provided to the patients, are in a safe, collaborative and consistent manner.
COP.5.	Nutritional assessment and diet planning of the patients is done as per the written guidance.
COP.6.	The preventive and promotive health services are provided in a safe, collaborative and consistent manner.

*This implies that the objective element requires documentation

Objective Elements

Objective Element	COP1.	COP2.	COP3.	COP4.	COP5.	COP6.
a	CORE	Excellence	Commitment	Achievement	CORE	Excellence
b	CORE	Commitment	CORE	Excellence	Commitment	Excellence
c	Commitment	CORE	Commitment	Achievement	Commitment	
d				Excellence		

Standards and Objective Elements

Standard

COP.1.

Care and treatment are provided in a uniform manner.

Objective Elements

CORE

a. Uniform care is provided following written guidance. *

Interpretation: Care delivery shall be guided by clinical needs of the patient and not by the class or the category of the patient.

Uniform care delivery shall be applicable, irrespective of setting/ category, and whether the patient is paying or non-paying or supported by government or under the private insurance schemes, for example, the decision to offer any form of intervention or medication, frequency of doctor visit, nature of support care, decision to discharge (in case of day care) shall not be influenced by the class or category of the patient rather shall be decided by the clinical needs of the patients. Further, in case the ATWC has separate OPD timings for different category of patients, the methodology for uniform care delivery shall be followed in all OPDs, for example, prescription shall be given to all visiting patients.

CORE

b. During all phases of care, there is a qualified individual available for the patient's care.

Interpretation: The ATWC shall ensure that the patients care is always done by doctor of Ayush discipline who is appropriately qualified and registered as per applicable statutory body. The ATWC could refer the requirement of National Commission for Indian System of Medicines, National Commission for Homeopathy and respective registration state councils/boards.

Although members of Ayush team could provide patient care, the ATWCs' records shall identify a doctor of Ayush discipline as being responsible for patient care.

- Commitment c. The care and treatment orders are signed, named, timed and dated by the treating doctor.**

Interpretation: All the care and treatment orders shall bear treating Ayush doctor's signature, name, time and date in a legible manner.

This shall also be applicable in situations like hand over on the phone of particular patient, or transfer in or transfer out of the patient to and from the ATWC.

Standard

COP.2.

The ATWC provides treatment and care as per established guidelines.

Objective Elements

- Excellence a. The ATWC adapts evidence-based clinical practice guidelines.**

Interpretation: Clinical practice could be guided by national guidelines and evidence-based medicine.

STGs notified under official website of Ministry of Ayush, Government of India or respective state governments or any other competent authorities could be good starting point. The ATWC could refer the following link for Standard treatment guidelines for various disciplines as per their scope of services:

https://namayush.gov.in/sites/all/themes/webcms/images/org_str/ASTG_Book.pdf

https://namayush.gov.in/sites/all/themes/webcms/images/org_str/SiddhaStandardTreatmentGuidelines.pdf

<https://www.ccrhindia.nic.in/admnis/admin/showimg.aspx?id=9492>

https://ccrum.res.in/writereaddata/UploadFile/Common%20Diseases,%20Vol%20II_1223.pdf

- Commitment b. Nursing /therapeutic care is provided to patients in accordance with standards of the concerned Ayush discipline***

Interpretation: Therapeutic care by nursing or therapist shall be in accordance with standards of the concerned Ayush discipline.

- CORE c. Basic Life Support services are available to all patients, at all times when required.**

Interpretation: The ATWC shall have the basic life support services available all the time whenever required. BLS shall be initiated as soon as possible when the patient's condition requires cardiopulmonary resuscitation and patient could be shifted to the appropriate care facility at the earliest.

Standard

COP.3.

Written guidance governs the care and treatment of vulnerable patients.

Objective Elements

- Commitment a. The ATWC identifies vulnerable patients and manages them as per the scope of services available. ***

Interpretation: The ATWC shall identify vulnerable patients. The vulnerable patients shall include, (but not be limited to) elderly, children, differently abled and / or mentally challenged, critically ill, pregnant women, patients receiving chemotherapy etc. The management of these patients shall be as per written guidance and in consonance with statutory requirements. The guidance shall include who is responsible for identifying and managing these patients. The organisation shall provide proper environment considering the requirement of the vulnerable patient, for example, fall prevention measures, anti-skid tiles etc.

CORE**b. Written guidance addresses handling of medico-legal cases. ***

Interpretation: The care provided to medico legal cases, documentation and intimation process of medico legal case to appropriate authority shall be in accordance with statutory requirements. The ATWC shall have a method to ensure preservation of medico-legal documents in accordance with statutory requirements.

Commitment**c. Written guidance governs the management of pain. ***

Interpretation: Pain management shall include screening for pain, pain assessment, pain mitigation techniques and monitoring of patients, when necessary. A detailed pain assessment and re-assessment shall be done when pain is the predominant symptom. Pain alleviation measures, therapies or medications shall be initiated and titrated according to patient's needs and response.

The ATWC could refer the Annexure I for pain assessment form.

Standard**COP.4.**

Rehabilitation services, if provided to the patients, are in a safe, collaborative and consistent manner.

Objective Elements**Achievement a. Rehabilitation services are in accordance with written guidance. ***

Interpretation: Rehabilitation services include physiotherapy, occupational therapy, speech therapy etc. The ATWC could provide in-house Rehabilitation services that is commensurate with its scope of services. In case the ATWC does not provide rehabilitation services, it could refer its patients to a centre with relevant facility.

Excellence **b. The ATWC adapts evidence-based clinical practice guidelines.**

Interpretation: Functional assessment and periodic re-assessment of the patients undergoing rehabilitation treatment shall be carried out.

Achievement **c. The rehabilitation services and care given to the patients are planned in a collaborative manner.**

Interpretation: The treating Ayush doctor, rehabilitation therapist/s and other professional experts plan the rehabilitation services and care for patients in a collaborative manner.

Excellence **d. The ATWC has adequate space and equipment for rehabilitation services.**

Interpretation: The ATWC shall have adequate space for rehabilitation services, if provided. The equipment shall be as per the scope of rehabilitation services provided.

Standard

COP.5.

Nutritional assessment and diet planning of the patients is done as per the written guidance.

Objective Elements

CORE **a. The ATWC conducts the nutritional assessment of all its patients.**

Interpretation: All the patients in the ATWC shall be assessed by an Ayush doctor for their nutritional needs. If the ATWC has a clinical nutritionist/dietician, the same could do the nutritional assessment of its patients. The findings of nutritional assessment shall be documented in patient medical record.

Commitment b. The therapeutic diet (pathya-ahar) is planned for patient wherever required.

Interpretation: The nutritional assessment should result in formulation of a therapeutic diet. An Ayush doctor shall plan the diet (do's and don'ts/pathya and apathya) of the patients and document the same in-patient medical records. If the ATWC has a clinical nutritionist, the same shall plan the diets in consultation with Ayush doctor. Patient's food habits, food allergies, likes and dislikes should be considered while planning the diet for the patient.

Commitment c. The patients and family members are educated about the diet plan.

Interpretation: The patients and or family members should be educated about the diet plan, for example, the ATWC with Ayurveda services should educate the patient about pathya-apathya ahar and virudhahar

Standard

COP.6.

The preventive and promotive health services are provided in a safe, collaborative and consistent manner.

Objective Elements

Excellence a. Written guidance governs the implementation of preventive and promotive care.*

Interpretation: Preventive care shall focus on measures taken to prevent the onset of diseases or health conditions before they occur, for example, health screening, health education, and lifestyle counselling (dinacharya, ratricharya, ritucharya, ritushodhana, rasayna and sadvrita in case of Ayurveda), based on age, gender and medical history. Promotive Care shall involve efforts to promote overall health and well-being among patients, families and community, for example, promoting healthy diet, Swarna prashan, Yoga, Meditation, Stress management, Mental health support and initiatives to improve overall quality of life through patient and family education.

Excellence **b. A multi-disciplinary approach is adopted in imparting health education on life-style modifications.**

Interpretation: Multi-disciplinary approach could include advice by Ayush doctors, nurse, clinical nutritionist/dietician, physiotherapist, occupational therapist and yoga instructor etc. wherever applicable. This shall include incorporating exercises, yoga and meditation etc. Family members shall also be educated towards cessation of tobacco, alcohol and substance abuse.

Chapter 3

Management of Medication (MOM)

Intent of the chapter

The ATWC 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 ATWC 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.

There are processes to ensure monitoring of patients after medication administration and procedures for reporting and analysing adverse drug reactions and medication errors.

SUMMARY OF STANDARDS

MOM.1.	The ATWC develops, updates and implements a drug formulary.
MOM.2.	Medications are stored appropriately and are available where required.
MOM3.	Medications are prescribed safely and rationally.
MOM.4.	Medications orders are written in a uniform manner.
MOM.5.	Medications are dispensed in a safe manner wherever applicable.
MOM6.	Medications are administered safely.
MOM.7.	Patients are monitored after medication administration in case of day care procedures.

