

2nd
EDITION
EFFECTIVE 1ST JAN, 2026

**GUIDEBOOK TO
STANDARDS FOR
NURSING EXCELLENCE**

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



QUALITY : SAFETY : WELLNESS

**GUIDEBOOK TO
STANDARDS FOR
NURSING EXCELLENCE**

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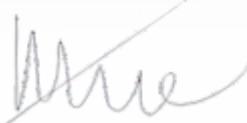
2nd Edition- Effective from January 2026

National Accreditation Board for Hospitals & Healthcare Providers (NABH)

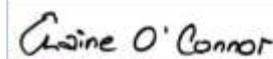
Awarded by ISQua EEA
following an independent assessment
against the
Guidelines and Standards for
External Evaluation Organisations,
5th Edition

The period of Accreditation for this Organisation

June 2022 is from June 2026
until



Prof Jeffrey Breitlwaite, President



Ms Elaine O'Connor, Head of Operations

FORWARD

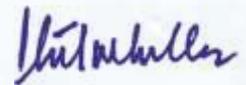
National Accreditation Board for Hospitals and Healthcare Providers (NABH), is in its 20th year of creating an ecosystem of quality in healthcare in India. NABH standards focus on patient safety and quality of the delivery of services by the hospitals in the changing healthcare environment. Without being prescriptive, the objective elements remain informative and guide the organisation in conducting its operations with a focus on patient safety. Over the years, successive NABH standards have brought about not only paradigm shifts in the hospitals' approach towards delivering the healthcare services to the patients but have equally sensitised the healthcare workers and patients towards their rights and responsibilities.

It is my privilege and pride to release and dedicate this 2nd Edition of Nursing Excellence Certification Standards for Hospitals of NABH to all the Nursing Professionals. The Nursing professionals are the cornerstone of any quality related programme in a healthcare organisation. Keeping this in mind, Nursing excellence standards have been framed with a view to lay down the guidelines for evaluating the nursing services being provided by a healthcare Organisation.

The second edition of the nursing excellence standards is divided into seven chapters, focusing on various professional, administrative and governance aspects of nursing. The chapter on Nursing Quality Improvement is now replaced with Continuous Nursing Quality Improvement (CNQI) to increase the focus on this critical aspect of healthcare and chapter on Infection Control Practices is changed to Infection Prevention and Control. The Chapter on Nursing Care of Patient is now replaced with Professional Nursing Practice (PNP). The chapter on Empowerment and Governance is now Governance, Empowerment and Leadership (GEL). Each chapter now has a bibliography for reference, and this will provide organisations with a resource for taking quality beyond the requirements of the objective elements.

I sincerely hope that all healthcare organisations will certainly benefit from the collective efforts of technical committee of NABH and practical suggestions of thousands of Quality Champions from India and abroad. 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

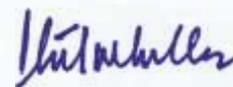
ACKNOWLEDGEMENTS

I acknowledge the contributions of the following in preparing this 2nd Edition of Nursing Excellence Certification Standards for Hospitals of NABH. I would place my heartfelt thanks and deepest gratitude to Shri Jaxay Shah, Chairman, Quality Council of India for his vision to take quality to the grassroots and permeate the idea of quality in the DNA of each and every citizen in every part of India. Mr. Rizwan Koita, Chairman, NABH, has been the guiding light throughout the development of this Second Edition of Nursing Excellence standards. I thank him for his active participation, support and invaluable suggestions despite his busy schedule. I sincerely thank Mr. Chakravarthy T. Kannan, Secretary General of Quality Council of India for his guidance and continuous support by making adequate resources available for this process. I thank all board members of NABH in giving significant suggestions for betterment of the standards and the guidebook.

The Expert Committee and Technical Committee of NABH have undertaken this work with utmost diligence to embed globally recognized best practices in patient safety and nursing excellence. The development process involved extensive review of academic evidence and incorporation of valuable inputs from all stakeholders, ensuring that the standards are comprehensive, practical, and aligned with the overarching goal of enhancing quality of care. It was, indeed, a mammoth task.

I profoundly thank all the members for playing a pivotal role in the development of this edition. I thank all our passionate assessors, management of the hospitals, quality managers, clinicians, nursing professionals 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 the overwhelming participation, dedication, and diligence of all concerned that we could present this guidebook in the current detail and format. To all of you a sincere, heartfelt and, profound - Thank you.

Jai Hind



Dr. Atul Mohan Kochhar
CEO, NABH

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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 and government, has full functional autonomy in its operation.

NABH provides accreditation to hospitals 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 programs 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, Digital Health, Blood Banks, Eye Care hospitals/clinics, Care Homes, Ayush (Ayurveda, Homeopathy, Unani, Siddha and Yoga and Naturopathy) hospitals, Medical Imaging Services, Dental Healthcare Service Providers, Allopathic Clinics, Ethics Committees and Panchkarma Clinics.

NABH Certification Programmes: NABH offers certification to Medical Laboratory, Nursing Excellence, Emergency Department, Stroke Center, Dental Healthcare Service Providers, Entry Level for Hospitals Entry Level Ayush Hospitals and Entry Level Ayush Centres and HIS/ EMR standards

NABH Empanelment: NABH offers empanelment program 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 program is unique as in addition to the accreditation standards it requires compliance with local regulatory requirements

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

Scope and Purpose of the Standards



Scope of the Standards

These standards are applicable for healthcare organisation willing for Nursing Excellence program provided that healthcare organisation fulfils the following requirements:

- The healthcare organisation is currently in operation as a healthcare provider.
- The organisation commits to comply with NABH standards and applicable legal/statutory/regulatory requirements.

