

# Entry Level Standards for **AYUSH CENTRE**

**1<sup>ST</sup>  
EDITION**  
MAY, 2019



**National Accreditation Board for Hospitals  
and Healthcare Providers (NABH)**



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**National Accreditation Board  
for Hospitals and Healthcare Providers  
(NABH)**

**Entry Level Standards  
for  
AYUSH Centre**

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1<sup>st</sup> Edition May 2019



सत्यमेव जयते

**वैद्य राजेश कोटेचा**  
**Vaidya Rajesh Kotecha**



सचिव

भारत सरकार

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### **Foreword**

India has a long history of using AYUSH systems of healthcare. The growth, development and outreach of these systems have increased manifold over the years with constant policy support from Government of India and perpetual scientific and quality control inputs. As a result, presently we see a large network of AYUSH institutions catering to the needs of health delivery system.

Standardization is one of the important thrust areas of AYUSH, for which a lot of impetus has been given to improve the quality of healthcare services, practitioners and products. Public Health Standards of AYUSH facilities are imbibed in the provisions of Clinical Establishments Act, 2010 and implementation framework of National Health Mission. With the inclusion of AYUSH in the Health Insurance Regulations, Insurance Regulatory and Development Authority (IRDAI) has also notified certain standards for empanelment of insurance network providers. In this direction, the role of NABH in laying down standards for accreditation and certification of health facilities is very important to promote delivery of safe and quality services to the patients. NABH has brought out and implemented standards of AYUSH hospitals and Panchakarma Centres.

I appreciate the initiative of NABH to frame now separate sets of standards for entry level certification of AYUSH hospitals and AYUSH Day Care Centres. I complement the CEO, NABH, Dr Harish Nadkarni and his team of experts, who were involved in working out these standards under the collaborative efforts of Dr D.C. Katoch, Adviser (Ayurveda), Ministry of AYUSH and Dr Gayatri Mahindroo, Director, NABH. I trust, these parameters of pre-accreditation entry level certification will help augmenting the AYUSH coverage and empanelment of facilities under different insurance policies and reimbursement schemes for the beneficiaries.

**(Rajesh Kotecha)**

New Delhi  
31<sup>st</sup> May, 2019



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## PROLOGUE

Accreditation or certification of the health institution is a communication to indicate and project that the quality of health services has been verified in accordance with the prescribed standards of infrastructural facilities, functionality and processes. Certification is normally the pre-accreditation stage of quality assurance of an institution done on the basis of significant compliance to the prescribed standards, which are meant for accreditation purpose comparatively at a higher level. It provides a written assurance in the form of a certificate from an independent body that the healthcare or medical services imparted by the institution meet specific requirements.

Certification of health institutions is emerging as a useful tool in our country to ensure and demonstrate that the services possessing certain credibility meet the expectations of beneficiaries as well as of health financing and empanelment agencies. As of now, certification of health facilities is primarily a sort of voluntary contractual requirement; which government, public and private institutions may resort to for the benefit of employees and their family members and masses at large. In this direction, pre-accreditation certification of AYUSH service providers is an important step NABH has taken to encourage capable indoor and outdoor facilities for augmenting the base and outreach of quality assured AYUSH treatments.

It is heartening to introduce NABH-entry level standards for the certification of AYUSH hospitals and Day Care Centres. Being involved in the evolution of these standards from concept to finalization I am pleased to inform that a systematic consultative process was followed for this publication incorporating lot of inputs from experts, stakeholders, NABH's technical committee and peer reviewers. Adoption of these standards by NABH itself as an accreditation body and external assessors, I hope, will go a long way in promoting quality AYUSH services and start-ups. Wish the publication wide application and use.

Dated: 3<sup>rd</sup> June, 2019

  
(Dr. D. C. Katoch)

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## Scope of AYUSH Centre

### Definition

A standalone outpatient healthcare organization that provides AYUSH treatment (consultation, medication and procedures) services by registered doctors with state AYUSH systems practitioners' board/council.

AYUSH Centre includes the following types of facilities:

Sl. No.	Healthcare facility	Definition
1.	AYUSH Centre	A standalone healthcare facility for services (other than OPD of a hospital). Defined in the glossary*
2.	Polyclinic	A clinic, which provides AYUSH, services in two or more AYUSH disciplines working in cooperation and sharing the same facilities/specialties
3.	Dispensary	A Centre Clinic, which in addition to patient care, provides for dispensing medicines and facilities for AYUSH therapies (excluding in-patient services)

In addition an "AYUSH Centre" may have added on services as follows:

#### Diagnostic services such as:

- Laboratory
- Imaging

#### Other Therapeutic services such as:

- Procedures

#### Support services such as:

- AYUSH Pharmacy
- Physiotherapy
- Nutrition
- Counselling etc.