*This implies that the objective element requires documentation

Objective Elements

Objective Element	MOM.1.	MOM.2.	MOM.3.	MOM.4.	MOM.5.	MOM.6.	MOM.7.
a	CORE	CORE	Commitment	CORE	CORE	CORE	CORE
b	Commitment	Commitment	CORE	Commitment	Excellence	Commitment	CORE
c	Achievement		Commitment		Commitment	Commitment	Commitment
d	Commitment		Achievement		CORE	Commitment	Commitment
e	Excellence		Achievement		CORE	Commitment	Commitment
f							Commitment

Standards and Objective Elements

Standard

MOM.1.

The ATWC develops, updates and implements a drug formulary.

Objective Elements

CORE

- a. **A list of medications appropriate for patients as per the scope of the clinical services is developed by ATWC.***

Interpretation: The list of the Ayush Medications which are prescribed to patients in ATWC, shall be prepared and compiled in form of drug formulary by a multidisciplinary committee or by at least a clinician. The drug formulary shall be revised and updated on regular basis. Drug formulary could be prepared keeping in mind the National List of Essential Ayush Medicines (NLEAM) given by Ministry of Ayush, Govt. of India. ATWC could also refer the Pharmacopoeial Publications for Ayurveda, Siddha, Unani and Homeopathy for the same depending upon its scope of services. This list could also include the patent and proprietary medicine as appropriate.

Commitment

- b. **The current drug formulary is available to Ayush doctors for reference.**

Interpretation: The current drug formulary shall be made available to all treating Ayush doctors. The ATWC shall ensure that Ayush doctors have access to the current version of the formulary. The formulary could be made available in either physical or electronic form.

Achievement

- c. **Ayush doctors adhere to the current drug formulary.**

Interpretation: The Ayush doctors shall ensure that the prescriptions are as per the formulary.

- Commitment** d. **The ATWC adheres to the written guidance for acquisition of formulary medications/preparation. ***

Interpretation: The ATWC should have written guidance for selection and evaluation of vendors/brands for formulary medications/preparations e.g. the ATWC should consider the acquisition of medications/preparation from a GMP certified pharmacy.

- Excellence** e. **The ATWC adheres to the procedure to obtain medications not listed in the formulary. ***

Interpretation: Written guidance shall be used to obtain medications not listed in the formulary. Whenever there is a local purchase of medication that is not listed in the formulary, the ATWC has a process of evaluation, authorisation and ratification and to decide on its subsequent inclusion in formulary if necessary.

Standard

MOM.2.

Medications are stored appropriately and are available where required.

Objective Elements

- CORE** a. **Medications are stored in a clean, safe and secure environment; incorporating the manufacturer's recommendation(s) if any.**

Interpretation: The medication storage space shall be clean, safe and secure. The ATWC shall adhere to the storage requirements of the Ayush Medicines if specified by the manufacturer. Expired drugs shall be stored separately away from drugs/ materials, which are intended for patient use.

It is preferable that the medication storage area is organised. No medications shall be kept on the floor. Overall cleanliness of the storage area shall be maintained. Light and ventilation of medication storage area shall be ensured.

Medications shall be protected from pilferage. Some of the ways of ensuring this could be limiting the access to the medication storage area, locking medication carts and never leaving the storage area unattended. The ATWC could conduct audits to check for loss or theft at regular intervals (as defined by the ATWC) to verify such instances.

Commitment b. Sound inventory control practices guide the medication management.

Interpretation: The ATWC could follow sound inventory control practices for example the drugs can be stored on basis of their expiry dates. Medications could be stored in an alphabetical order of their generic names. The ATWC could follow the inventory control practices like FEFO.

Medications shall be available at all times and replenished promptly when used. Adequate quantity of medications shall be stocked at all times. An inventory check shall be done periodically to ensure the same.

The ATWC shall have a mechanism for handling medications, which are not a part of the regular inventory, for example, physician's sample medications.

Standard

MOM.3.

Medications are prescribed safely and rationally.

Objective Elements

Commitment a. Medication prescription is in consonance with good practices/guidelines for the rational prescription of medications.

Interpretation: This shall address both out- patient and day care prescriptions. The ATWC shall ensure that the Ayush doctors are trained/sensitised on the rational prescription of medications. WHO states: "Rational use of medicines requires that patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community."

Refer glossary for definition of "prescription".

Medications shall be prescribed in uniform manner and uniform location in patient medical record.

CORE

- b. The ATWC adheres to the determined minimum requirements of a prescription.***

Interpretation: At a minimum, the prescription shall have the name, age and gender of the patient, unique identification number/registration number, diagnosis, name of the drug, strength, dosage, route of administration, anupana /thunai marundhu instructions (i.e. with which the medications are to be taken) duration, total quantity of the medicine, name, signature, date and registration number of the prescribing Ayush doctor. The ATWC could use a list of abbreviations for medication orders to avoid errors. All prescriptions should be legible.

Prescription errors or illegible prescriptions shall be initialled after single strikethrough and rewritten.

Commitment

- c. Drug allergies and previous adverse drug reactions are ascertained before prescribing.**

Interpretation: Drug allergy and previous adverse drug reaction shall be ascertained during the initial consultation or at any point of time during care. It is a good practice to document drug allergies prominently in the medical record, both in OPD and day care.

Achievement

- d. Audit of medication orders/prescription is carried out to check for safe and rational prescription of medications.**

Interpretation: The scope of the audit could include:

- Legibility of prescription in written orders.
- The appropriateness of the drug, dose, frequency, and route of administration;
- The presence of therapeutic duplication;
- The possibility of drug interaction and measures taken to avoid the same;
- The possibility of food-drug interaction and measures taken to avoid the same.

This shall be done at least once in a month using a representative sample size.

It could be done by Ayush doctor / Ayush pharmacist.

- Achievement e. Corrective and/or preventive action(s) are taken based on the audit, where appropriate.**

Interpretation: The records of the same shall be maintained. It shall be preferable that corrective and/or preventive action(s) are taken based on the root-cause analysis.

Standard

MOM.4.

Medications are prescribed safely and rationally.

Objective Elements

CORE

- a. The ATWC ensures that only authorised personnel write orders.**

Interpretation: Medication orders shall be written by an Ayush doctor. In case, if there is any other category of staff authorised to write medication orders, the same shall be backed by a legislation or government order. The facilities that use Electronic Medical Record (EMR), the doctor shall directly enter the prescription in HIS using his or her unique login. In case, the HIS entry is made by an assistant; the same shall be verified and authorised by the doctor.

- Commitment b. Orders for medicines are written in a uniform location in the medical records.**

Interpretation: The ATWC shall ensure that the medication orders are written in uniform location in the medical records.

Standard

MOM.5.

Medications are dispensed in a safe manner wherever applicable.

Objective Elements

CORE

a. Dispensing of medications is done safely. *

Interpretation: Written guidance shall be laid down for the dispensing of medications. Medications shall be dispensed only against a valid prescription or medication order. The medication shall be checked before dispensing. This shall include a check of the composition, formulation, expiry date, and where applicable the strength. Physicians' samples shall not be sold.

Excellence

b. Medication recalls are handled effectively.

Interpretation: Recall could be based on communication from user through internal feedback or manufacturers. Recall procedure in response to internal feedback could include providing information to the appropriate regulatory authority.

Commitment

c. Orders for medicines are written in a uniform location in the medical records.

Interpretation: The ATWC shall define as to what constitutes "near expiry", for example, three months before the expiry date. The near expiry medication shall be stored separately for disposal.

CORE

d. Dispensed medications are labelled. *

Interpretation: At a minimum, the label shall include the dosage instruction in a manner that the patient understands. In instances when medicines are dispensed either as cut strips or from bulk containers, the label shall include the drug name, strength, dosage instruction (in a manner that the patient understands) and expiry date. This shall be applicable for both day care and out-patients.

CORE**e. High-risk medication orders are verified before dispensing.**

Interpretation: High-risk medications shall be given only after written orders, and which shall be verified by the staff before dispensing. This shall adhere to statutory requirements where applicable.

Standard**MOM.6.****Medications are administered safely.****Objective Elements****CORE****a. Medications are administered by those who are permitted by law to do so.**

Interpretation: Only a registered nurse/therapist or doctor with a minimum of BAMS/BHMS/BUMS/BSMS/BSRMS qualification shall administer medication. Certified Practitioners of Yoga and Naturopathy as per regulations/norms of concerned state/UT shall prescribe medications. In case there is any other category of staff authorised to administer medication, a legislation or government order shall back the same.