Purpose of the Standards

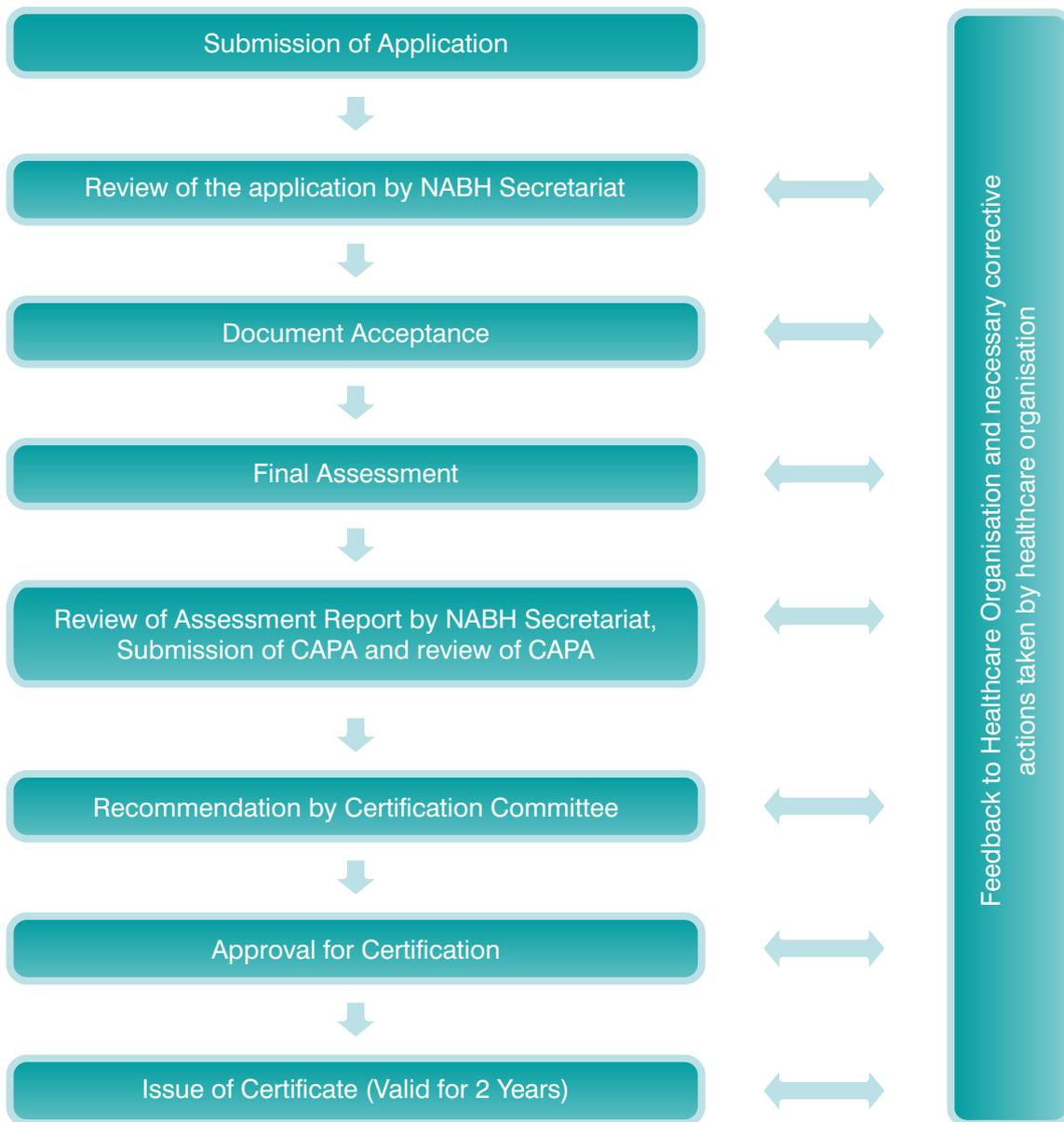
The aim of the standards is to achieve an acceptable level of performance with a view to:

- 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.

In addition, these standards can also be used to:

- Guide the efficient and effective management of a Nursing service in the hospitals;
- 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 Nursing department;
- Provide an opportunity to explore compliance expectations of standards and the additional requirements related to safety and regulation.

Overview of the NABH Certification Process



*For Renewal Assessment, the certified hospital has to apply 6 months prior to expiry of validity of certification.



How to read the standard?

The standard focuses on the key points required for providing patient-centred, safe, high-quality care. The interests of various stakeholders have been incorporated into the standards. They 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 seven chapters. The seven chapters are:

1. Nursing Resource Management (NRM)
2. Professional Nursing Practice (PNP)
3. Management of Medication (MOM)
4. Education, Communication and Guidance (ECG)
5. Infection Prevention and Control (IPC)
6. Governance, Empowerment and Leadership (GEL)
7. Continuous Nursing Quality Improvement (CNQI)

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 chapter and the number following this reflects the order of the standard in the chapter. For example, NRM.1. would mean that it is the first standard of the chapter titled "Nursing Resource Management".

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, NRM.1.c. would mean that it is the third objective element of the first standard of the chapter titled 'Access, Assessment, and Care of patient.

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 this 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. 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 to.

Other Sections Included in the Standard Book

- About NABH
- Scope and purpose of the standards
- Overview of the NABH accreditation process
- System Documentation
- 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 documents:** Safety System Documentation, business continuity documentation.

Type of documents

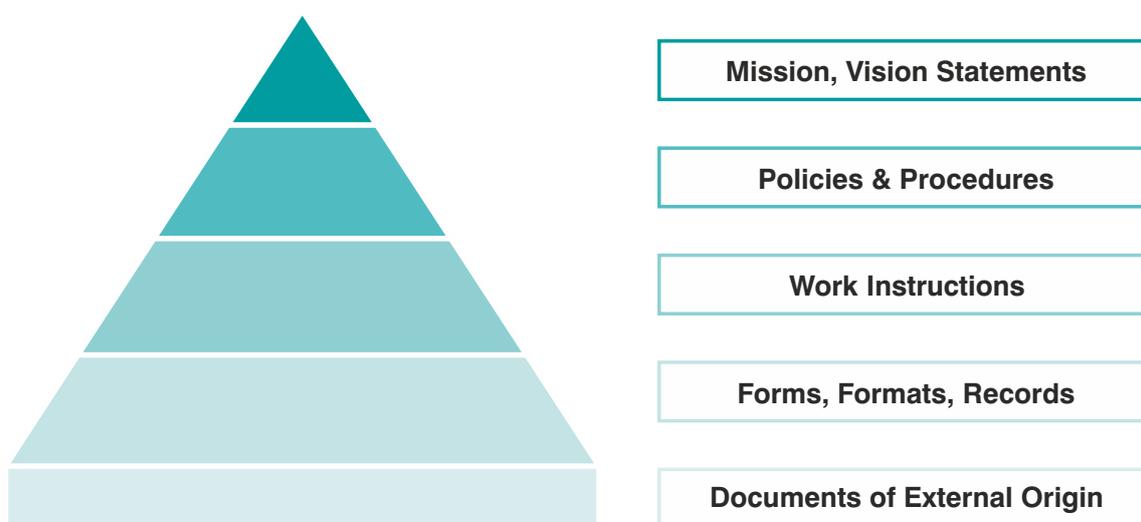
From the top level of planning to the level of maintaining records of activities, the documentation follows a general principle as below:

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 of the existence of the organisation.