**Chapter : 1**

# Access, Assessment and Continuity of Care (AAC)

## Summary of Standards

<b>AAC. 1</b>	<b>The AYUSH Centre defines and displays the services that it can provide.</b>
<b>AAC. 2</b>	<b>The AYUSH Centre has a well defined patient registration process.</b>
<b>AAC. 3</b>	<b>Patient's initial and continuing healthcare needs are identified through an established assessment process.</b>
<b>AAC. 4</b>	<b>The AYUSH Centre has a process to identify those patients who may need additional care that is beyond the scope and mission of the Centre and advises those patients to seek additional care, treatment or follow-up.</b>
<b>AAC. 5</b>	<b>The AYUSH Centre has a process to identify the transportation needs of the patients and facilitate the same as applicable.</b>
<b>AAC. 6</b>	<b>Laboratory services if provided are as per the mission and scope of the AYUSH Centre.</b>
<b>AAC. 7</b>	<b>Imaging services if provided are as per the mission and scope of the AYUSH Centre.</b>

## Standards and Objective Elements

### Standard

**AAC. 1** The AYUSH Centre defines and displays the services that it can provide.

### Objective Elements

- a. The services provided are clearly defined and are in consonance with the needs of the community it intends to serve, and its mission, resources and scope of services.
- b. The services provided are displayed bilingually.
- c. Each defined service should have suitable qualified trained personnel who provide patient care.

### Standard

**AAC. 2** The AYUSH Centre has a well defined patient registration process.

### Objective Elements

- a. Standardized policies and procedures are used for registering patients and patients registration register is to be maintained.
- b. Patients are registered only if their needs match the AYUSH Centre mission and resources.

### Standard

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

### Objective Elements

- a. The AYUSH Centre defines the scope and content of initial assessment conducted by different specialities /providers/ disciplines based on applicable laws and regulations.
- b. Initial assessment may use screening criteria or other mechanisms to identify patients who may need additional care.
- c. The AYUSH Centre defines criteria when additional, specialized assessments are required for some patients.
- d. The AYUSH Centre has a policy and procedure which defines the process for how the outside assessments are incorporated into the assessment process.

- e. There is an established process for meeting patient care needs requiring continuing care at OPD level.
- f. The assessment findings result in a documented plan of care including preventive aspects of the care as applicable.

### Standard

#### AAC. 4

**The AYUSH Centre has a process to identify those patients who may need additional care that is beyond the scope and mission of the AYUSH Centre and advises those patients to seek additional care, treatment or follow-up.**

### Objective Elements

- a. Policies and procedures are used to identify the additional care needs of the patients and to appropriately refer them to outside healthcare providers.
- b. If the patients needs do not match the AYUSH Centre mission and resources, the AYUSH Centre will assist or may guide the patient in identifying and/or obtaining appropriate sources of care.
- c. The AYUSH Centre attempts to facilitate and coordinate sharing of information and plans of care between medical Centres/ physicians to ensure proper coordination of care between multiple providers as and when required, if applicable.
- d. Written summaries are appropriately recorded and provided to the patients.

### Standard

#### AAC. 5

**The AYUSH Centre has a process to identify the transportation needs of the patients and facilitate the same as applicable.**

### Objective Elements

- a. Policies and procedures address identification of transportation needs of the patient and their facilitation.
- b. Ambulance or patient transport services, if provided, are organised through defined policies and procedures for efficient and effective services.
- c. Ambulance or patient transport services, if provided, comply with the legal and regulatory requirements.

### Standard

#### AAC. 6

**Laboratory services if provided are as per the mission and scope of the AYUSH Centre.**

## Objective Elements

- a. Laboratory services, if provided, on site are commensurate with the scope of services and comply with applicable local and national standards, law and regulations.
- b. Laboratory services if provided on site will have a quality control and laboratory safety programme.
- c. Adequately qualified and trained personnel perform, interpret and/or supervise the investigations.
- d. Policies and procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.
- e. Laboratory results are available within a defined time frame.
- f. Critical results are intimated immediately to the concerned personnel.
- g. Laboratory tests not available in the Centre are outsourced or referred to outside sources(NABL or any accredited lab) to meet patient needs.