Commitment**b. Prepared medications are labelled.**

Interpretation: The ATWC shall ensure the labelling of medications prepared for certain procedures such as Panchakarma, Upakrama and Kriyakalpa etc. in case of Ayurveda.

Commitment**c. The patient is identified prior to administration.**

Interpretation: At a minimum, two identifiers shall be used for identification of patient with one of them being the unique identification number/registration number and other as name.

Commitment d. Medications are verified from the prescription and physically inspected before administration.

Interpretation: Staff administering medications shall verify the medication order and ensure that medications are administered appropriately. It shall be required to check the general appearance of the medication (e.g. temperature, consistency, colour etc.) and the expiry dates before administration.

Commitment e. Strength, route and timings are verified from the order and medication administration is documented.

Interpretation: Before administration, the person administering the drug shall verify the strength, route and timing from the medication order. In case of discrepancy, appropriate corrective action shall be taken.

The organisation shall ensure that the documentation of medication administration is done in a uniform location. It shall include the name of the medication, strength, route of administration, timing and the signature of the person who has administered the medication. Medication administered shall be documented each time for each dose of the same medication separately.

Standard

MOM.7.

Patients are monitored after medication administration, in case of day care procedures.

Objective Elements

CORE

a. Patients are monitored after medication administration, in case of day care procedure.

Interpretation: Relevant monitoring shall be done to verify that medicine is having its intended effect. Medication administration shall be documented. Besides, this could help in identifying near misses, medication errors and adverse drug reactions.

CORE**b. Medications are changed where appropriate based on the monitoring.**

Interpretation: Medication changes shall be based on clinical response and adverse drug reactions if any.

Commitment**c. The ATWC captures medication error and adverse drug reaction. ***

Interpretation: Near miss, medication error and adverse drug reaction shall be defined. This shall be in consonance with best practices. The ATWC shall have written guidance to direct the implementation of identifying, documenting, reporting, analysing and acting in response to a near miss, medication error and adverse drug reaction.

The ATWC could refer the glossary for definition of near miss, medication error and adverse drug reaction. The ATWC could also refer Annexure II for details on medication error. The ATWC could report the adverse drug reactions to Ayush Suraksha Pharmacovigilance (<https://www.ayushsuraksha.com/>)

Commitment**d. Near misses, medication error and adverse drug reaction are reported within a specified time frame. ***

Interpretation: The ATWC shall define the timeframe for reporting of the near misses, medication error and adverse drug reaction, once any of this has occurred.

Commitment**e. Near misses, medication errors and adverse drug reactions are collected and analyzed.**

Interpretation: Details of near miss, medication error and adverse drug reaction incidents shall be collected and analysed by the ATWC. The analysis shall be completed in a defined time frame.

Commitment**f. Corrective and/or preventive action(s) are taken based on the analysis.**

Interpretation: Where appropriate, corrective and/or preventive action shall be taken. The records of the same have to be maintained. It shall be preferable that corrective and/or preventive action(s) is taken based on the root-cause analysis.

Chapter 4

Patient Rights and Education (PRE)

Intent of the chapter

The ATWC defines 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. The cost of treatment is 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 ATWC 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's and/or family's consent exists for informed decision making about their care.
PRE.4.	Patient and family members have a right to information and education about their healthcare needs.
PRE.5.	Patient and family members have a right to information on expected costs.

*This implies that the objective element requires documentation

Objective Elements

Objective Element	PRE.1.	PRE.2.	PRE.3.	PRE.4.	PRE.5.
a	CORE	CORE	CORE	Commitment	Commitment
b	CORE	CORE	CORE	Commitment	Achievement
c		Commitment	Commitment	Commitment	
d		Commitment		Commitment	
e		Commitment		Commitment	
f		Commitment		Commitment	
g		Commitment			

Standards and Objective Elements

Standard

PRE.1.

The ATWC 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.***

Interpretation: The rights and responsibilities of the patients shall be displayed bilingually in a permanent manner at strategic locations, where it is prominently visible to patients, families and visitors.

The display could be in the form of boards, or electronic display etc.

CORE

- b. **Violation of patient and family rights is reviewed and necessary corrective/preventive measures are taken.**

Interpretation: Staff shall be aware of their responsibilities in protecting patient and family rights. Patient's/family's feedback shall be regularly monitored. The ATWC could define such instances which could be considered as violation of patient's and family's rights for example, compromising privacy, breaching confidentiality and disrespecting religious and cultural needs etc. The patient feedback form (by incorporating patient and family rights worded appropriately) could be used as a tool to capture violation of patient rights.

Violations of patient and family rights shall be identified and documented.

CCTV coverage shall be restricted as per local and national regulations.

Standard

PRE.2.

Patient and family rights support individual beliefs, values and involve the patient and family in decision-making processes.

Objective Elements

CORE

- a. **Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment.**

Interpretation: During all stages of patient care, be it examination or carrying out a procedure, the ATWC staff shall ensure that patients' privacy and dignity is maintained.

During procedures, it shall be ensured that the patient is exposed just before the actual procedure is undertaken. The ATWC shall ensure that the female patient is provided prescribed therapies by the female therapist only.

An explicit informed consent shall be taken for photographs or recording of procedures and it shall be ensured that the patient's identity is not revealed.

CORE

- b. **Patient and family rights include protection from neglect or physical abuse.**

Interpretation: Examples of this shall include falling from the bed/trolley due to negligence, assault and repeated internal examinations amounting to compromise in the dignity of the patient etc. Special precautions shall be taken with respect to vulnerable patients.

Commitment

- c. **Patient and family rights include treating patient information as confidential.**

Interpretation: The ATWC shall take effective measures to maintain confidentiality of all patient-related information.

Statutory requirements regarding privileged communication shall be followed at all times.

Staff shall avoid having patient-related discussions in public places. Any confidential information shall not be revealed without the patient's permission and shall not be explicitly written / pasted on the cover of the medical record or displayed in a manner that is easily understood by the public at large.

Commitment

- d. **Patient and family rights include the refusal of treatment.**

Interpretation: After being informed of all the available options the patient shall have a right to make an informed choice. In case of refusal, the treating Ayush doctor shall explain the consequences of refusal of treatment and document the same.

Commitment e. Patient and family rights include right to seek additional opinion regarding clinical care.

Interpretation: There is a mechanism for patient and family to seek a second opinion if they wish from within or outside the ATWC.

The ATWC shall allow access to all relevant information or clinical evaluation records required for second opinion.

Commitment f. Patient and family rights include right to complaint and information on how to voice a complaint.

Interpretation: The displayed patient rights shall include the right to make a complaint and also mention the methodology to voice the same. Complaint mechanism shall be accessible and redressal of complaint shall be fair and transparent.

Commitment g. Patient has a right to have an access to his / her clinical records.

Interpretation: The ATWC shall ensure that every patient or authorized family member has access to patients' clinical records. This shall be in consonance with the Code of Medical Ethics and Statutory requirements.

Standard

PRE.3.

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

Objective Elements

CORE

a. The ATWC obtains informed consent from the patient or family for situations where informed consent is required. *

Interpretation: The ATWC shall define the list of procedures where the written consent is required, for example, the ATWC shall be required to take consent before doing the following procedures:

- Anushastra karma or surgical procedures such as Agni Karma (Cautery), Kshara Karma (Chemical Cautery) and Rakta Mokshana (Bloodletting) etc. in cases of Ayurveda
- Suttigai, Karamarundhugal and Attaivaldal etc. in case of Siddha
- Ilaj bit tadbeer etc. in case of Unani.

CORE

- b. Informed consent process adheres to statutory norms and includes information regarding the procedure; its risks, benefits, alternatives and as to who will perform the requisite procedure, in a language that the patient/family can understand.**

Interpretation: The consent shall have the name of the Ayush doctor(s) performing the procedure.

Consent form shall be in the language that the patient understands.

It shall be the responsibility of each of the member of the treating team to explain their role and the benefits /risks and alternatives of the procedures they are performing on the patient.

At least one witness shall sign the consent form.

In case the patient has to undergo a procedure repeatedly for a long time (e.g. Panchkarma in case of Ayurveda) an informed consent is taken at the first instance. Such consent shall have a defined validity period but not more than 6 months. The patient shall be required to endorse the consent at each repeat treatment. However, if there is a change in the treatment modality or an addition of another modality or change of the treating doctor, a fresh consent shall be obtained.

The ATWC could refer Annexure III for consent form format.

- Commitment c. The ATWC describes who can give consent when patient is incapable of independent decision-making. ***

Interpretation: The consent shall be taken from the patient in all cases when the patient is capable of giving consent and above the legal age for giving consent.

The ATWC shall take into consideration the statutory norms when the patient is incapable of independent decision-making. This could include next of kin/legal guardian. The order of preference of next of kin/legal guardian shall be spouse/ son/daughter / parents / brothers/sister.