Policies: These are statements that transcend time to decide on the way the activities of the organisation will 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, the focus of this activity 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. These can be multiple manuals specific to departments, 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 with actively followed 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 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 have the reluctance to alter these documentations mistaking the word standard for unalterable, sometimes even after the processes have changed.

Forms and formats: For the capture of information in a complete and relevant manner, this 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 the entries are made. The purposes 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. Example of the former being tick marking when some action was carried out and the example of the latter being an elaborate record of the initial assessment of the patient on arrival to the wards. 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. Such is rarely required.

Documents of External Origin: For the sake of making the documentation system inclusive, some organisation include documents of external origin. These are licenses, statutory documents, Memoranda of Understanding with various organisations, etc. These are not alterable.

Temporary Documents: Many notes, documents, records in an informal manner get created 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, 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, safety procedures, etc. This is the documentation that is 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 decision making step, picture of rolled partially document for the steps where documentation is necessary, etc. Most word processing software applications have these symbols inbuilt for use.

Which processes should be documented?

The organisations sometimes fall into a dilemma about the extent of documentation that should be followed. There are some guidelines which can help. 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 the uniform format for the visual appearance of the documents to cover their appearance, fonts, symbols, page layout, etc.
- Adding colour codes, font changes for different documents.
- Participation of the staff that is involved in carrying out the activities in the development process for documentation.
- Using the same language and form of the structure of language 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 time.
- If necessary replicate the documentation related to specific processes and procedures within all relevant documentation 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 before, the documents bring uniformity and clarity for the 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. Such documents are known as Controlled Documents. All types of documents described above come under this category, except for the temporary document.

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 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 at the top of the document. If put in this way, such a box is known as Control Box. It may be put at the top of the document without any box format. It is just that this form is an integral part of each Controlled Document. The staff designation signing 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 such document 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			

- 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

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

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, 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 the manual is similar to the SOPs but has reference or duplication of departmental SOPs that have relevance to the subject of the manual and are required to be duplicated for coherence and completeness.

Summary of Chapters, Standards and Objective Elements

Chapters	No. of Standards	No. of Objective Elements
Chapter 1: Nursing Resource Management (NRM)	11	57
Chapter 2: Professional Nursing Practice (PNP)	14	52
Chapter 3: Management of Medication (MOM)	9	54
Chapter 4: Education, Communication and Guidance (ECG)	7	33
Chapter 5: Infection Prevention and Control (IPC)	8	39
Chapter 6: Governance, Empowerment and Leadership (GEL)	6	30
Chapter 7: Continuous Nursing Quality Improvement (CNQI)	5	35
Total	60	302

SUMMARY OF CHANGES

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
NURSING RESOURCE MANAGEMENT (NRM)		
NRM.1.a.	NRM.1.a.	Changes in the interpretation for better clarity
	NRM.1.b.	New Objective Element
NRM.1.b.	NRM.1.c.	Changes in the interpretation for better clarity
	NRM.1.d.	New Objective Element
	NRM.1.e.	New Objective Element
NRM.1.e.	NRM.1.f.	Changes in the interpretation for better clarity
NRM.2.a.	NRM.1.g.	Changes in the interpretation for better clarity
	NRM.1.h.	New Objective Element
NRM.3.a	NRM.2.a.	Changes in the interpretation for better clarity
	NRM.2.b.	New Objective Element
	NRM.2.c.	New Objective Element
	NRM.2.d.	New Objective Element
	NRM.2.e.	New Objective Element
	NRM.2.f.	New Objective Element
	NRM.2.g.	New Objective Element
NRM.3.b	NRM.3.a.	Changes in the interpretation for better clarity
NRM.4.d.	NRM.3.b.	Changes in the interpretation for better clarity
	NRM.3.c.	New Objective Element
	NRM.3.d.	New Objective Element
NRM.3.c.	NRM.3.e.	Changes in the interpretation for better clarity
NRM.3.d.	NRM.3.f.	Changes in the interpretation for better clarity

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
NURSING RESOURCE MANAGEMENT (NRM)		
NRM.3.e.	NRM.3.g.	Changes in the interpretation for better clarity
	NRM.3.h.	New Objective Element
	NRM.3.i.	New Objective Element
	NRM.4.a.	New Objective Element
	NRM.4.b.	New Objective Element
	NRM.4.c.	New Objective Element
	NRM.4.d.	New Objective Element
	NRM.4.e.	New Objective Element
	NRM.4.f.	New Objective Element
NRM.4.e.		Deleted
	NRM.5.a.	New Objective Element
	NRM.5.b.	New Objective Element
	NRM.5.c.	New Objective Element
	NRM.5.d.	New Objective Element
	NRM.5.e.	New Objective Element
	NRM.5.f.	New Objective Element
	NRM.5.g.	New Objective Element
NRM.6.a		Deleted
NRM.6.b		Deleted
NRM.4.b.	NRM.6.a.	Changes in the interpretation for better clarity
NRM.4.c.	NRM.6.b.	Changes in the interpretation for better clarity
NRM.1.c. NRM.1.d.	NRM.6.c.	Merged for better clarity
NRM.4.a.	NRM.6.d.	Changes in the interpretation for better clarity

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
NRM.2.b. NRM.2.c. NRM.4.f.	NRM.6.e.	Merged for better clarity
NRM.5.a.	NRM.7.a.	Changes in the interpretation for better clarity
NRM.5.b.	NRM.7.b.	Changes in the interpretation for better clarity
NRM.5.c. NRM.5.d.	NRM.7.c.	Merged for better clarity
NRM.7.a		Deleted
	NRM.8.a.	New Objective Element
NRM.9.a. NRM.9.b. NRM.9.c. NRM.9.d.	NRM.8.b.	Merged for better clarity
NRM.7.c	NRM.8.c.	Changes in the interpretation for better clarity
	NRM.9.a.	New Objective Element
NRM.7.b	NRM.9.b.	Changes in the interpretation for better clarity
NRM.8.a.	NRM.10.a.	Changes in the interpretation for better clarity
NRM.8.b.	NRM.10.b.	Changes in the interpretation for better clarity
NRM.8.c.	NRM.10.c.	Changes in the interpretation for better clarity
NRM.8.d.	NRM.10.d.	Changes in the interpretation for better clarity
	NRM.10.e.	New Objective Element
	NRM.11.a.	New Objective Element
	NRM.11.b.	New Objective Element
	NRM.11.c.	New Objective Element
PROFESSIONAL NURSING PRACTICE (PNP)		
NCP.1.a NCP.1.b NCP.1.c	PNP.1.a.	Merged for better clarity

