Pre Accreditation Entry Level Standards for Small Healthcare Organizations (SHCO)

CHAPTER WISE DOCUMENTATIONS AND REQUIREMENTS

(A Guide for the Preparation)

SUMMARY OF CHAPTERS, STANDARDS AND OBJECTIVE ELEMENTS

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CHAPTER -1

ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)

INTENT OF THE CHAPTER

- The organization defines the scope of services and provides information to patient about services available.
- All patients visiting to organizations should be registered and assessed in OPD, IPD or Emergency.
- The laboratory and Imaging services are provided by competent staff in a safe and secure environment.
- A Standard approach to be used for referring or transferring patient to other organizations including discharge.

REQUIREMENTS

1. STANDARD OPERATING PROCEDURES (SOP'S)

Sr.No	Standard Reference	Name of SOP's	Expected Content
1	AAC 2	Documented registration, admission and transfer process	-Registration process to OPD, IPD and emergency. -Two Identifications (E.g. Full name and UIN) -Procedure should address expected time for registration and admission at all level.
2	AAC 5b	Procedure guide collection, Identification, handling, safe transportation, processing and disposal of specimen.	-Define how to collect, Method of collection, preparation etc, safe handling and transportation. -Mechanism of disposal of specimen as per BMW management rule 2016. -Organization can define time frame at each of these steps.
3	AAC 7	Organization has a defined discharge process.	-Address discharge of general patient including medico-legal. -Define content of discharge summary.

2. DISPLAYS

1. **Services -** Provided in the organizations should be prominently displayed.
2. **Admission Criteria to ICU-** In case organizations providing ICU services criteria for ICU admission should be displayed in emergency unit and in respective ICU.
3. **Scope of Laboratory/ Imaging Services-** In case Organization Providing In house laboratory/ imaging services scope (list of laboratory tests) should be displayed at prominent location at laboratory/ imaging department.
4. **Radiation safety signage's –** It should be displayed at prominent location at imaging department.

3. FORMS AND FORMATS

Sr.No	Standard Reference	Name of form and format	Expected Content
1	AAC 3	OPD Assessment form	Patient demographics with two identifications, Chief complaints, Past history, history of allergies, nutritional assessment, General examination, Provisional diagnosis, investigations, treatment, follow-up, emergency contact numbers.
2	AAC 3	IPD Assessment form	Patient demographics with two identifications, Chief complaints, History of present Illness, past medical and surgical history, general examination, local examination, systemic examination, Results of Investigations, Provisional diagnosis, Care plan, signature of doctor with stamp.
3	AAC 5	Laboratory Requisition form	Patient demographics, Unique ID no, Diagnosis, Name of consultant, Brief clinical history, details of investigations required, Signature and stamp of doctor.
4	AAC 6	Imaging	Patient demographics, Unique ID no, Diagnosis, Name of

		Requisition form	consultant, Brief clinical history, details of investigations required, Signature and stamp of doctor.
5	AAC 7	Discharge summary	Patient demographics, date of admissions and discharge, diagnosis, name of treating doctor, allergies, chief complaints, course in hospital, Investigations, treatment given, Operations /procedure performed, advices on discharge and follow-up advices, details of when and how to contact in emergency. Signature and stamp of doctor.

4. TRAINING

1. Staff should be oriented to the **Services available** in the organization.

2. Staff should be trained in **Laboratory and Imaging safety.**

5. REGULATORY REQUIREMENTS

1. Licenses for Radiological installations

6. REFERENCES

1. Safety code for medical diagnostic X-ray equipment and Instollation-2001

(http://rajswasthya.nic.in/AERB%20X-ray.pdf)

2. PC-PNDT act

(https://indiacode.nic.in/bitstream/123456789/8399/1/pre-conception-pre-natal-diagnostic-   techniques-act-1994.pdf)

CHAPTER 2

CARE OF PATIENT (COP)

INTENT OF CHAPTER

- This chapter aims to guide and encourage patient safety as overall principle for providing care to patients.
- Specific services such as intensive care, surgery, blood transfusion, and emergency, Anesthesia, Obstetrics and Pediatric are addressed.
- The organizations are encouraged to identify and adapt clinical guidelines to maintain uniformity in patient care.