## Standard

<b>AAC. 7</b>	<b>Imaging services if provided are as per the mission and scope of the AYUSH Centre.</b>
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## Objective Elements

- a. Imaging services if provided are commensurate to the services provided by the AYUSH Centre and as per applicable local and national standards, law and regulations.
- b. Imaging services if provided on site will have a quality control and radiation safety programme.
- c. Adequately qualified and trained personnel perform, interpret and/or supervise the imaging service and interpret the findings/results and report of investigations
- d. Policies and procedures guide the handling and disposal of radio-active and hazardous materials.
- e. Imaging results are available within a defined time frame.
- f. Critical results are intimated immediately to the concerned personnel.
- g. Imaging services if not available in the AYUSH Centre are outsourced or referred to outside resources(NABL or any accredited lab) to meet patient needs.
- h. Imaging and ancillary personnel are trained in safe practices and are provided with appropriate safety equipment/devices.

**Chapter : 2**

# Care of Patients (COP)

## Summary of Standards

<b>COP. 1</b>	<b>Care and treatment is provided in a uniform manner to ensure high level of patient care.</b>
<b>COP. 2</b>	<b>Policies and procedures guide the care &amp; treatment of patients with special identified needs.</b>
<b>COP. 3</b>	<b>Medication use is organized to meet patient needs and complies with applicable laws and regulations.</b>
<b>COP. 4</b>	<b>Medication prescription, dispensing and administration follow standardized processes to ensure patient safety.</b>
<b>COP. 5</b>	<b>Medication use is monitored for patient compliance, AYUSH centre appropriateness and adverse effects and the medication errors are appropriately addressed.</b>
<b>COP. 6</b>	<b>Policies and procedures guide all research activities, if applicable.</b>

## Standards and Objective Elements

### Standard

**COP. 1**

**Care and treatment is provided in a uniform manner to ensure high level of patient care.**

### Objective Elements

- a. Policies and procedures guide the uniform level of care for all patients, which reflect applicable laws and regulations.
- b. Care of patients should be in consonance with the defined scope.
- c. Evidence based medicine and/or clinical practice guidelines are adopted to guide patient care wherever possible.

### Standard

**COP. 2**

**Policies and procedures guide the care & treatment of patients with special identified needs.**

### Objective Elements

- a. Policies and procedures guide the provision of services to the high-risk patients and required risks associated with medication.
- b. Policies and procedures guide the provision of services which are associated with risk available in the center.
- c. Policies and procedure guide basic and first responder emergency care.
- d. Policies address handling of medico-legal cases.
- e. Policies and procedures guide the care & treatment of vulnerable patients/high risk patients/mentally ill patients and are in accordance with the prevailing laws and the national guidelines.
- f. Policies and procedures guide the care of patients undergoing various AYUSH Therapies (e.g. Agnikaram, Para surgical treatment procedures, Dhouti, Neti, Suttigai, Aruvai/yoga/ regimental therapies (Ilaj-bil- tadbeer)/ naturopathy procedure etc.) A written informed consent is obtained prior to the procedure.
- g. Policies and procedures guide the provision of rehabilitative services and commensurate with the clinical requirements, as applicable.
- h. Policies and procedures guide the management of pain.
- i. Policies and procedures guide the Paediatric care in AYUSH Centre.

- j. Policies and procedures guide the care document include data has specification as disease, age group, and gender etc.
- k. The competent and qualified personnel document the procedure notes and post procedure plan of care.

## Standard

**COP. 3 Medication use is organized to meet patient needs and complies with applicable laws and regulations**

## Objective Elements

- a. Policies and procedures guide how the centre will meet medication needs of the patient.
- b. The medication use meets applicable laws & regulations.
- c. Medication prescription is guided by evidence based guidelines or good clinical practices.
- d. The medications available are appropriate to the centre's mission, scope of services and patient needs.
- e. Policies and procedures guide the procurement process, storage labelling and management of medications.

## Standard

**COP. 4 Medication prescription, dispensing and administration follow standardized processes to ensure patient safety.**

## Objective Elements

- a. Medications are prescribed, dispensed and administered by authorized persons.
- b. Medications are prescribed in a clear legible manner, dated and timed.
- c. Medication administration is guided by standardized policies and procedures.
- d. In case medications are dispensed at the centre, standardized policies and procedures are used for safe dispensing
- e. Look-alike and Sound-alike medication drugs are stored physically apart from each other.