In case of life-threatening situations when patient is incapable of giving consent and next of kin is not available, in the interest of the patient the treating doctor and another clinician can decide to safeguard the patient's life.

Standard

PRE.4.

Patient and family members have a right to information and education about their healthcare needs.

Objective Elements

- Commitment a. Patient and/or family members are educated in a language and format that they can understand.**

Interpretation: During the patient's treatment, patient and or/family shall be screened (informally) for their understanding abilities and language requirements. The patients and or family members could be educated through counselling/use of printed material/audio-visual aids etc.

- Commitment b. Patient and/or family members are educated about the safe and effective use of medication and the potential side effects of the medication, when appropriate.**

Interpretation: The ATWC could make a list of such medicines having potential side effect and educate the patient and family on the same. Education could also be regarding the importance of taking a medicine at a specific time.

- Commitment c. Patient and/or family members are educated about diet and nutrition and food-medicine interaction.**

Interpretation: Wherever there are specific dietary requirements or restrictions to follow (i.e. Pathya, Apathya and Virudhaahar), the patient shall be educated regarding the same.

Commitment d. Patient and/or family members are educated about the specific disease process, prognosis, complications and prevention strategies.

Interpretation: The education shall include information on lifestyle modifications (stress management, physical exercise, cessation of smoking and substance abuse), where appropriate.

Information, Education and Communication (IEC) tools could be used to educate patients in areas of Dincharya (Daily Regimen), Ratricharya (Night Regimen), Ritucarya (Seasonal Regimen), Sadvarit (Personal Regimen), Virudhahar (Diet Incompatibility), Ashatvidh ahara vidhi vishesh ayatan (Healthy eating habits), regular Yoga practice etc. .

IEC could be in form of individual counselling, workshops, distribution of educational material and putting up of appropriate signages preferably in local language.

Commitment e. Patient and family members are educated about preventing healthcare associated infections.

Interpretation: Patient and families members shall be educated about prevention of health care associated infections, for example, proper hand washing, avoiding overcrowding, not bringing the children and many visitors to the ATWC and advising to wear mask whenever required and or indicated.

Commitment f. Patient and/or family members are educated on various pain management techniques, when appropriate.

Interpretation: The education on pain management techniques shall be done for all patients who are having pain because of the underlying condition. This shall be done within the framework of their personal, cultural and religious beliefs. ATWC could use various IEC tools for this.

Standard

PRE.5.

Patient and family members have a right to information on expected costs.

Objective Elements

Commitment a. The tariff list is available for the patients.

Interpretation: The ATWC shall ensure that there is an updated tariff/procedure charges list and which is available for patients when required.

The ATWC shall charge as per the tariff list, which shall be uniform and transparent.

Achievement b. Patient and/or family members are educated about the expected cost of treatment.

Interpretation: Patient and/or family members shall be given an estimate of the expenses on account of the treatment. This estimate shall be prepared based on the treatment plan. Patient shall be informed about the revised costs when there is a change in treatment plan.

Chapter 5

Infection Prevention and Control (IPC)

Intent of the chapter

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

The ATWC proactively monitors adherence to infection control practices such as standard precautions, cleaning, disinfection and sterilization. Adequate facilities for the protection of staff are available. Biomedical Waste is managed as per statutory regulations.

SUMMARY OF STANDARDS

IPC.1.	The ATWC develops and implements an infection prevention and control programme for its clinical services.
IPC.2.	The ATWC develops and implements the infection prevention and control programme for its support services.

*This implies that the objective element requires documentation

Summary of Objective Elements

Objective Element	IPC.1.	IPC.2.
a	CORE	Commitment
b	CORE	Commitment
c	CORE	Commitment
d	CORE	Commitment

Standards and Objective Elements

Standard

IPC.1.

The ATWC develops and implements an infection prevention and control programme for its clinical services.

Objective Elements

CORE

a. Written guidance for infection prevention and control is available. *

Interpretation: The ATWC shall have written guidance for infection prevention and control. The guidance shall be reviewed at least annually based on latest guidelines.

CORE

b. The ATWC adheres to standard precautions at all times.

Interpretation: Adherence to standard precautions such as proper hand washing and disinfection, usage of PPEs etc. shall be one of the fundamental tenets of infection prevention and control. Standard precautions shall be adhered in all areas of the ATWC.

ATWC shall adhere to transmission-based precautions. This shall cover airborne, droplet and contact mode of transmission. PPE use shall be done appropriately. This shall be applicable across the ATWC.

The ATWC shall have handwashing facilities and or hand disinfectant available, which are accessible to health care providers, visitors and patients.

Adequate gloves, masks, soaps and disinfectants shall be available and used appropriately. Compliance to hand hygiene practices shall be adhered to.

CORE

c. The ATWC adhere to cleaning and disinfection/sterilization of surfaces, equipment and instruments*

Interpretation: The guidance shall include the cleaning agents/disinfectants, methods and frequency of cleaning of all the surfaces, equipment and instrument. A good reference could be CDC guideline for disinfection and sterilization in healthcare facilities, 2008. Re-usage of oil used in treatment shall not be not allowed.

CORE

- d. **The ATWC adheres to infection prevention and control practices during all clinical and treatment procedures.***

Interpretation: The ATWC shall adhere to the required infection prevention and control practices while carrying out the clinical procedures, for example, the ATWC with Ayurveda in its scope shall ensure proper hand washing or hand sanitizing before nadi parikshan, usage of sterile instruments/equipment during Kshar Sutra karma, Wearing mask during Nasay karma etc.

Standard

IPC.2.

The ATWC implements the infection prevention and control programme for support services.

Objective Elements

- Commitment a. The ATWC adheres to housekeeping services guidelines.**

Interpretation: Good Housekeeping practices to ensure infection prevention and control shall be followed at the ATWC for example, implementation of 5 S could be done at work stations, regular cleaning and sanitization with appropriate disinfectants in all areas of the ATWC, such as reception, OPDs, procedure rooms, corridors and toilets etc. should be done.

Proper cleaning and disinfection shall be done for all equipment, instruments, furniture fixtures etc.

The ATWC could refer glossary for 5 S.

- Commitment b. Biomedical waste complies with national/state regulations and is handled appropriately and safely.**

Interpretation: Proper segregation, collection and storage of biomedical waste in the ATWC shall be implemented as per current Biomedical Waste Management Rules.

Commitment c. The ATWC adheres to laundry and linen management processes.

Interpretation: Good linen management practices to ensure infection prevention and control shall be followed at the ATWC, for example, segregation of dirty and soiled linen at source, linen disinfection and washing protocols etc.

Commitment d. The ATWC adheres to kitchen sanitation and food-handling issues if applicable.

Interpretation: Good food/kitchen management practices such as proper hand washing and wearing of PPEs by the kitchen staff shall be followed at the ATWC to ensure infection prevention and control. The ATWC shall implement screening of kitchen workers and food handlers for Salmonella typhi and provide necessary vaccination for the same. The ATWC shall ensure annual de-worming of the kitchen staff. The ATWC shall ensure that statutory compliances are adhered.

Chapter 6

Patient Safety and Quality Improvement (PSQ)

Intent of the chapter

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

SUMMARY OF STANDARDS

PSQ.1.	The ATWC implements a patient safety programme.
PSQ.2.	The ATWC implements a structured quality improvement and monitoring programme.

*This implies that the objective element requires documentation

Summary of Objective Elements

Objective Element	PSQ.1.	PSQ.2.
a	Commitment	Achievement
b	Commitment	Achievement

Standards and Objective Elements

Standard

PSQ.1.

The ATWC implements a patient safety programme.

Objective Elements

Commitment a. The patient safety programme is implemented as per the scope of services.

Interpretation: The programme shall address all elements of safety related to the patients. Patient safety programme could include correctly identifying the patients using two identifiers, reporting of incidents and their analysis, for example patient fall, medication errors and sentinel events etc.

The ATWC could refer the Annexure IV for sentinel events.

Commitment b. The patient safety programme is reviewed at predefined intervals and opportunities for improvement are identified.

Interpretation: The analysis and review of the patient safety programme shall be done at least once in a year.

Standard

PSQ.2.

The ATWC implements a structured quality improvement and monitoring programme

Objective Elements

Achievement h. The quality improvement programme is documented. *

Interpretation: Quality improvement programme shall have defined objectives and goals

The ATWC shall monitor clinical and managerial quality indicators. Some examples of the quality indicators could be incidence of medication errors, consultation waiting time for outpatient consultation, compliance to hand hygiene practices, out patient satisfaction index and Percentage of medical records having incomplete and/or improper consent etc. The ATWC could also define its own indicators depending upon the scope of services

The ATWC could refer the Annexure V for quality indicators.

Achievement b. The quality improvement programme is reviewed at predefined intervals and opportunities for improvement are identified.