REQUIREMENTS

1. STANDARD OPERATING PROCEDURES (SOP'S)

Sr.No	Standard Reference	Name of SOP's	Expected Content
1	COP 2	Documented procedure to guide emergency services including ambulance.	-Procedure for handling MLC -Procedure for Admission, Discharge and referral. -Procedure for use and maintenance of ambulance
2	COP 3	Documented procedures defines rational use of blood and blood products	-Indications for use of blood components. -Procedure for Requesting for blood products. -Obtaining inform consent for donation transfusion. -Procedure of transportation, administration and monitoring blood transfusion services. -Reporting and recording of blood transfusion reaction.

3	COP 4	Documented procedure to guide the care of patient in intensive care and high dependency unit.	-Admission and transfer of patient. -Monitoring, Reporting and recording of patient care events. -Staffing and equipment management.
4	COP 5	Documented procedures to guide the care of obstetrics services.	-Procedure includes regular antenatal check-up, maternal nutrition and postnatal care.
5	COP 6	Documented procedures guide the pediatric patients.	-Nutritional assessment, Immunization assessment. -Procedure addresses identification and security measures to prevent child abduction and abuse. - Mechanism of educating children's and family about nutrition, immunization and safe parenting.
6	COP 7	Documented services to guide the administration of anesthesia	-Procedure for pre-anesthesia assessment and documentation of anesthesia plan. -Immediate post operative re-evaluation. -Obtaining informed consent for anesthesia. -Procedure of intra-operative monitoring, post anesthesia status and documentation.
7	COP 8	Documented Procedure to guide the care of patient undergoing surgical services	Procedure includes documentation of pre-operative assessment, and diagnosis. Obtaining the informed consents, Prevention of adverse events, Documentation of post operative notes, post operative plan of care, infection control practices in OT.

2. FORMS AND FORMATS

Sr. No	Standard Reference	Name of form and format	Expected Content
1	COP 2 c	Transfer referral form to another organization	Patient demographics, Chief complaints, course in hospital, Investigations, treatment given, reason for referral, special recommendations for further management. Contact Details of hospital, Signature and stamp of referring doctor.
2	COP 3b	Blood transfusion Consent form	This should include reason for blood transfusion, expected benefits and risk.
3	COP 3	Blood component request form	Patient demographics, previous history of transfusion, Indication of transfusion, blood component required, name and signature of phlebotomist.
4	COP 3	Blood transfusion monitoring form	Patient demographics, Check point for patient name, ID No, Label for blood group etc. Name of component, Transfusion start time, vitals during transfusion (monitoring at least for every 30 min), Transfusion end time, adverse reaction if any, Total volume infused, signature of doctor and signature of nurse.
5	COP 3c	Reporting of adverse blood reaction	Details of blood component, time of start and end, details of reaction, analysis which includes errors in transportation, storage, administration and post transfusion biochemistry and microbiology report, corrective and preventive action (if any)
6	COP 7 b	Pre anesthesia assessment (PAC) form	Patient demographics, diagnosis, proposed surgery, chief complaints, allergy, past history, general examination, airway examination, systemic examination, routine or special investigation results, special advices, plan of anesthesia with ASA grade, signature of anesthesiologist

			with date and time.
			Immediate preoperative assessment can be incorporated in the last part of PAC which should include level of consciousness, pulse rate, BP and SpO2.
7	COP 7 e	General anesthesia consents	Name of surgery, name of anesthesia planed, benefits and risk, signature of patient, relative, anesthesiologist with date and time.
8	COP 7 e	High risk anesthesia consents	Name of surgery, name of anesthesia planed, reasons for high risk, signature of patient, relative, anesthesiologist with date and time.
9	COP 7 f	Anesthesia Monitoring Form	Regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and potency and level of anesthesia.
10	COP 7 g	Post anesthesia status monitoring form.	This should result in fitness of patient for transfer from recovery room after anesthesia. Aldrete's score is one of the good references.
11	COP 8 b	Informed consents for surgery	Name of proposed surgery, name of surgeons, Possible outcome, possible complications and risk signature of patient, relative, surgeon with date and time.
12	COP 8 b	High risk consents for surgery	Name of proposed surgery, name of surgeons, reason for high risk, signature of patient, relative, surgeon with date and time.
13	COP 8 c	Surgical Safety check list	As per WHO guidelines as given in references of this document