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
NCP.1.e	PNP.1.b.	Changes in the interpretation for better clarity
NCP.1.d	PNP.1.c.	Changes in the interpretation for better clarity
	PNP.1.d.	New Objective Element
	PNP.2.a.	New Objective Element
	PNP.2.b.	New Objective Element
	PNP.3.a.	New Objective Element
	PNP.3.b.	New Objective Element
	PNP.3.c.	New Objective Element
NCP.2.a NCP.3.d	PNP.4.a.	Merged for better clarity
NCP.2.b	PNP.4.b.	Changes in the interpretation for better clarity
NCP.2.c	PNP.4.c.	Changes in the interpretation for better clarity
NCP.2.d	PNP.4.d.	Changes in the interpretation for better clarity
NCP.3.a	PNP.5.a.	Changes in the interpretation for better clarity
	PNP.5.b.	New Objective Element
NCP.3.b NCP.3.c	PNP.5.c.	Merged for better clarity
	PNP.5.d.	New Objective Element
	PNP.5.e.	New Objective Element
NCP.3.e	PNP.5.f.	Changes in the interpretation for better clarity
	PNP.5.g.	New Objective Element
	PNP.5.h.	New Objective Element
NCP.5.d		Deleted
NCP.4.a	PNP.6.a.	Changes in the interpretation for better clarity

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
NCP.4.b	PNP.6.b.	Changes in the interpretation for better clarity
NCP.4.c	PNP.6.c.	Changes in the interpretation for better clarity
NCP.6.a		Deleted
NCP.6.b		Deleted
NCP.6.c		Deleted
NCP.6.d		Deleted
NCP.5.a	PNP.7.a.	Changes in the interpretation for better clarity
NCP.5.b	PNP.7.b.	Changes in the interpretation for better clarity
NCP.5.c	PNP.7.c.	Changes in the interpretation for better clarity
	PNP.8.a.	New Objective Element
	PNP.8.b.	New Objective Element
NCP.8.c		Deleted
NCP.8.d		Deleted
	PNP.9.a.	New Objective Element
	PNP.9.b.	New Objective Element
NCP.7.a	PNP.9.c.	Changes in the interpretation for better clarity
NCP.7.b	PNP.9.d.	Changes in the interpretation for better clarity
NCP.9.a NCP.9.b	PNP.10.a.	Merged for better clarity
NCP.9.c	PNP.10.b.	Changes in the interpretation for better clarity
NCP.9.d	PNP.10.c.	Changes in the interpretation for better clarity
NCP.9.e	PNP.10.d.	Changes in the interpretation for better clarity
NCP.9.f	PNP.10.e.	Changes in the interpretation for better clarity

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
NCP:9.g	PNP:10.f.	Changes in the interpretation for better clarity
NCP:10.a NCP:10.b	PNP:11.a.	Merged for better clarity
NCP:10.c NCP:10.d	PNP:11.b.	Merged for better clarity
NCP:11.a	PNP:12.a.	Changes in the interpretation for better clarity
	PNP:12.b.	New Objective Element
NCP:11.b	PNP:12.c.	Changes in the interpretation for better clarity
NCP:11.c	PNP:12.d.	Changes in the interpretation for better clarity
NCP:12.d		Deleted
NCP:12.a	PNP:13.a.	Changes in the interpretation for better clarity
NCP:12.b	PNP:13.b.	Changes in the interpretation for better clarity
NCP:12.c	PNP:13.c.	Changes in the interpretation for better clarity
NCP:12.e	PNP:13.d.	Changes in the interpretation for better clarity
NCP:13.a	PNP:14.a.	Changes in the interpretation for better clarity
NCP:13.b NCP:13.c	PNP:14.b.	Merged for better clarity
NCP:13.d	PNP:14.c.	Changes in the interpretation for better clarity
MANAGEMENT OF MEDICATION (MOM)		
	MOM.1.a.	New Objective Element
	MOM.1.b.	New Objective Element
	MOM.1.c.	New Objective Element
	MOM.1.d.	New Objective Element
	MOM.2.a.	New Objective Element
	MOM.2.b.	New Objective Element

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
	MOM.2.c.	New Objective Element
MOM.1.a.	MOM.3.a.	Changes in the interpretation for better clarity
MOM.1.b.	MOM.3.b.	Changes in the interpretation for better clarity
MOM.1.c.	MOM.3.c.	Changes in the interpretation for better clarity
	MOM.3.d.	New Objective Element
	MOM.3.e.	New Objective Element
MOM.1.d.	MOM.3.f.	Changes in the interpretation for better clarity
MOM.1.e.	MOM.3.g.	Changes in the interpretation for better clarity
MOM.1.f.	MOM.3.h.	Changes in the interpretation for better clarity
MOM.1.g.	MOM.3.i.	Changes in the interpretation for better clarity
MOM.3.d.		Deleted
MOM.2.h.	MOM.4.a.	Changes in the interpretation for better clarity
	MOM.4.b.	New Objective Element
	MOM.4.c.	New Objective Element
MOM.3.c.	MOM.4.d.	Changes in the interpretation for better clarity
	MOM.4.e.	New Objective Element
	MOM.5.a.	New Objective Element
	MOM.5.b.	New Objective Element
MOM.2.a.	MOM.5.c.	Changes in the interpretation for better clarity
MOM.2.b.	MOM.5.d.	Changes in the interpretation for better clarity
MOM.2.c.	MOM.5.e.	Changes in the interpretation for better clarity
MOM.2.d.	MOM.5.f.	Changes in the interpretation for better clarity
MOM.2.e.	MOM.5.g.	Changes in the interpretation for better clarity
MOM.2.f.	MOM.5.h.	Changes in the interpretation for better clarity