Interpretation: The analysis and review of the quality programme shall be done at least once in a year.

Chapter 7

Responsibilities of Management (ROM)

Intent of the chapter

The standards encourage the governance/management of the ATWC to function 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 the ATWC management.

SUMMARY OF STANDARDS

ROM.1.	The responsibilities of the governance/management are defined.
ROM.2.	The ATWC is managed by the leaders in an ethical manner.
ROM.3.	The ATWC participates in programmes related to health promotion and disease prevention.
ROM.4.	Management ensures sustainability in the ATWC by addressing environmental, social and economic factors from long term well-being of healthcare system and community.

*This implies that the objective element requires documentation

Summary of Objective Elements

Objective Element	ROM.1.	ROM.2.	ROM.3.	ROM.4.
a	Commitment	CORE	Achievement	Excellence
b	Commitment	CORE		Commitment
c	Commitment	Commitment		Commitment
d	CORE			
e	Commitment			

Standards and Objective Elements

Standard

ROM.1.

The responsibilities of the governance/ management are defined.

Objective Elements

- Commitment** a. Those responsible for governance/management define the ATWC's vision, mission, and values *

Interpretation: The ATWC shall define and display its vision, mission and values.

- Commitment** b. Those responsible for governance/management establish the ATWC's organogram, as applicable. *

Interpretation: The ATWC shall have a well-defined organisation structure/chart and this shall clearly document the hierarchy (including the name of the owner/operating head of ATWC) along with the functions at various levels. The ATWC's organogram in bilingual format shall be displayed at prominent locations in the ATWC.

- Commitment** c. The operations and functions of the ATWC are governed by written guidance. *

Interpretation: Written guidance shall enable operations and functions of the ATWC. The ATWC shall document SOPs for all its clinical and non-clinical processes/procedures.

- CORE** d. The ATWC complies with the laid down, applicable legislations and regulations at all times.

Interpretation: The leader of the ATWC shall be conversant with different statutory requirements as applicable from time to time and as per scope of services and undertakes the responsibility to adhere to the same.

Some examples of the applicable laws could include Clinical Establishment Act, Drugs and Cosmetics Act, Biomedical Waste Management Rules 2016, Fire NOC (If applicable) from competent authority or a third-party fire safety audit report etc. The ATWC could refer to applicable Acts, Rules and Regulations given by Ministry of Ayush. The ATWC shall display the professional registration certificate of principal treating Ayush doctor/ medical officer/medical consultant.

Commitment e. In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.

Interpretation: The ATWC shall identify and inform all notifiable diseases to respective authorities after taking into consideration the applicable local laws, rules, regulations and notifications from time to time. Patient could be guided to appropriate health care facility as per applicable law/government guidelines.

The ATWC could refer Glossary for list of notifiable disease.

Standard

ROM.2.

The ATWC is managed by the leaders in an ethical manner.

Objective Elements

CORE

a. The ATWC functions in an ethical manner.

Interpretation: The ATWC shall function ethically. One of the guiding principles shall be transparency. Handling of complaints, clinical care delivery, conflict of interest, breach of confidentiality, ethical behaviour, informed consent, etc. are some of the areas to be addressed, for example, a good reference for the ATWC could be Board of Ethics and Registration Regulation 2023 (NCISM).

Homeopathy centres could refer to Professional Conduct, Etiquette & Code of Ethics Regulations 1982 and NCH act 2020.

CORE**b. The ATWC honestly portrays its affiliations and accreditation.**

Interpretation: The ATWC shall convey its affiliations, accreditations for specific departments in an honest manner, wherever applicable.

Commitment**c. The ATWC accurately bills for its services based upon a standard billing tariff.**

Interpretation: This essentially means that the organisation does not charge differently from different patients in the same category for the same procedure.

Standard**ROM.3.**

The ATWC participates in programmes related to health promotion and disease prevention.

Objective Elements**Achievement****a. There is a process and mechanism in place to ensure health promotion and disease prevention.**

Interpretation: The ATWC shall be aware of the national and local public health programmes and initiatives for health promotion should support the same based on its scope of services and statutory obligations.

The participation could include health education, counselling, health advice (including ahaar vihar and sadvritt/self-conduct), family planning, screening and testing and immunity development programme etc.

The ATWC could give advice on sanitation, hygiene, safe drinking water (potable), etc. Social activities could be provided by the ATWC in coordination with community organisations and agencies.

Standard

ROM.4.

Management ensures sustainability in the ATWC by addressing environmental, social and economic factors from long term well-being of healthcare system and community.

Objective Elements

Excellence

- a. **Those responsible for governance address the organisation's sustainability programme in terms of Environment, Social and Governance (ESG) responsibility.**

Interpretation: Environmental sustainability could include energy usage and efficiency, biodiversity loss and waste reduction etc.

Social sustainability could include fair pay and living wages, equal employment opportunity, employee benefits, workplace health and safety and community engagement etc.

Governance sustainability could include ethical business practises, risk management, avoiding conflicts of interest, accounting integrity and transparency etc.

Commitment

- b. **The ATWC takes initiatives towards an energy-efficient and environmentally friendly organisation. ***

Interpretation: This could include using the concepts of reduce, recycle and reuse in promoting the basic concepts of the green organisation, for example, energy-efficient lighting, rainwater harvesting, increase usage of solar power, wind energy, use of battery-operated or e-vehicles, reduction of plastic usage where possible, use of 'green' materials in construction, use of volatile organic compounds free paints. The ATWC shall focus on efficient and sustainable use of energy, water and other utilities. The ATWC shall take measures to create awareness among staff regarding saving electricity and water.

Commitment

- c. **The ATWC shall encourage employees to use common / public transportation to reduce the environmental impact of commuting and carbon footprint.**

Interpretation: The ATWC could encourage employees for car-pooling, biking and wherever possible use of public transport etc.

Chapter 8

Facility Management and Safety (FMS)

Intent of the chapter

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

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

The ATWC manages its hazardous materials safely.

The organisation plans for fire and non-fire emergencies within the facilities.

SUMMARY OF STANDARDS

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

*This implies that the objective element requires documentation

Summary of Objective Elements

Objective Element	FMS.1.	FMS.2.	FMS.3.
a	Commitment	Excellence	CORE
b	CORE	Commitment	Commitment
c	Commitment	Commitment	Commitment
d	Commitment		

Standards and Objective Elements

Standard

FMS.1.

The ATWC shall operate in an environment, which ensures 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.

Interpretation: The drawings should be as per the approved building plan.

The drawings will help in future repair and maintenance.

The ATWC shall have separate drawings for fire evacuation plans.

- CORE** b. There are internal and external signages that guide the patients to avail various services in the ATWC.

Interpretation: Signages shall be bilingual (at least in one local language, which is understood by patients, families and community). The signages should be prominently displayed. Statutory requirements, as applicable shall be met, for example, fire signages as laid down by National Building Code, biomedical waste signages as per BMW Rules 2016, radiation signages as per AERB guidelines etc.

- Commitment** c. The facilities and space provisions are appropriate to the scope of the ATWC.

Interpretation: Adequate space and facilities (including equipment and furniture) shall be provided considering patient safety and ease of providing clinical care.

Commitment d. Patient safety devices and infrastructure are installed across the ATWC.

Interpretation: The ATWC shall be easily accessible to receive and manage non-ambulatory patients and differently abled patients.

Patient-safety devices could include grab bars, safety belts on stretchers and wheelchairs, call bells and signage posting etc.

Standard

FMS.2.

The ATWC has a programme for equipment and facility management.

Objective Elements

Excellence a. The ATWC plans for equipment in accordance with its services and strategic plan.

Interpretation: The plan could be implemented in a phase wise manner and shall take into consideration future requirements. At the minimum, it shall include list of equipment available at the ATWC.

Written guidance supports medical equipment replacement and disposal.*

Commitment b. The equipment are periodically inspected, maintained and calibrated for their proper functioning.

Interpretation: The ATWC shall have list of equipment available, which will include their serial number, location and maintenance schedule. All the equipment shall be regularly inspected, maintained and calibrated as per the manufacture's guidelines.

Examples of equipment for various disciplines of Ayush could include Panchakarma equipment in Ayurveda , Ilaj-Bit-Tadbir in Unani, Suttigai therapy and Karanool therapy in Siddha and other hydrotherapy equipment, physiotherapy equipment, weighing scales and BP apparatus etc.

Commitment c. Safe water and uninterrupted electrical supply is available.

Interpretation: The organisation shall make arrangements for sufficient supply of adequate potable water. The quality of potable water shall be monitored at least once in six months or more frequently and is documented.

In case of water or electricity shortage, alternate sources shall be arranged.

Standard

FMS.3.

The ATWC has plans for the management of emergencies (fire and non-fire) and hazardous materials within the facility.