3. TRAININGS

1. Training on Security Measures to prevent child abduction and abuse (Code Pink)
2. Implementation of Surgical safety check list
3. All other necessary trainings as per the scope and need of the organization

4. REGULATORY REQUIREMENTS

1. License for blood bank or blood storage centre. (If any)

5. REFERENCES

1. WHO surgical safety checklist Template

   https://www.who.int/patientsafety/safesurgery/tools_resources/SSSL_Checklist_finalJun08.pdf

2. Surgical safety checklist Implementation Guidebook

   http://www.safesurgery2015.org/uploads/1/0/9/0/1090835/safe_surgery_implementation_guide__092515.012216_.pdf

3. MTP Act

   http://tcw.nic.in/Acts/MTP-Act-1971.pdf

CHAPTER- 3

MANAGEMENT OF MEDICATION

INTENT OF CHAPTER

- The organization has a safe and organized medication process.
- The organization should have a mechanism to ensure that the emergency medication are standardized through the organization, readily available and replenished in a timely manner.
- Required medications are always stocked and well within the expiry dates.
- Process also includes monitoring of patients after administration and procedure for reporting and analyzing adverse drug events, which include errors and events.

1. STANDARD OPERATING PROCEDURES (SOP'S)

Sr.No	Standard Reference	Name of SOP's	Expected Content
1	MOM 1	Procedure for organization of pharmacy services and usage of medication	Procedure should include Purchase, storage, Prescription and dispensation of medication, List of lookalike and sound alike medication, procurement and usage of implantable prosthesis
2	MOM 2	Procedure to guide the prescription of medication	Procedure should include who can write the orders, location of writing orders, define high risk medication and process to describe them.
3	MOM 3	Procedure to guide the dispensing of medication	Medication checking system prior to dispensing including high risk medication.
4	MOM 4	Procedure to guide the Administration of medication	Verification prior to administration, Prepared medication is labeled prior to preparation of second drug, records of administration including disposal of narcotics and psychotropic medications

2. FORMS AND FORMATS

Sr.No	Standard Reference	Name of form and format	Expected Content
1	MOM 2	Medication Prescription sheet	Doctor name and registration no, prescription no, date, patient full name, address and phone no, age sex, weight, medication prescribed, signature, name and stamp of doctor.
2	MOM 4	Medication chart (Administration)	Patient demographics, Any previous drug allergies, date and time of order, name of the drugs (in capital letters),amount of dose, route, frequency, duration, time, signature of staff administrating the medication.
3	MOM 5	Adverse event reporting form	This should include description of reaction, details of suspected medication and immediate action taken etc.

3. REGULATORY REQUIREMENTS

1. Drug Retail License
2. Drug Bulk License
3. Narcotic Drug License

4. REFERENCES

1. National List of Essential Medicine

   https://pdfs.semanticscholar.org/871d/6fb4bf92dd247f2586d47ed7ee8e06f7be84.pdf

   http://apps.who.int/medicinedocs/documents/s23519en/s23519en.pdf

2. WHO Model list of essential medicine

   https://www.who.int/medicines/publications/essentialmedicines/18th_EML.pdf

3. Error Prone abbreviation list by Institution for safe medication practice (ISMP)

   http://find.galegroup.com/nrcx/Toolbox/1401872069-00026-a.htm

   https://www.ismp.org/recommendations/error-prone-abbreviations-list

CHAPTER 4

PATIENT RIGHTS AND EDUCATION (PRE)

INTENT OF CHAPTER

- Organization defines the patient rights and responsibilities.
- Staff is trained to protect patient rights.
- Patient and family members are informed about their rights and educated about their responsibilities, cost and mechanism of addressing grievances.