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
	MOM.5.i.	New Objective Element
MOM.2.i.	MOM.5.j.	Changes in the interpretation for better clarity
	MOM.5.k.	New Objective Element
MOM.3.a.	MOM.6.a.	Changes in the interpretation for better clarity
MOM.3.b.	MOM.6.b.	Changes in the interpretation for better clarity
	MOM.6.c.	New Objective Element
	MOM.6.d.	New Objective Element
	MOM.6.e.	New Objective Element
MOM.4.a.	MOM.7.a.	Changes in the interpretation for better clarity
MOM.4.b.	MOM.7.b.	Changes in the interpretation for better clarity
MOM.4.c.	MOM.7.c.	Changes in the interpretation for better clarity
MOM.4.d.	MOM.7.d.	Changes in the interpretation for better clarity
	MOM.7.e.	New Objective Element
MOM.5.a.	MOM.8.a.	Changes in the interpretation for better clarity
MOM.5.b.	MOM.8.b.	Changes in the interpretation for better clarity
MOM.5.c.	MOM.8.c.	Changes in the interpretation for better clarity
MOM.5.d.	MOM.8.d.	Changes in the interpretation for better clarity
MOM.5.e.	MOM.8.e.	Changes in the interpretation for better clarity
	MOM.9.a.	New Objective Element
NCP8.a	MOM.9.b.	Changes in the interpretation for better clarity
NCP8.b	MOM.9.c.	Changes in the interpretation for better clarity
	MOM.9.d.	New Objective Element
	MOM.9.e.	New Objective Element
	MOM.9.f.	New Objective Element

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
	MOM.9.g.	New Objective Element
EDUCATION COMMUNICATION AND GUIDANCE(ECG)		
ECG.1.a.	ECG.1.a.	Changes in the interpretation for better clarity
ECG.1.b.	ECG.1.b.	Changes in the interpretation for better clarity
	ECG.1.c.	New Objective Element
	ECG.1.d.	New Objective Element
	ECG.2.a.	New Objective Element
	ECG.2.b.	New Objective Element
ECG.1.c.	ECG.2.c.	Changes in the interpretation for better clarity
ECG.1.d.	ECG.2.d.	Changes in the interpretation for better clarity
	ECG.3.a.	New Objective Element
	ECG.3.b.	New Objective Element
	ECG.3.c.	New Objective Element
	ECG.3.d.	New Objective Element
ECG.3.a.		Deleted
ECG.3.b.		Deleted
ECG.3.c.		Deleted
ECG.2.a.	ECG.4.a.	Changes in the interpretation for better clarity
ECG.2.b.	ECG.4.b.	Changes in the interpretation for better clarity
ECG.2.c.	ECG.4.c.	Changes in the interpretation for better clarity
ECG.2.d.	ECG.4.d.	Changes in the interpretation for better clarity
	ECG.5.a.	New Objective Element
	ECG.5.b.	New Objective Element
	ECG.5.c.	New Objective Element

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
	ECG.5.d.	New Objective Element
	ECG.5.e.	New Objective Element
	ECG.5.f.	New Objective Element
ECG.4.a.	ECG.6.a.	Changes in the interpretation for better clarity
ECG.4.b.	ECG.6.b.	Changes in the interpretation for better clarity
ECG.4.c.	ECG.6.c.	Changes in the interpretation for better clarity
ECG.4.d.	ECG.6.d.	Changes in the interpretation for better clarity
	ECG.6.e.	New Objective Element
ECG.4.e.	ECG.6.f.	Changes in the interpretation for better clarity
	ECG.7.a.	New Objective Element
	ECG.7.b.	New Objective Element
	ECG.7.c.	New Objective Element
	ECG.7.d.	New Objective Element
	ECG.7.e.	New Objective Element
INFECTION PREVENTION AND CONTROL (IPC)		
ICP.1.a	IPC.1.a.	Changes in the interpretation for better clarity
ICP.1.b	IPC.1.b.	Changes in the interpretation for better clarity
ICP.1.c	IPC.1.c.	Changes in the interpretation for better clarity
	IPC.2.a.	New Objective Element
	IPC.2.b.	New Objective Element
	IPC.2.c.	New Objective Element
	IPC.2.d.	New Objective Element
	IPC.2.e.	New Objective Element
	IPC.2.f.	New Objective Element

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
	IPC.2.g.	New Objective Element
	IPC.2.h.	New Objective Element
	IPC.2.i.	New Objective Element
ICP.2.a	IPC.3.a.	Changes in the interpretation for better clarity
ICP.2.b	IPC.3.b.	Changes in the interpretation for better clarity
ICP.2.c	IPC.3.c.	Changes in the interpretation for better clarity
ICP.2.d	IPC.3.d.	Changes in the interpretation for better clarity
ICP.2.e ICP.2.f	IPC.3.e.	Changes in the interpretation for better clarity
ICP.2.g		Deleted
ICP.3.a	IPC.4.a.	Changes in the interpretation for better clarity
ICP.3.b	IPC.4.b.	Changes in the interpretation for better clarity
ICP.3.c	IPC.4.c.	Changes in the interpretation for better clarity
ICP.4.a	IPC.5.a.	Changes in the interpretation for better clarity
ICP.4.b	IPC.5.b.	Changes in the interpretation for better clarity
ICP.4.c	IPC.5.c.	Changes in the interpretation for better clarity
ICP.4.d	IPC.5.d.	Changes in the interpretation for better clarity
ICP.5.a	IPC.6.a.	Changes in the interpretation for better clarity
ICP.5.b	IPC.6.b.	Changes in the interpretation for better clarity
ICP.5.c	IPC.6.c.	Changes in the interpretation for better clarity
	IPC.7.a.	New Objective Element
	IPC.7.b.	New Objective Element
	IPC.7.c.	New Objective Element
	IPC.7.d.	New Objective Element

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
	IPC.7.e.	New Objective Element
	IPC.7.f.	New Objective Element
	IPC.7.g.	New Objective Element
	IPC.8.a.	New Objective Element
ICP6.a	IPC.8.b.	Changes in the interpretation for better clarity
ICP6.b	IPC.8.c.	Changes in the interpretation for better clarity
ICP6.c	IPC.8.d.	Changes in the interpretation for better clarity
ICP6.d	IPC.8.e.	Changes in the interpretation for better clarity
GOVERNANCE, EMPOWERMENT AND LEADERSHIP (GEL)		
EG.1.a EG.1.b EG.1.c	GEL.1.a.	Merged for better clarity
EG.1.d	GEL.1.b.	Changes in the interpretation for better clarity
	GEL.1.c.	New Objective Element
	GEL.2.a.	New Objective Element
	GEL.2.b.	New Objective Element
	GEL.2.c.	New Objective Element
	GEL.2.d.	New Objective Element
	GEL.2.e.	New Objective Element
	GEL.2.f.	New Objective Element
EG.2.a		Deleted
EG.2.b		Deleted
EG.2.c		Deleted
EG.2.d		Deleted