## Standard

### COP. 5

**Medication use is monitored for patient compliance, AYUSH centre appropriateness and adverse effects and the medication errors are appropriately addressed.**

## Objective Elements

- a. Medication use is monitored for patient compliance, effectiveness and adverse medication effects; and the same is noted in patient's record.
- b. Adverse medication effects are defined, analyzed, documented and reported to the collaborating centre as applicable.
- c. Patients and family members are educated about safe and effective use of medication and food-drug interactions.
- d. Policies and procedures define reporting mechanism, analysis and implementation of corrective and preventive actions for medication error and adverse drug events.

## Standard

### COP. 6

**Policies and procedures guide all research activities, if applicable.**

## Objective Elements

- a. Policies and procedures guide all research activities in compliance with the applicable law and national guidelines.
- b. Policies and procedures address patient's informed consent, their right to withdraw, and their refusal to participate in the research activities.



**Chapter : 3**

# Patient Rights and Education (PRE)

## Summary of Standards

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

## Standards and Objective Elements

### Standard

#### PRE. 1

**The AYUSH Centre protects patient and family rights and informs them about their responsibilities during care.**

### Objective Elements

- a. Patient and family rights and responsibilities are documented, displayed prominently and patients are informed of the same.
- b. Patients and families are informed of their rights and responsibilities in a format and language that they can understand.
- c. Patient rights include respect for personal dignity, safety, privacy and confidentiality during examination and treatment including procedures.
- d. The AYUSH Centre leaders/managers protect patient's rights.
- e. The staff is aware of their responsibility in protecting patient's rights.
- f. Violation of patient rights are recorded, reviewed and corrective/preventive measures are taken.

### Standard

#### PRE. 2

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

### Objective Elements

- a. Patient and family rights address any special preferences, religious and cultural needs.
- b. Patient rights include protection from physical abuse or neglect.
- c. Patient rights include treating patient information as confidential.
- d. Patient has the right to make an informed choice including the option of refusal for treatment.
- e. Patient rights include informed consent for any intervention.
- f. Patient rights include information and consent before any research protocol (if applicable) is initiated.
- g. Patient rights include information on how to voice a complaint.
- h. Patient has a right to have an access to his / her clinical records.

## Standard

### PRE. 3

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

## Objective Elements

- a. The AYUSH centre has listed those procedures and treatment where informed consent is required.
- b. Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that patient can understand.
- c. The policy describes who can give consent when patient is incapable of making independent decision.

## Standard

### PRE. 4

**Patient and families have a right to information and education about their healthcare needs.**

## Objective Elements

- a. Patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.
- b. Patient and families are educated about diet and nutrition.
- c. Patient and families are educated about immunizations.
- d. Patient and families are educated about their specific disease process, prognosis, complications and prevention strategies.
- e. Patient and families are educated about preventing infections.

## Standard

### PRE. 5

**Patient and families have a right to information on expected costs.**

## Objective Elements

- a. The tariff list is available to patients.
- b. Patients are educated about the estimated costs of treatment.
- c. Billing, receipts and records are maintained as per statutory requirements.
- d. Patients are informed about the estimated costs when there is a change in the patient condition or treatment setting.



**Chapter : 4**

# Infection Control (IC)

## Summary of Standards

**IC. 1**

The AYUSH Centre has a well-designed, comprehensive and coordinated Infection Control programme aimed at reducing / eliminating risks to patients, visitors and providers of care.

## Standards and Objective Elements

### Standard

**IC. 1** The AYUSH Centre has a well-designed, comprehensive and coordinated Infection Control programme aimed at reducing / eliminating risks to patients, visitors and providers of care.

### Objective Elements

- a. The AYUSH centre has documented policies and procedures for infection control as applicable to its scope.
- b. It focuses on adherence to standard precautions and overall hygiene at all times. The hygienic and sanitation measures are to be adequately installed and well maintained to prevent spread of infection.
- c. The AYUSH Centre is authorized by prescribed authority for the management and handling of Bio-medical waste.
- d. Proper segregation and collection of Bio-medical waste from all patient care areas of the AYUSH Centre is implemented and monitored.
- e. Appropriate personal protective measures are used by all categories of staff handling Bio- medical waste.
- f. Cleaning, disinfection of surfaces, equipment cleaning and sterilization practices are included.
- g. Laundry and linen management processes are also included.
- h. Staff in centre receive regular training in infection control practices
- i. Occupational risks are known to staff and they are trained to prevent these; and to take corrective and preventive actions in case of exposure.