Objective Elements

CORE

a. The ATWC has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies. *

Interpretation: The ATWC shall have plans and provisions to detect, abate and contain any fire or non-fire emergency. The plan could include having trained personnel, safety measures such as fire extinguishers, sprinklers, smoke detectors and emergency illumination system etc.

Fire-exit plans shall be displayed. The mock drills should be conducted at least once in a year and records for the same shall be maintained.

There shall be a maintenance plan for fire-related equipment and infrastructure.

The ATWC may refer to advisory given by NABH for minimum essential fire safety measures on its website.

The ATWC shall conduct electrical safety audit periodically.

The ATWC's non-fire emergencies could include but not be limited to floods, earthquake, anti-social behaviour by patients/relatives, terrorist attacks, any other disaster etc. depending upon the location of the ATWC.

Commitment b. The staff is trained for their role in case of such emergencies.

Interpretation: In case of fire and non-fire emergencies, the roles of each designated person shall be well defined.

The training shall include identification of various classes/categories of fire and non-fire emergencies, demonstration on how to use a fire extinguisher and contain fire in case of fire emergencies and the process of evacuation of patients, staff and visitors. The training should also include handling the non-fire emergencies.

-
- Commitment c. The ATWC has addressed identification, sorting, storage, handling, transportation, disposal mechanism, and methods for managing spillages of hazardous materials.***

Interpretation: The ATWC shall identify, list and document the hazardous materials and has a documented procedure for their sorting, storage, handling, transportations, disposal mechanism, and methods for managing spillages and adequate training of the personnel.

The ATWC shall take all necessary steps to eliminate or reduce hazards and associated risks.

Chapter 9

Human Resource Management (HRM)

Intent of the chapter

The most important resource of the ATWC and healthcare system is the human resource. Human resources are an asset for effective and efficient functioning of the ATWC. Without an equally effective human resource management system, all other inputs like technology, infrastructure and finances become ineffective. 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 ATWC. This is based on the ATWC’s mission, objectives, goals and scope of services. Effective human resource management involves the following processes and activities:

- Acquisition of human resources, which involve planning, recruiting and socialization of the new employees.
- Training and development related to the performance in the present and future anticipated jobs. The employees are provided with opportunities to advance personally as well as professionally.
- Motivation related to job design, performance appraisal and discipline.
- Maintenance related to safety and health of the employees.

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

SUMMARY OF STANDARDS

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

*This implies that the objective element requires documentation.

Summary of Objective Elements

Objective Element	HRM.1.	HRM.2.	HRM.3.
a	CORE	CORE	Commitment
b	Commitment	Commitment	Commitment
c	Commitment		Commitment
d	Commitment		
e	Commitment		

Standards and Objective Elements

Standard

HRM.1.

The ATWC implements human resource planning as per scope of services.

Objective Elements

CORE

- a. **The ATWC plans and maintains an adequate number and mix of appropriately qualified and experienced staff.**

Interpretation: The staff (which includes doctors, nurses, paricharika, therapists and other support staff) shall commensurate with the scope of services and patient workshare. The ATWC shall ensure that the staff has the necessary qualification, registration, skill and experience to perform its work.

Commitment

- b. **The ATWC defines and implements a code of conduct for its staff.**

Interpretation: The code of conduct shall outline the do's and don'ts for staff at the workplace. The staff shall be made aware of code of conduct at the time of joining the ATWC.

Commitment

- c. **The disciplinary and grievance handling is defined and implemented.**

Interpretation: The disciplinary and grievance procedure for staff shall be in consonance with the prevailing relevant labour laws and CCS (CCA) rules. Internal Complaints Committee shall be established to handle complaints of sexual harassment. The disciplinary and grievance handling mechanism shall be known to all categories of staff

The disciplinary policy shall uphold principles of natural justice.

Commitment

- d. **Pre-employment medical examination is conducted for all category of the staff.**

Interpretation: Pre-employment medical examination shall be in consonance with the law of land, for example, performing pre-employment stool examination for food handlers shall be mandatory based on standard guidelines.

Commitment e. Personal records of all ATWC staff shall be maintained.

Interpretation: Employee files shall contain job description, personal information regarding employee's qualification, experience, training, registration, pre-employment medical examination and performance appraisal etc.

Standard

HRM.2.

The ATWC establishes a programme for professional training of the staff.

Objective Elements

CORE

a. Staff is provided induction training at the time of joining.

Interpretation: All staff including Ayush doctors, nurses, paramedical and support staff shall be provided induction training in a structured manner. The ATWC shall preferably conduct the induction training within 15 days of staff joining.

The induction training shall include orientation to the ATWC's vision, mission, values, staff and patients' rights and responsibilities, facility safety, cardio-pulmonary resuscitation and infection prevention and control etc.

Commitment b. There is an ongoing programme for professional training and development of the staff.

Interpretation: Ongoing training programme shall be held periodically for various safety aspects, for example, patient safety, occupational safety, facility safety, communication skill development, new equipment & services added and updates in clinical practice etc.

The ATWC shall prepare a training calendar incorporating suitable trainers.

Standard

HRM.3.

There is a process and mechanism in place to ensure health and safety of staff.

Objective Elements

- Commitment a. The ATWC takes care of the health problems of the staff including occupational health hazards. ***

Interpretation: The ATWC shall follow staff health and safety policy. Appropriate PPEs are provided to the staff and they are trained to use them.

- Commitment b. Health check-up of all categories of staff is done at least once in a year.**

Interpretation: The results of health check up shall be documented in personal HR files. The staff shall be provided preventive immunization as appropriate.

- Commitment c. The ATWC identifies health care workers with transmissible infections, implements containment measures and provides necessary post exposure prophylaxis.**

Interpretation: The ATWC shall encourage staff to report their illness or exposure to transmissible diseases. The ATWC shall take suitable measures for the treatment/containment of such cases. The staff with transmissible infections could be considered for change of their job profile.

Chapter 10

Information Management System (IMS)

Intent of the chapter

This chapter emphasizes the requirements of a medical record in the ATWC. 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 ATWC will lay down policies and procedures to guide the contents, storage, security, issue and retention of medical records.

SUMMARY OF STANDARDS

IMS.1.	The ATWC initiates and maintains a medical record for every patient.
IMS.2.	The ATWC meets information needs of patients, staff, management and external agencies.

*This implies that the objective element requires documentation

Summary of Objective Elements

Objective Element	IMS.1.	IMS.2.
a	CORE	Commitment
b	Commitment	Excellence
c	Commitment	Excellence
d	Commitment	
e	Commitment	
f	Commitment	
g	Commitment	

Standards and Objective Elements

Standard

IMS.1.

The ATWC initiates and maintains medical record for every patient.

Objective Elements

CORE

a. A unique identifier is assigned to the medical record.

Interpretation: Each sheet in the medical record of the patient shall have a unique identifier. This shall apply to soft copies of medical record also. If the ATWC maintains electronic records, all entries for one unique identifier shall be available in one place.

The unique identification number should be generated at the end of registration at the ATWC.

Commitment

b. Medical record provides a complete, up-to-date and chronological account of patient care as applicable.

Interpretation: Medical record of each patient shall contain the relevant case sheets, doctor's notes, investigation reports, consent forms, procedure notes, nursing notes, referral forms and discharge summary as applicable in a sequential order. All medico-legal case records shall have mandatory information. It is preferable that pages in the medical records are numbered.

Commitment

c. Each medical record entry is dated, timed and the author of the entry can be identified.

Interpretation: The author of the entry shall be identified by writing the full name or by mentioning the employee code number or with the help of a stamp etc.

In case of electronic records, authorised e-signature provision, as per statutory requirements shall be kept. Traceability for the same could be done by writing the name against every entry or having a "master signature list" in medical record, which shall have the name of the person against the signature or employee code number against every entry.

For electronic record, it shall be preferable that the date and time are automatically generated by system.

Commitment d. Care providers have access to current and past medical record.

Interpretation: The ATWC shall provide access of medical records to designated health care providers (those who are involved in the care of that patient).

For electronic medical record system, identified care providers shall have a user ID and a password. Provisions shall be made for availability of the patient's record when needed by healthcare providers to ensure continuity of care.

Commitment e. Retention period and process of destruction of medical records is defined as per national and state laws/guidelines. *

Interpretation: The ATWC shall define the retention period for each category of medical records, forms and formats. Retention period shall be in consonance with rules laid down by law of land. The ATWC could retain the OPD records for minimum 3 years and medico legal cases records for minimum 10 years/until the disposal of ongoing case or as per the requirement of law of the land.

Commitment f. The ATWC has a mechanism for storage and retrieval of data.

Interpretation: The ATWC shall ensure that the data is stored at a safe and secure place depending on the geographical location of the ATWC, for example, the ATWC could store data on cloud. The ATWC shall ensure that the data can be retrieved in hassle-free manner.