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
EG.2.e		Deleted
EG.2.f		Deleted
EG.2.f		Deleted
	GEL.3.a.	New Objective Element
	GEL.3.b.	New Objective Element
	GEL.3.c.	New Objective Element
	GEL.3.d.	New Objective Element
EG.3.b		Deleted
EG.3.c		Deleted
EG.3.d		Deleted
EG.3.a	GEL.4.a.	Changes in the interpretation for better clarity
	GEL.4.b.	New Objective Element
	GEL.4.c.	New Objective Element
	GEL.4.d.	New Objective Element
	GEL.4.e.	New Objective Element
EG.4.b		Deleted
EG.4.c		Deleted
EG.4.d		Deleted
EG.4.e		Deleted
EG.4.a	GEL.5.a.	Changes in the interpretation for better clarity
	GEL.5.b.	New Objective Element
	GEL.5.c.	New Objective Element
	GEL.5.d.	New Objective Element
	GEL.5.e.	New Objective Element

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
EG.5.e		Deleted
EG.5.f		Deleted
EG.5.a	GEL.6.a.	Changes in the interpretation for better clarity
EG.5.b	GEL.6.b.	Changes in the interpretation for better clarity
EG.5.c	GEL.6.c.	Changes in the interpretation for better clarity
EG.5.d	GEL.6.d.	Changes in the interpretation for better clarity
	GEL.6.e.	New Objective Element
	GEL.6.f.	New Objective Element
	GEL.6.g.	New Objective Element
CONTINUOUS NURSING QUALITY IMPROVEMENT (CNQI)		
NQI.1.a.	CNQI.1.a.	Changes in the interpretation for better clarity
	CNQI.1.b.	New Objective Element
	CNQI.1.c.	New Objective Element
	CNQI.1.d.	New Objective Element
NQI.1.b.	CNQI.1.e.	Changes in the interpretation for better clarity
NQI.1.c.	CNQI.1.f.	Changes in the interpretation for better clarity
NQI.2.a.	CNQI.2.a.	Changes in the interpretation for better clarity
NQI.2.b.	CNQI.2.b.	Changes in the interpretation for better clarity
NQI.2.c.	CNQI.2.c.	Changes in the interpretation for better clarity
NQI.2.d.	CNQI.2.d.	Changes in the interpretation for better clarity
NQI.2.e.	CNQI.2.e.	Changes in the interpretation for better clarity
NQI.2.f.	CNQI.2.f.	Changes in the interpretation for better clarity
NQI.2.g.	CNQI.2.g.	Changes in the interpretation for better clarity
NQI.2.h.	CNQI.2.h.	Changes in the interpretation for better clarity

1st Edition Nursing excellence	2nd Edition Nursing excellence	Remarks
NQI.2.i.	CNQI.2.i.	Changes in the interpretation for better clarity
NQI.2.j.	CNQI.2.j.	Changes in the interpretation for better clarity
	CNQI.2.k.	New Objective Element
	CNQI.2.l.	New Objective Element
NQI.3.a.	CNQI.3.a.	Changes in the interpretation for better clarity
NQI.3.b.	CNQI.3.b.	Changes in the interpretation for better clarity
NQI.3.c.	CNQI.3.c.	Changes in the interpretation for better clarity
NQI.3.d.	CNQI.3.d.	Changes in the interpretation for better clarity
	CNQI.4.a.	New Objective Element
NQI.4.a.	CNQI.4.b.	Changes in the interpretation for better clarity
NQI.4.b.	CNQI.4.c.	Changes in the interpretation for better clarity
NQI.4.c.	CNQI.4.d.	Changes in the interpretation for better clarity
NQI.4.d.	CNQI.4.e.	Changes in the interpretation for better clarity
NQI.4.e	CNQI.4.f.	Changes in the interpretation for better clarity
	CNQI.4.g.	New Objective Element
NQI.5.a.	CNQI.5.a.	Changes in the interpretation for better clarity
NQI.4.b.	CNQI.5.b.	Changes in the interpretation for better clarity
NQI.5.c.	CNQI.5.c.	Changes in the interpretation for better clarity
	CNQI.5.d.	New Objective Element
NQI.4.d.	CNQI.5.e.	Changes in the interpretation for better clarity
NQI.4.e.	CNQI.5.f.	Changes in the interpretation for better clarity

ABBREVIATIONS

ACLS	:	Advanced Cardiac Life Support
AERB	:	Atomic Energy Regulatory Board
AHRQ	:	Agency for Healthcare Research and Quality
AHU	:	Air Handling Unit
ALARA	:	As Low As Reasonably Achievable
BLS	:	Basic Life Support
BMW	:	Bio-Medical Waste
BP	:	Blood Pressure
CAPD	:	Continuous Ambulatory Peritoneal Dialysis
CCTV	:	Closed-Circuit Television
CDC	:	Centers for Disease Control and Prevention
CPR	:	Cardio-Pulmonary Resuscitation
CSSD	:	Central Sterile Services Department
CT	:	Computerised Tomography
DG	:	Diesel Generator
ECG	:	Electrocardiogram
EMR	:	Electronic Medical Record
EPR	:	Electronic Patient Record
EQA	:	External Quality Assurance
ETO	:	Ethylene Oxide
ETP	:	Effluent Treatment Plant
FCU	:	Fan Coil Unit
FDA	:	Food and Drug Administration

FMEA	:	Failure Modes and Effects Analysis
GNM	:	General Nursing and Midwifery
HAI	:	Healthcare-Associated Infection
HAZMAT	:	Hazardous Material
HDU	:	High Dependency Unit
HIRA	:	Hazard Identification and Risk Analysis
HIS	:	Hospital Information System
HISI	:	Hospital Infection Society-India
HIV	:	Human Immunodeficiency Virus
HT	:	High Tension
HTM	:	Health Technical Memorandum
HVAC	:	Heating Ventilation and Air Conditioning
HvPI	:	Haemovigilance Programme of India
ICD	:	International Classification of Diseases
ICN	:	Infection Control Nurse
ICO	:	Infection Control Officer
ICU	:	Intensive Care Unit
ID	:	Identification Data
IP	:	In-Patient
IPD	:	In-Patient Department
IPHS	:	Indian Public Health Standards
ISMP	:	Institute for Safe Medication Practices
ISO	:	International Organisation for Standardization
IT	:	Information Technology
IV	:	Intravenous