1. DISPLAY

1. Patient rights and responsibilities

2. Mechanism for grievance

2. LIST OF CONSENTS

1. General Informed consent
2. Informed consent for surgery
3. High risk consent for surgery
4. Informed consents for Anesthesia
5. High risk consents for Anesthesia
6. Consents for blood transfusion
7. Consents for procedure
8. Consent for critically ill /Ventilation

Note -

1. Each consent should include reason for respective procedure, benefits, possible risk and complications.
2. Consents should be bilingual in format and taken Preferably one language can be a local language

CHAPTER-5

HOSPITAL INFECTION CONTROL (HIC)

INTENT OF CHAPTER

- The programmed is documented and aims at reducing/eliminating infection risk to patients, visitors and care providers.
- The organization proactively monitors adherence to infection control practices.
- Adequate facility should be available for protection of staff.
- Biomedical waste is managed as per policies and procedures.

1. MANUAL

Sr.No	Standard Reference	Document	Expected Content
1	HIC 1	Infection control manual	This should include standard universal precautions, cleaning and general housekeeping practices, disinfection and sterilization practices, use of PPE, Post exposure prophylaxis and BMW management.

2. DISPLAYS

1. Five moments of hand washing
2. Seven steps of hand washing
3. BMW categories for waste disposal.

3. REGULATORY REQUIREMENTS

1. Bio-medical Waste Management and Handling Authorization.

4. REFERENCES

1. WHO Hand hygiene guidelines

   https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf

2. CDC guidelines for transmission based precautions

   https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html

3. CDC Guidelines for Disinfection and sterilization in health care Facilities 2008.

   https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html

4. Hospital Infection Control Guideline- ICMR

   https://www.icmr.nic.in/sites/default/files/guidelines/Hospital_Infection_control_guidelines.pdf

5. Biomedical waste Management Rule- 2016
   http://mpcb.gov.in/biomedical/pdf/BMW_Rules_2016.pdf
6. Biomedical waste Management Rule Amendment - 2019
   https://kspcb.gov.in/BMW-(A)Rules-2019.pdf

CHAPTER – 6

CONTINUOUS QUALITY IMPROVEMENT (CQI)

INTENT OF THE CHAPTER

- The standards introduce the subject of continual quality improvement and patient safety.
- The organization should identify and collect data on structures, processes and outcomes.
- The collected data should be collated, analyzed and used for further improvements.

1. HOSPITAL QUALITY IMPROVEMENT PROGRAMME

Sr.No	Standard Reference	Document	Expected Content
1	CQI 1	Quality Improvement programme	This can be done for different department of the hospital such as IPD, OPD, OT, Emergency, Laboratory, ICU etc This should include parameters to be monitored, data collection mechanism, plan for analysis and corrective and preventive actions. For example, OPD waiting time, OT Utilization, OT cancellation, Percentage of medication errors etc.

Note- For entry level certification SHCO can select indicators as per the priority of the organizations

CHAPTER -7

RESPONSIBILITIES OF MANAGEMENT (ROM)

INTENT OF THE CHAPTER

- The standards encourage the governance of the organization 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 hospital management.

1. DOCUMENTS REQUIRED

- Organogram - This should explain organizational pattern of the hospital. Organogarm can be the vertical or horizontal or mix.
- Define the responsibilities of management.
- Document the services provided by the each department.

2. DISPLAYS

- Vision and Mission Of the organization
- Quality policy and quality objectives
- Organogram
- Services provided by each department.

3. STATUTORY AND REGULATORY REQUIREMENTS

1. Bio-medical Waste Management and Handling Authorization
2. Registration Under Clinical Establishment Act (or similar)
3. Registration with Local Authorities.

4. License to operate (CT/ Interventional Radiology (IR) or Relevant radiological installations.

5. Registration for PNDT (as applicable)

6. License for Blood Bank (as applicable)

7. License for MTP (as applicable)

8. Licenses for pharmacy (as applicable)

4. MOU's

• All Out sources services

1. Laundry

2. BMW Management

3. Security

4. Canteen

5. Housekeeping

6. Parking

CHAPTER 8

FACILITY MANAGEMENT AND SAFETY (FMS)

INTENT OF THE STANDARDS

- The standards guide the provision of a safe and secure environment for patients, their families, staff and visitors.
- To ensure this, the organization conducts regular facility inspection rounds and takes the appropriate action to ensure safety.
- The organization provides for equipment management, safe water, electricity, medical gases and vacuum systems.
- The organization plans for emergencies within the facilities and the community.