Commitment g. The ATWC maintains the confidentiality of data.

Interpretation: The ATWC shall have an appropriate mechanism to ensure that the data is kept confidential. The ATWC shall implement protection of the patient's identity and confidentiality.

Standard

IMS.2.

The ATWC meets information needs of patients, staff, management and external agencies.

Objective Elements

- Commitment a. The ATWC identifies information needs of patients, visitors, staff, management and external agencies.**

Interpretation: The information needs of various stakeholders shall be identified through a systematic process. The identified information needs shall be documented, for example, the information needs of patients could be met through information on OPD timings, availability of service etc. For the staff, it could include information on leave policy and standard operating procedure etc.

For external agencies, it could be data of vital statistics and notifiable diseases etc.

For the community, it could be addition of new services, common symptomatology and emerging disease etc.

- Excellence b. Information management and technology acquisitions are commensurate with the identified information needs.**

Interpretation: The ATWC shall define the needs for software and hardware solutions as per current and future information needs. The ATWC shall ensure that it has the necessary license for the software.

In case the ATWC uses electronic medical records, they could refer to Electronic Medical Record/ Electronic Health Record guidelines published by Ministry of Health and Family Welfare.

- Excellence c. ATWC develops, maintains, and tests a programme for response to planned and unplanned downtime of data systems if applicable.**

Interpretation: The frequency for upkeep and maintenance of the system shall be defined & monitored.

There shall be a defined process for backup of data. A comprehensive mitigation plan for handling various situations of system failure shall be documented. The staff shall be trained on handling the situations of system failure.

GLOSSARY

The commonly used terminologies in the NABH standards are briefly described and explained herein to remove any ambiguity regarding their comprehension. The definitions narrated have been taken from various authentic sources as stated, wherever possible. Notwithstanding the accuracy of the explanations given, in the event of any discrepancy with a legal requirement enshrined in the law of the land, the provisions of the latter shall apply.

Accreditation	Accreditation is a self-assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system.
Accreditation assessment	The evaluation process for assessing the compliance of an organisation with the applicable standards for determining its accreditation status.
Adverse Drug Reaction	Adverse Drug Reaction: A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.
Adverse event	An injury related to medical management, in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable. (WHO Draft Guidelines for Adverse Event Reporting and Learning Systems).
Ambulance	A patient carrying vehicle having facilities to provide unless otherwise indicated at least basic life support during the process of transportation of patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma ambulance, air ambulance, etc.
Assessment	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.
Basic life support	Basic life support (BLS) is the level of medical care which is used for patients with life-threatening illnesses or injuries until the patient can be given full medical care.
Breakdown maintenance	Activities which are associated with the repair and servicing of site infrastructure, buildings, plant or equipment within the site's agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.
Bylaws	A rule governing the internal management of an organisation. It can supplement or complement the government law but cannot countermand it, e.g. municipal bylaws for construction of hospitals/nursing homes, for disposal of hazardous and/or infectious waste

Care Plan	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Clinical practice guidelines	Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. (Field and Lohr 1990. page 38).
Confidentiality	Restricted access to information to individuals who have a need, a reason and permission for such access. It also includes an individual's right to personal privacy as well as privacy of information related to his/her healthcare records.
Consent	1. Willingness of a party to undergo examination/procedure/ treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits so as to enable the patient to take an informed decision of his/her health care.
	2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India, legal age of consent is 18 years. It may be evidenced by words or acts or by silence when silence implies concurrence. Actual or implied consent is necessarily an element in every contract and every agreement.
Data	Facts or information used usually to calculate analyse or plan something.
Discharge summary	A part of a patient record that summarises the reasons for admission, significant clinical findings, procedures performed, treatment rendered, patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications).
Effective communication	A two-way information sharing process, which involves the communicator, communicating a message that is easily understood by the recipient.
	Good medical care depends upon effective communication between patients and providers. Effective communication with persons who have limited language proficiency or understanding of the subject due to lack of familiarity, often requires interpreters, special efforts or other services.
Employees	All members of the healthcare organisation who are employed full time and are paid suitable remuneration for their services as per the laid-down policy.
Ethics	Moral principles that govern a person's or group's behaviour.

Formulary	An approved list of drugs. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective.
	The list is compiled by professionals and physicians in the field and is updated at regular intervals. Changes may be made depending on availability or market.
Hazardous materials	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.
Hazardous waste	Waste materials dangerous to living organisms. Such materials require special precautions for disposal. They include biologic waste that can transmit disease (for example, blood, tissues) radioactive materials, and toxic chemicals. Other examples are infectious waste such as used needles, used bandages and fluid soaked items.
High Risk / High alert medications	High-risk / high-alert medications can be defined as those drugs that have a heightened risk for adverse events or have heightened risk of catastrophic harm whenever there is an error. These drugs include generally have low therapeutic index
Incident reporting	It is defined as written or verbal reporting of any event in the process of patient care, that is inconsistent with the deserved patient outcome or routine operations of the healthcare facility.
Indicator	A statistical measure of the performance of functions, systems or processes overtime.
Job description	1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job.
	2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Laws	Legal document setting forth the rules of governing a particular kind of activity, e.g. organ transplantation act, which governs the rules for undertaking organ transplantation.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (British Standard 3811:1993)
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.

Medication error	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. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labelling, packing and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. (Zipperer, et al)
Mission	An organisation's purpose. This refers to the overall function of an organisation. The mission answers the question, "What is this organisation attempting to accomplish?" The mission might define patients, stakeholders, or markets served, distinctive or core competencies, or technologies used.
Near-miss	A near miss is an unplanned event that did not result in injury, illness, or damage- but had the potential to do so.
	Errors that did not result in patient harm, but could have, can be categorised as near misses.
Notifiable disease	Certain specified diseases, which are required by law to be notified to the public health authorities. Under the international health regulation (WHO's International Health Regulations 2005) the following diseases are notifiable to WHO:
	Smallpox
	Poliomyelitis due to wild-type poliovirus
	Human influenza caused by a new subtype
	Severe acute respiratory syndrome (SARS).
	In India, the following is a indicative list of diseases which are also notifiable, but may vary from state to state:
	Polio
	Influenza
	Malaria
	Rabies
	HIV/AIDS
	Louse-bornetyphus
	Tuberculosis
	Leprosy
	Leptospirosis
Viral hepatitis	
Dengue fever	
The various diseases notifiable under the factories act lead poisoning, byssinosis, anthrax, asbestosis and silicosis.	

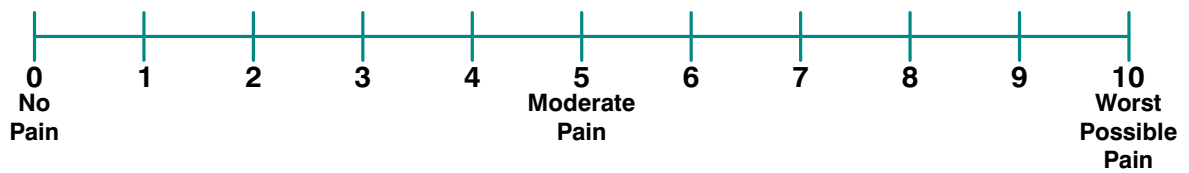
Objective element	It is that component of standard, which can be measured objectively on a rating scale. The acceptable compliance with the measureable elements will determine the overall compliance with the standard.
Organogram	A graphic representation of reporting relationship in an organisation.
Performance appraisal	It is the process of evaluating the performance of employees during a defined period of time with the aim of ascertaining their suitability for the job, potential for growth as well as determining training needs.
Personal protective equipment	Specialised clothing or equipment worn by an employee for protection against infectious materials (OSHA).
Policies	They are the guidelines for decision-making, e.g. admission, discharge policies, antibiotic policy etc.
Preventive maintenance	It is a set of activities that are performed on plant equipment, machinery, and systems before the occurrence of a failure in order to protect them and to prevent or eliminate any degradation in their operating conditions.
	The maintenance carried out at predetermined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item.
Prescription	A prescription is a document given by a physician or other healthcare practitioner in the form of instructions that govern the care plan for an individual patient.
	Legally, it is a written directive, for compounding or dispensing and administration of drugs, or for other service to a particular patient.
	(Reference: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition, Saunders)
Privileged Communication	Confidential information furnished (to facilitate diagnosis and treatment) by patient to a professional authorised by law to provide care and treatment.
Privileging	It is the process for authorising all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications and skills.
Procedure	1. A specified way to carry out an activity or a process (Para 3.4.5 of ISO 9000: 2000).
	2. A series of activities for carrying out work which when observed by all help to ensure the maximum use of resources and efforts to achieve the desired output.
Process	A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000: 2000).