**Chapter : 5**

# Continual Quality Improvement (CQI)

## Summary of Standards

<b>CQI. 1</b>	<b>There is a structured quality improvement and continuous monitoring programme.</b>
<b>CQI. 2</b>	<b>The AYUSH centre identifies key indicators to monitor the clinical and managerial structures, processes and outcomes which are used as tools for continual quality improvement.</b>

## Standards and Objective Elements

### Standard

**CQI. 1**

**There is a structured quality improvement and continuous monitoring programme.**

### Objective Elements

- a. The quality improvement programme is comprehensive and commensurate with the size and complexity of the centre and covers all the major elements related to quality improvement and risk management and is documented.
- b. The activities to achieve conformance with the defined quality management programme are communicated and coordinated amongst all the employees of the AYUSH centre through proper training mechanism. The duties and responsibilities of the staff are defined and ensured to be adhered.
- c. The quality improvement programme is reviewed at predefined intervals and opportunities for improvement are identified.

### Standard

**CQI. 2**

**The AYUSH centre identifies key indicators to monitor the Clinical and managerial structures, processes and outcomes which are used as tools for continual quality improvement.**

### Objective Elements

- a. The AYUSH centre develops appropriate key performance indicators suitable to monitor clinical structures, processes and outcomes.
- b. The centre develops appropriate key performance indicators suitable to monitor managerial structures, processes and outcomes.
- c. There is documentation of monitoring activity.
- d. Corrective and preventive actions are taken and monitored for effectiveness with respect to activities being managed or monitored.



**Chapter : 6**

# Responsibilities of Management (ROM)

## Summary of Standards

<b>ROM. 1</b>	<b>The responsibilities of the management are defined.</b>
<b>ROM. 2</b>	<b>The AYUSH centre is managed by the leaders in an ethical manner.</b>
<b>ROM. 3</b>	<b>The AYUSH centre initiates and maintains a patient record for every patient.</b>
<b>ROM. 4</b>	<b>Those responsible for management have addressed all applicable aspects of human resource management.</b>

## Standards and Objective Elements

### Standard

**ROM. 1** The responsibilities of the management are defined.

### Objective Elements

- a. Those responsible for governance lay down the AYUSH centre's mission statement, budget and resources.
- b. Those responsible for governance establish the Centre's organogram, as applicable.
- c. Administrative policies and procedures for each section are maintained.
- d. The Centre complies with the laid down and applicable legislations and regulations.
- e. Those responsible for governance address the Centre's social responsibility.

### Standard

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

### Objective Elements

- a. The AYUSH Centre functions in an ethical manner.
- b. The AYUSH Centre discloses its ownership.
- c. The AYUSH Centre honestly portrays its affiliations and accreditation.

### Standard

**ROM. 3** The AYUSH Centre initiates and maintains a patient record for every patient.

### Objective Elements

- a. Only authorized persons make entries in the patient record.
- b. Every patient record has a unique identifier and the record contains sufficient information to meet patient care needs and regulatory requirements.
- c. The retention period and storage requirements are defined and implemented as per law.
- d. Standardized forms and formats are used.

## Standard

### ROM. 4

**Those responsible for management have addressed all applicable aspects of human resource management.**

### Objective Elements

- a. The AYUSH centre maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.
- b. The required job specifications and job description are well defined for each category of staff.
- c. The AYUSH centre shall assure the potential employee with regards to credentials, criminal/negligence background, training, education and skills.
- d. Each staff member, employee and voluntary worker is appropriately oriented to the mission of the center, policies and procedures as well as relevant department / unit / service/ programme's policies and procedures.
- e. The AYUSH centre has a mechanism for continual update of professional knowledge of staff participates in continuing professional education programs.
- f. Performance evaluation systems are in place, if applicable.
- g. A policy for addressing Health problems of staff is in place.