1. SAFETY PROGRAMME

Sr.No	Standard Reference	Document	Expected Content
1	FMS 1	Safety programmed	This should include details of plans and provisions for detection, abatement and containment of fire and non-fire emergencies. Emergency color codes, Plan for mock drills, system to identify the potential safety and security risks, including hazardous materials. Plan for Facility inspection rounds to ensure safety, Plan for safety education programmed, documented operational and maintenance (preventive and breakdown) plan for medical equipments, electricity, water, Medical gas and vacuum.

2. DISPLAYS/ SIGNAGES

1. Fire exit route and Maps
2. Floor Maps
3. Entry restricted signages as applicable e.g laundry, Electricity room, CSSD etc
4. Directions signage's as required

3. REFERENCES

1. Air-conditioning Guidelines (NABH)

   https://nabh.co/Announcement/RevisedGuidelines_AirConditioning.pdf

2. Fire safety guidelines (NABH)

   https://nabh.co/Announcement/Fire%20Safety%20Checklist%20-%2031st%20July%202018.pdf

3. National Building code

   https://archive.org/details/nationalbuilding01/page/n5

4. Hazardous chemical Rule-2008.

   http://mpcb.gov.in/hazardous/pdf/HWRulesFinalNoti240908.pdf

CHAPTER -9
HUMAN RESOURCE MANAGEMENT (HRM)

INTENT OF THE STANDARDS

This is based on the organization's mission, objectives, goals and scope of services. Effective human resource management involves the following processes and activities:-

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

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

1. STANDARD OPERATING PROCEDURES (SOP'S)

Sr. No	Standard Reference	Name of SOP's	Expected Content
1	HRM 2a	Disciplinary and grievance handling Procedure	This should include mechanism of handing employee grievances, time line of handling grievances, Details grievance and redressal committee which includes composition, frequency of meeting etc

2. OTHER DOCUMENTATION

Organizations should have following things while preparing this chapter

1. All cadres of employee should have written job description signed by head of the department and self signed by employee him self
2. Identification of occupational hazards their risk and measures taken for prevention.
3. Organization should maintain personal files of all the employees which should include qualification documents, bio-data, joining letters, leave record, disciplinary actions and health record.
4. Organization should conduct annual health check-up for the entire employee including immunization.

CHAPTER- 10

INFORMATION MANAGEMENT SYSTEM (IMS)

Intent of Standards

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

1. STANDARD OPERATING PROCEDURES (SOP'S)

Sr. No	Standard Reference	Name of SOP's	Expected Content
1	IMS 3	Procedures for maintaining Confidentiality, integrity and security of records, data and information.	- This should address mechanism maintaining - Confidentiality, integrity and security of records, data and information. - Timely and accurate dissemination of data and storing, retrieving data. - Safeguarding of data/ Records against loss, destruction and tempering. - Privileged health information is used for the purposes identified or as required by Law
4	IMS 4	Documented procedures exist for retention time of records, data and information.	- This should address retention period of each type of medical record such as OPD, IPD, MLC, Death etc. - The process also provides expected confidentiality and security as well as methods for destruction of medical records.

2. **REFERENCES**

1. Electronic Medical Record Guidelines by MoHFW

   https://mohfw.gov.in/sites/default/files/17739294021483341357.pdf

2. Code of medical ethics -2002

   https://www.mciindia.org/documents/rulesAndRegulations/Ethics%20Regulations-2002.pdf

3. Consumer Protection act-1986

   https://www.wipo.int/edocs/lexdocs/laws/en/in/in076en.pdf

4. Guidelines on Retention of medical record.

   (Refer code of medical ethics- 2002)

   https://www.mciindia.org/documents/rulesAndRegulations/Ethics%20Regulations-2002.pdf