LAMA	:	Leaving Against Medical Advice
LASA	:	Look-Alike Sound-Alike
LIS	:	Laboratory Information System
LPG	:	Liquefied Petroleum Gas
LT	:	Low Tension
MBBS	:	Bachelor of Medicine and Bachelor of Surgery
MCI	:	Medical Council of India
MDRO	:	Multi-Drug Resistant Organisms
MLC	:	Medico-Legal Case
MoU	:	Memorandum of Understanding
MRD	:	Medical Records Department
MRI	:	Magnetic Resonance Imaging
MRSA	:	Methicillin-Resistant Staphylococcus aureus
MSDS	:	Material Safety Data Sheet
MTP	:	Medical Termination of Pregnancy
MvPI	:	Materiovigilance Programme of India
NACO	:	National AIDS Control Organisation
NALS	:	Neonatal Advanced Life Support
NDMA	:	National Disaster Management Authority
NFPA	:	National Fire Protection Association
NICU	:	Neonatal Intensive Care Unit
OP	:	Out-Patient
OPD	:	Out-Patient Department
OT	:	Operation Theatre
PALS	:	Paediatric Advanced Life Support

PC-PNDT	:	Pre-Conception and Pre-Natal Diagnostic Testing
PDSA	:	Plan Do Study Act
PICU	:	Paediatric Intensive Care Unit
PPE	:	Personal Protective Equipment
PROM	:	Patient Reported Outcome Measures
PvPI	:	Pharmaco-Vigilance Programme of India
RIS	:	Radiological Information System
RO	:	Reverse Osmosis
RTI	:	Right To Information
SBAR	:	Situation, Background, Assessment, Recommendation
SHEA	:	Society for Healthcare Epidemiology of America
SOP	:	Standard Operating Procedure
STG	:	Standard Treatment Guideline
STP	:	Sewage Treatment Plant
TLD	:	Thermo Luminescent Dosimeter
TPR	:	Temperature, Pulse, and Respiration
UPS	:	Uninterrupted Power Supply
VRE	:	Vancomycin-Resistant Enterococci
WHO	:	World Health Organization

CHAPTER 1

Nursing Resource Management (NRM)



Intent of the chapter

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

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

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

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

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

SUMMARY OF STANDARDS

NRM.1.	The organisation has a documented system of nursing resource planning.
NRM.2.	The staff are provided with induction training at the time of joining the organisation.
NRM.3.	There is an ongoing programme for professional training and development of the staff.
NRM.4.	Nursing professionals are appropriately trained based on their specific job description.
NRM.5.	Staff are trained in safety and quality-related aspects.
NRM.6.	There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.
NRM.7.	An appraisal system for evaluating the performance of nursing professionals exists as an integral part of the nursing resource management process.

NRM.8.	Process for disciplinary and grievance handling is defined and implemented in the organisation.
NRM.9.	There is an established process in place to identify and manage problems related to incompetent, unsafe or unprofessional conduct.
NRM.10.	The organisation demonstrates workplace safety and concern of wellbeing for nursing professionals (including change rooms, washrooms & dining facilities).
NRM.11.	The nursing department shall clearly specify the role of workforce assisting in nursing functions.

Standard

NRM. 1.	The organisation has a documented system of nursing resource planning.
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Objective Elements

a.	<p>The nursing resource planning supports the nursing department's current and future ability to meet the care, treatment and service needs of the patient.</p>
	<p>Interpretation: The nursing manpower planning shall be done in a structured manner for all nursing staff including nursing assistants keeping in mind the volume and mix of the patients, criticality of the services.</p> <p>It shall use recognised methods for determining levels of nursing professionals in the organisation to match the strategic and operational plans of the organisation. The organisation could preferably use digital tools for rostering and scheduling.</p> <p>A yearly nursing plan is to be documented, with inputs from all stakeholders including the Nursing Head, Medical Head, key clinicians, HR and Finance. This shall be in line with growth projections, strategic plans and budgets of the hospital. In case higher approvals are needed e.g. in Govt. sector hospitals, the plan approval will be taken in advance of implementation.</p>
b.	<p>Written guidance governs the process for recruitment.*</p>
	<p>Interpretation: The recruitment of staff shall be based on defined criteria. The procedure shall ensure the staff has necessary registration, qualification, skills and experience to perform the work. Head of Nursing or her designee from nursing team shall be involved in the recruitment process and participate in the interview process. All newly joined staff shall undergo a pre-employment medical examination. The cost of this shall be borne by the organisation.</p>
c.	<p>The organisation maintains an adequate number of mix of nursing professionals to meet the care, treatment and service needs of the patient.*</p>
	<p>Interpretation: The nursing professionals shall be commensurate with the workload and the clinical requirement of the patients. The staffing norms for the nurses shall be as per the published guidelines. The deciding parameters or guidelines for nursing manpower must be clearly delineated.</p> <p>A good reference is the WHO's Workload Indicators of Staffing Need (WISN) method, INC guidelines and acuity-based staffing.</p> <p>The organisation shall ensure that the plan addresses staffing crisis situations due to attrition, and the hiring plan ensures vacancies are filled up early so that patient care is not compromised.</p>

d.	All nurses permitted by law and regulation to provide patient care are appointed by the organisation.
	<p>Interpretation: The organisation identifies the individuals who have the required qualification(s), training and experience to provide patient care in consonance with the law.</p> <p>The organisation shall not assign nursing tasks to the people not qualified, trained and licensed to practice Nursing in India.</p>
e.	The organisation has contingency plans to manage long and short term workforce shortages, including unplanned shortage.
	<p>Interpretation: A contingency plan for staffing in sudden high occupancy levels or due to attrition, is in place. At various times, the mix of skills required for the organisation to function at peak efficiency may not be immediately available due to workforce shortages, which can occur on a shift-by-shift, short-term or long-term basis. Existing staff crises can be managed using a contingency plan, which may include strategies such as reprioritizing tasks, allocating tasks to different staff members, and relying on a pool of filler staff, which may consist predominantly of previous employees and casual staff sourced from agencies.</p>
f.	The Job specification, Job description and reporting relationship are defined for each category of nursing professionals.
	<p>Interpretation: Each job responsibility shall be clearly outlined, specifying the necessary qualifications, skills, and experience required for the role. The job description shall align with the required qualifications.</p> <p>For a job which requires the skills of a nurse the minimum qualification shall be a GNM/ B.Sc Nursing.</p>
g.	Nursing shift plans based upon timings of shift, day or week shall identify and depute nursing professionals to various areas based on their skills and competencies.
	<p>Interpretation: Assignment shall be based on the patient's clinical requirements, the competence of the nursing staff, and shall align with the guidelines laid down by regulatory and professional bodies in this regard.</p>