Programme	A sequence of activities designed to implement policies and accomplish objectives.
Protocol	A plan or a set of steps to be followed in a study, an investigation or an intervention.
Re-assessment	It implies continuous and ongoing assessment of the patient, which is recorded in the medical records as progress notes.
Risk assessment	Risk assessment is the determination of quantitative or qualitative value of risk related to a concrete situation and a recognised threat (also called hazard). Risk assessment is a step in a risk management procedure.
Root Cause Analysis (RCA)	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.
	RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented. The process involves data collection; cause charting, root cause identification and recommendation generation and implementation.
Scope of services	Range of clinical and support services that are provided by a healthcare organisation.
Sentinel events	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.
	Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.
Staff	All personnel working in the organisation including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.
Standard precautions	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
	A set of guidelines protecting first aiders or healthcare professionals from pathogens. The main message is: "Don't touch or use anything that has the victim's body fluid on it without a barrier." It also assumes that all body fluid of a patient is infectious, and must be treated accordingly.
	Standard Precautions apply to blood, all body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood, non-intact skin and mucous membranes

Standards	A statement of expectation that defines the structures and process that must be substantially in place in an organisation to enhance the quality of care.
Sterilisation	It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.
Surveillance	The continuous scrutiny of factors that determines the occurrence and distribution of diseases and other conditions of ill health. It implies watching over with great attention, authority and often with suspicion. It requires professional analysis and sophisticated interpretation of data leading to recommendations for control activities.
5 S	5S is defined as a methodology that results in a workplace that is clean, uncluttered, safe, and well organized to help reduce waste and optimize productivity. 5 S stands for Sort, Set in order, Shine, Standardize and Sustain
Triage	Triage is a process of prioritising patients based on the severity of their condition to treat as many as possible when resources are insufficient for all to be treated immediately.
Values	The fundamental beliefs that drive organisational behaviour and decision-making.
	This refers to the guiding principles and behaviours that embody how an organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an organisation.
Vision	An overarching statement of the way an organisation wants to be, an ideal state of being at a future point.
	This refers to the desired future state of an organisation. The vision describes where the organisation is headed, what it intends to be, or how it wishes to be perceived in the future.
Vulnerable patient	Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status, e.g. infants, elderly, physically- and mentally-challenged, semiconscious/ unconscious, those on immunosuppressive and/or chemotherapeutic agents.

Annexure I

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



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Annexure II

Medication Errors

Definition

NCCMERP (National Coordinating Council for Medication Error Reporting and Prevention) defines medication error, as "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. Such events may be related to professional practice, health care products, procedures and systems, including prescribing, order communication, product labelling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.

Level of Harm	Category of Error	Explanation of events/ error
NO ERROR	Category A	Circumstances or events that have the capacity to cause error
ERROR, NO HARM	Category B	An error occurred but the error did not reach the patient (An "error of omission" does reach the
	Category C	An error occurred that reached the patient, but did not cause patient harm.
	Category D	An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to
ERROR, HARM	Category E	An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
	Category F	An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization
	Category G	An error occurred that may have contributed to or resulted in permanent patient harm
ERROR, DEATH	Category H	An error occurred that required intervention necessary to sustain life
	Category I	An error occurred that may have contributed to or resulted in the patient's death.

NCC MERP Index for Categorizing Medication Error

Algorithm developed by the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) for applying the NCC MERP index for categorizing errors. © 2001, National Coordinating Council for Medication Error Reporting and Prevention.

Methodology

Chart Review, Audit and Self Reporting of Medication Errors are preferred methods in case medication charts are documented manually in the HCO. Software programmes can be used where prescriptions are generated online.

The idea of trying to identify personnel involved in errors is to ensure that the organisation does a proper root cause analysis and takes appropriate corrective and/or preventive action. It is not meant for punitive action. Process improvements are necessary to reduce errors.

Formula

Total number of errors identified / Total number of opportunities x100•

Note: • Self-reported medication errors, medication errors identified during audits or medication errors identified by any other methodology shall be added to the numerator i.e. total number of errors identified.

Annexure III

Informed Consent Form

ATWC Name.....

Address.....

Iage.....yrs. hereby give my consent to Dr.....(Name of treating doctor) to perform(name of procedure).....on me/my family member.....(relationship with the patient).....at the ATWC. The treating doctors has explained me about my clinical condition, procedure planned, duration of treatment and do's & don'ts during the treatment procedure. I have been also explained about the risk associated with procedure, the possible benefits, outcome, and alternatives of the procedure and the approximate cost of the treatment in a language that I understand.

Patient's Name & Signature:

Parent / Guardian Name & Signature:

(In case, if the patient is incapable of giving consent)

Doctor's Name & Signature:

Witness Name & Signature:

Date:

Place:

Annexure IV

Sentinel Event

Definition

An 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.

Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.

Event type description

Surgical events

- Procedure performed on the wrong body part
- Procedure performed on the wrong patient
- Wrong procedure performed on the wrong patient
- Retained instruments in patient discovered after surgery/procedure Patient death during or immediately post-surgical procedure

Device or product events:

Patient death or serious disability associated with:

- the use of contaminated drugs, devices, products supplied by the organisation
- the use or function of a device in a manner other than the device's intended use
- the failure or breakdown of a device or medical equipment

Patient protection events

- Discharge of an infant to the wrong person
- Patient death or serious disability associated with elopement from the healthcare facility

- Patient suicide, attempted suicide, or deliberate self-harm resulting in serious disability
- Intentional injury to a patient by a staff member, another patient, visitor, or other

Environmental events:

Patient death or serious disability while being cared for in a healthcare facility associated with:

- a burn incurred from any source
- a slip, trip, or fall
- an electric shock
- the use of restraints or bedrails

Care management events

- Medication error leading to the death or serious disability of patient due to incorrect administration of drugs.

Criminal events

- Any instance of care ordered by or provided by an individual impersonating a clinical member of staff
- Abduction of a patient
- Sexual assault on a patient within or on the grounds of the healthcare facility
- Death or significant injury of a patient or staff member resulting from a physical assault or other crime that occurs within or on the grounds of the healthcare facility.

Annexure V

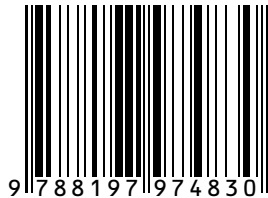
Quality Indicators

Standard	Indicator	Formula	Unit	Frequency of data collation/ monitoring	Remarks
PAQ2A	Incidence fo medication errors	Total Number of medication errors/Total Number of opportunities *100	Percentage	Monthly	<p>The methodology for capture shall be as stated in NABH's document of medication errors.</p> <p>The indicator shall be captured for admitted patients.</p> <p>Sampling: Yes</p> <p>Sampling methodology: Stratified random</p>
PSQ2a	Waiting time for outpatient consultation	Sum total time for consultation/ Total Number of outpatients	Minutes	Monthly	<p>In case of appointment patients, the time shall begin with scheduled appointment time and end when the concerned consultant (not the junior doctor/resident) begins the assessment. In cases where the patient has been seen ahead of the appointment time, the waiting time shall be taken as zero minutes.</p> <p>Sampling: No</p>
PAQ2A	Compliance to Hand hygiene practice	Total number of actions performed/ Total number of hand hygiene opportunities * 100	Percentage	Monthly	<p>Observation involves directly watching and recording the hand hygiene behaviour of health care workers and the physical environment. Good reference is the WHO hand hygiene compliance monitoring tool.</p> <p>Please refer:</p> <p>http://www.who.int/gosc/5may/tools/en/</p> <p>http://www.who.int/entity/gpsc/5may/Observation_orm.doc?us=1</p> <p>Sampling: Yes</p> <p>Sampling methodology: Stratified random</p>
PSQ2a	Out patient satisfaction index	Score achieved/ Maximum possible score*100	Percentage	Monthly	<p>Patient Satisfaction is defined in terms fo the degree to which the patient's expectations are fulfilled. The sample shall be derived from repeat patients. It is preferable that patients who are coming to the hospital for the first time not be induced as it is possible that they would not be in a position to give feedback on some aspects.</p> <p>The organisation could also capture satisfaction for various individual parameters (as laid down in its feedback from). In case the organisation is not capturing an overall feedback but instead only for various parameters, the index shall be calculated by averaging the satisfaction of various parameters.</p>

Standard	Indicator	Formula	Unit	Frequency of data collation/ monitoring	Remarks
PSQ2a	Percentage of medical records having incomplete and/or improper consent	Number of medical records having incomplete and/or improper consent/Total number of discharges/ death	Percentage	Monthly	<p>This is applicable only in case of day care ATWC.</p> <p>If any of the essential element/requirement is missing it shall be considered as incomplete. If any of the consent obtained is invalid/ void (consent obtained from wrong person etc.), it is considered as improper.</p> <p>Sampling: No</p>



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