**Chapter : 7**

# Facility Management and Safety (FMS)

## Summary of Standards

<b>FMS. 1</b>	<b>The hospital's environment and facilities operate in a manner to ensure safety of patients, their families, staff and visitors.</b>
<b>FMS. 2</b>	<b>The AYUSH centre has a programme for equipment management, safe water and electricity.</b>
<b>FMS. 3</b>	<b>The AYUSH centre has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.</b>

## Standards and Objective Elements

### Standard

**FMS. 1**

**The hospital's environment and facilities operate in a manner to ensure safety of patients, their families, staff and visitors.**

### Objective Elements

- a. Up-to-date drawings are maintained and displayed which detail the site layout, floor plans and fire escape routes.
- b. There is internal and external sign posting in the Centre in a language understood by patient, families and community.
- c. The provision of space shall be in accordance with the available literature on good practices.

### Standard

**FMS. 2**

**The AYUSH centre has a programme for equipment management, safe water and electricity.**

### Objective Elements

- a. The AYUSH centre plans for equipment in accordance with its services and strategic plan.
- b. Potable water and electricity are available round the clock.
- c. Alternate sources are provided for in case of failure.
- d. The organisation regularly tests the alternate sources.

### Standard

**FMS. 3**

**The AYUSH centre has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.**

### Objective Elements

- a. The AYUSH centre has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.
- b. Staff is trained for their role in case of such emergencies.
- c. The AYUSH centre has addressed identification, spill management, training of staff storage and disposal of Hazardous materials.
- d. The AYUSH Centre has policies & procedures in place to ensure its premises are rendered a non-smoking area.

**Chapter : 8**

# Community Participation and Integration (CPI)

## Summary of Standards

**CPI. 1**

**The commitment of the AYUSH centre to health promotion and disease prevention is evident in its mission statement, value statement, collaborative arrangements with local, regional and national agencies and relevant policies and community participation.**

## Standard

### CPI. 1

**The commitment of the AYUSH Centre to health promotion and disease prevention is evident in its mission statement, value statement, collaborative arrangements with local, regional and national agencies and relevant policies and community participation.**

## Objective Elements

- a. The AYUSH centre defines policies and procedures for health promotion / wellness and disease prevention / control programs that it participates in, as applicable.
- b. The AYUSH centre keeps abreast and implements national/regional or local standards and guidelines which are in consonance with its mission and objectives.
- c. AYUSH centre provides education, counselling and information to community partners and priority population on variety of topics for health promotion, health protection, and disease prevention and control.
- d. AYUSH centre cooperates and collaborates with the community partners in provision of surveillance, epidemiological investigations, data collection, when required.
- e. There is a process in place for reporting notifiable diseases as per prevailing law and regulations.



## 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.

<b>AYUSH Centre</b>	<p><b>AYUSH Centre:</b></p> <p>AYUSH Centre:</p> <p>a) An AYUSH centre is a healthcare Facility (other than an OPD in a Hospital) including Clinic, Polyclinic, CHC, PHC, Dispensary, etc. having facilities for AYUSH therapies (excluding in-patient services) under the supervision of qualified and registered AYUSH practitioner (s) as per provision of Indian Medicine Central Council Act (1970) and Homoeopathy Central Council Act (1973).</p> <p>b) NABH accredited AYUSH Centre and similar other AYUSH related therapy Centres.</p>
<b>Accreditation</b>	<p>Accreditation is a self-assessment and external peer review process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system.</p>
<b>Accreditation assessment</b>	<p>The evaluation process for assessing the compliance of an organisation with the applicable standards for determining its accreditation status.</p>
<b>Adverse event</b>	<p>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).</p>
<b>Ambulance</b>	<p>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.</p>

<b>Assessment</b>	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.
<b>Basic life support</b>	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.
<b>Breakdown maintenance</b>	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.
<b>Bylaws</b>	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
<b>Care Plan</b>	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.
<b>Competence</b>	Demonstrated ability to apply knowledge and skills (para 3.9.2 of ISO 9000: 2000). Knowledge is the understanding of facts and procedures. Skill is the ability to perform specific action. For example, a competent gynaecologist knows about the patho-physiology of the female genitalia and can conduct both normal as well as abnormal deliveries.
<b>Confidentiality</b>	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.
<b>Consent</b>	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.

<b>Consent</b>	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.
<b>Credentialing</b>	The process of obtaining, verifying and assessing the qualification of a healthcare provider.
<b>Data</b>	Facts or information used usually to calculate analyse or plan something.
<b>Employees</b>	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.
<b>Ethics</b>	Moral principles that govern a person's or group's behaviour.
<b>Evidence-based medicine</b>	Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
<b>Family</b>	The person(s) with a significant role in the patient's life. It mainly includes spouse, children and parents. It may also include a person not legally related to the patient but can make healthcare decisions for a patient if the patient loses decision-making ability.
<b>Healthcare-associated infection</b>	Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. (CDC)  This was earlier referred to as Nosocomial/hospital-acquired/hospital-associated infection(s).
<b>Healthcare organisation</b>	Generic term is used to describe the various types of organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.
<b>Incident reporting</b>	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 operationns of the healthcare facility.
<b>In service education/training</b>	Organised education/training usually provided in the workplace for enhancing the skills of staff members or for teaching them new skills relevant to their jobs/tasks.

<b>Indicator</b>	A statistical measure of the performance of functions, systems or processes overtime. For example, hospital acquired infection rate, mortality rate, caesarean section rate, absence rate, etc.
<b>Information</b>	Processed data which lends meaning to the raw data.
<b>Intent</b>	A brief explanation of the rationale, meaning and significance of the standards laid down in a particular chapter.
<b>Inventory control</b>	The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure adequate supply without stock-outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimise total costs.
<b>Job description</b>	<ol style="list-style-type: none"> <li>1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job.</li> <li>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 <b>job specifications</b> 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.</li> </ol>
<b>Job specification</b>	<ol style="list-style-type: none"> <li>1. The qualifications/physical requirements, experience and skills required to perform a particular job/task.</li> <li>2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.</li> </ol>
<b>Laws</b>	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.
<b>Maintenance</b>	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)
<b>Medical equipment</b>	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of patient.

<b>Mission</b>	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.
<b>Monitoring</b>	The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment, e.g. monitoring of growth and nutritional status, air quality in operation theatre. It requires careful planning and use of standardised procedures and methods of data collection.
<b>Multi-disciplinary</b>	A generic term which includes representatives from various disciplines, professions or service areas.
<b>Notifiable disease</b>	<p>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:</p> <ul style="list-style-type: none"> <li>(a) Smallpox</li> <li>(b) Poliomyelitis due to wild-type poliovirus</li> <li>(c) Human influenza caused by a new subtype</li> <li>(d) Severe acute respiratory syndrome (SARS).</li> </ul> <p>In India, the following is a indicative list of diseases which are also notifiable, but may vary from state to state:</p> <ul style="list-style-type: none"> <li>(a) Polio</li> <li>(b) Influenza</li> <li>(c) Malaria</li> <li>(d) Rabies</li> <li>(e) HIV/AIDS</li> <li>(f) Louse-born typhus</li> <li>(g) Tuberculosis</li> <li>(h) Leprosy</li> <li>(i) Leptospirosis</li> <li>(j) Viral hepatitis</li> <li>(k) Dengue fever</li> </ul> <p>The various diseases notifiable under the factories act lead poisoning, byssinosis, anthrax, asbestosis and silicosis.</p>

<b>Objective</b>	A specific statement of a desired short-term condition or achievement includes measurable end-results to be accomplished by specific teams or individuals within time limits. (ASQ)
<b>Objective element</b>	It is that component of standard which can be measured objectively on a rating scale. The acceptable compliance with the measurable elements will determine the overall compliance with the standard.
<b>Occupational health hazard</b>	The hazards to which an individual is exposed during the course of performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
<b>Operational plan</b>	Operational plan is the part of your strategic plan. It defines how you will operate in practice to implement your action and monitoring plans--what your capacity needs are, how you will engage resources, how you will deal with risks, and how you will ensure sustainability of the organisation's achievements.
<b>Organogram</b>	A graphic representation of reporting relationship in an organisation.
<b>Outsourcing</b>	Hiring of services and facilities from other organisation based upon one's own requirement in areas where such facilities are either not available or else are not cost-effective. For example, outsourcing of house-keeping, security, laboratory/certain special diagnostic facilities with other institutions after drawing a memorandum of understanding that clearly lays down the obligations of both organisations: the one which is outsourcing and the one which is providing the outsourced facility. It also addresses the quality-related aspects.
<b>Patient record / medical record / clinical record</b>	A document which contains the chronological sequence of events that a patient undergoes during his stay in the healthcare organisation. It includes demographic data of the patient, assessment findings, diagnosis, consultations, procedures undergone, progress notes and discharge summary. (Death certificate, where required)
<b>Performance appraisal</b>	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.
<b>Personal protective equipment</b>	Specialised clothing or equipment worn by an employee for protection against infectious materials (OSHA).
<b>Policies</b>	They are the guidelines for decision-making, e.g. admission, discharge policies, antibiotic policy, etc.

<b>Preventive maintenance</b>	<p>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.</p> <p>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.</p>
<b>Prescription</b>	<p>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.</p> <p>Legally, it is a written directive, for compounding or dispensing and administration of drugs, or for other service to a particular patient.</p> <p><i>(Reference: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition, Saunders)</i></p>
<b>Privileging</b>	<p>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.</p>
<b>Procedure</b>	<ol style="list-style-type: none"> <li>1. A specified way to carry out an activity or a process (Para 3.4.5 of ISO 9000: 2000).</li> <li>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.</li> </ol>
<b>Process</b>	<p>A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000: 2000).</p>
<b>Programme</b>	<p>A sequence of activities designed to implement policies and accomplish objectives.</p>
<b>Protocol</b>	<p>A plan or a set of steps to be followed in a study, an investigation or an intervention.</p>
<b>Quality</b>	<ol style="list-style-type: none"> <li>1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2000).  Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000: 2000).  Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2000).</li> <li>2. Degree of adherence to pre-established criteria or standards.</li> </ol>

<b>Quality assurance</b>	Part of quality management focussed on providing confidence that quality requirements will be fulfilled (Para 3.2.11 of ISO 9000:2000).
<b>Quality improvement</b>	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.
<b>Radiation Safety</b>	<p><b>Radiation safety</b> refers to safety issues and protection from radiation hazards arising from the handling of radioactive materials or chemicals and exposure to Ionizing &amp; Non-Ionizing Radiation.</p> <p>This is implemented by taking steps to ensure that people will not receive excessive doses of radiation and by monitoring all sources of radiation to which they may be exposed. <i>(Reference: McGraw-Hill Dictionary of Scientific &amp; Technical Terms)</i></p> <p>In a Healthcare setting, this commonly refers to X-ray machines, CT/ PET CT Scans, Electron microscopes, Particle accelerators, Cyclotrone etc. Radioactive substances &amp; radioactive waste are also potential Hazards.</p> <p><b>Imaging Safety</b> includes safety measures to be taken while performing an MRI, Radiological interventions, Sedation, Anaesthesia, Transfer of patients, Monitoring patients during imaging procedure etc.</p>
<b>Re-assessment</b>	It implies continuous and ongoing assessment of the patient which is recorded in the medical records as progress notes.
<b>Resources</b>	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for efficient and effective functioning of an organisation.
<b>Risk assessment</b>	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.
<b>Risk management</b>	Clinical and administrative activities to identify evaluate and reduce the risk of injury.



<b>Risk reduction</b>	<p>The conceptual framework of elements considered with the possibilities to minimise vulnerabilities and disaster risks throughout a society to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.</p> <p>It is the decrease in the risk of a healthcare facility, given activity, and treatment process with respect to patient, staff, visitors and community.</p>
<b>Safety</b>	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
<b>Safety programme</b>	A programme focused on patient, staff and visitor safety.
<b>Scope of services</b>	Range of clinical and supportive activities that are provided by a healthcare organisation.
<b>Security</b>	Protection from loss, destruction, tampering, and unauthorised access or use.
<b>Staff</b>	All personnel working in the hospital including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.
<b>Standard precautions</b>	<ol style="list-style-type: none"> <li>1. 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</li> <li>2. 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.</li> </ol>
<b>Standard precautions</b>	<b>Standard Precautions</b> 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
<b>Standards</b>	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.

<b>Sterilisation</b>	It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.
<b>Strategic plan</b>	<p>Strategic planning is an organisation's process of defining its strategy or direction and making decisions on allocating its resources to pursue this strategy, including its capital and people. Various business analysis techniques can be used in strategic planning, including SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) e.g. Organisation can have a strategic plan to become market leader in provision of cardiothoracic and vascular services. The resource allocation will have to follow the pattern to achieve the target.</p> <p>The process by which an organisation envisions its future and develops strategies, goals, objectives and action plans to achieve that future.</p>
<b>Surveillance</b>	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.
<b>Unstable patient</b>	A patient whose vital parameters need external assistance for their maintenance.
<b>Values</b>	<p>The fundamental beliefs that drive organisational behaviour and decision-making.</p> <p>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.</p>
<b>Vulnerable patient</b>	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.





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