Standard

NRM. 2.	The staff are provided with induction training at the time of joining the organisation.
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Objective Elements

a.	<p>Staff are provided with induction training.</p>
	<p>Interpretation: The organisation shall determine as to when induction training shall be conducted. However, it shall be completed within one month of the staff member's joining.</p> <p>The contents of the induction training shall be defined and shall include issues related to patient safety and quality nursing care. The staff shall be provided training regarding policies and procedures of the department/unit/service in which they are performing the requisite duties. This training shall be provided at the department/unit/service/programme level. Staff shall be trained to understand the documents relevant to their responsibilities. The content of the induction training could be provided to every staff in the form of booklet. The records of the training shall be maintained.</p> <p>Students and trainees are also oriented to their specific assignments or responsibilities. This could be done by their respective parent academic institution/ agency.</p>
b.	<p>The induction training includes an orientation on nursing administrative procedures wherever applicable.</p>
	<p>Interpretation: This shall include administrative procedures like nursing duty hours, shift pattern, leave policies, contingency plan in case of staff shortage, etc. This shall also include awareness of department wide policies and procedures. The staff shall be oriented to the nursing departments, key functioning, communication protocol, quality assurance, service standards of the organisation and the nursing department. The induction training shall include vision, mission and values of the organisation. Induction program shall include staff rights and responsibilities.</p>
c.	<p>The induction training includes training on cardio-pulmonary resuscitation for staff.</p>
	<p>Interpretation: All nursing personnel shall at a minimum, be trained in cardiopulmonary resuscitation techniques such as Basic Life Support (BLS). Additionally, nurses in intensive care or high dependency units shall be provided specialized training—this could include programs like Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Advanced Life Support (NALS), or another comparable course.</p>
d.	<p>The induction training includes training in hospital infection prevention and control.</p>
	<p>Interpretation: The trainings shall include the policies, procedures and practices of the infection prevention and control programme.</p>

e.	The induction training includes training on safety.
	Interpretation: The training shall incorporate aspects of patient, visitor and staff safety. This includes training and potential safety risks.
f.	Staff is trained on information systems, information security, information use and management.
	Interpretation: Staff shall be trained on the use of information systems according to their job responsibilities, job descriptions and data and information needs. If the organisation uses electronic health records, the staff who needs to access, review and/or document in the EMR shall be trained to ensure the effective and efficient use of the same.
g.	All new nurses to undergo preceptorship in their areas of deployment or in case of department change.
	Interpretation: Hospital can develop a structured preceptorship system designed to help newly qualified nurses, nursing students or nurses transitioning to a new specialty adapt to their roles with guidance from an experienced nurse (preceptor). The organisation shall have a system for identifying senior nursing professionals as preceptors. A dedicated preceptor provides mentorship, supervision, and feedback. The nursing department could define the timeframe and completion of preceptorship for the newly joined staff.

Standard

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

a.	Written guidance governs training and development policy for the staff. *
	Interpretation: A documented training and development policy exists for the Nursing professionals in the organisation. A training manual incorporating the procedure for identification of training needs, the training methodology, documentation of training, training assessment, the impact of training and the annual training planner shall be prepared. Learning management systems and E- learning modules could be used. The specialty specific training shall be planned for all categories of nursing professionals.

<p>b.</p>	<p>Training needs shall be identified on a continual basis by the senior nursing professionals.</p>
	<p>Interpretation: Training needs can be identified during onboarding, while assigning privileges, and through observations in routine clinical practice. They can also be recognized and reported by the practitioners. The training needs for communication skills can also be identified by analyzing patient complaints, incident reports, appraisals and employee feedback. They can also be recognized and reported by the immediate senior nursing professional or manager. TNI (Training Need Identification) could be captured in a standardized format across the hospital and shall be individualized as per the nurses need. Regular assessments of the effectiveness of the imparted training in the respective work locations shall be carried out and records of the same maintained.</p>
<p>c.</p>	<p>The organisation maintains the training record.</p>
	<p>Interpretation: The organisation shall maintain a record of all training provided to staff of the organisation. At a minimum, it shall include the title of the training, the trainer(s), date and duration of the training list of trainees (with name and signatures). Where possible, the contents of the training may also be captured. Training records could be in digital format.</p>
<p>d.</p>	<p>Feedback mechanisms are in place for improvement of training and development programme.</p>
	<p>Interpretation: This shall include both internal and external training. Feedback includes collecting information on the appropriateness of course material, facilities for the training programme and capability of the trainer.</p>
<p>e.</p>	<p>Evaluation of training effectiveness is done by the organisation.</p>
	<p>Interpretation: The evaluation shall be done immediately after the training and after a defined period has lapsed. The immediate effectiveness could be captured using a pre and post- test. To ensure that the training has resulted in improvement of competency at the workplace, the effect of training shall be evaluated after a defined period has lapsed. The organisation may consider defining the time frame for capturing the effectiveness at the workplace based on the type of training imparted. One of the tools that the organisation could use is incident reports and non-conformities pointed out during assessment.</p> <p>The evaluation shall focus on knowledge, skills and attitude. Based on the evaluation, where appropriate, re-training shall be provided.</p>

<p>f.</p>	<p>Nursing professionals shall receive adequate training and orientation when there is a change in area of deployment, new job responsibilities, or when a new process or equipment is introduced.</p>
	<p>Interpretation: The training shall focus on the revised job responsibilities as well as on the newly introduced equipment and technology. In case of new equipment, the operating nursing professionals shall receive training on operational as well as daily-maintenance aspects.</p>
<p>g.</p>	<p>All nursing professionals are provided training on cardiopulmonary resuscitation periodically.</p>
	<p>Interpretation: The hospital identifies the level of training (basic or advanced life support), appropriate to their roles in the hospital. The desired level of training for everyone is repeated based on the requirements and/or time frames. All nurses working in emergency, intensive care/high dependency units, shall undergo appropriate training. For example, advanced cardiac life support (ACLS), advanced trauma life support (ATLS), pediatrics advanced life support (PALS), and neonatal resuscitation program (NRP) or any other equivalent/similar programme. The training could be imparted by trainers from within or outside the organisation using updated evidence-based protocols.</p>
<p>h.</p>	<p>The organisation supports continuing professional development and learning.</p>
	<p>Interpretation: The purpose of this is to ensure that nursing professional can keep up with advancements in their field and develop skills and improve their skill sets and competency. This includes encouraging and providing resources for staff to attend courses or conferences. It can also include providing access to distance learning and e-learning resources. The organisation shall encourage in house certification programs in specialized nursing domains such as critical care, neonatal care, and OT. Continuing professional development programs could cover topics like antimicrobial stewardship, climate-sensitive care, and organ donation. The organisation shall specify minimum mandatory hours of training that every nursing professional must attend in a year.</p>
<p>i.</p>	<p>All nursing professionals are provided training on safety and quality related aspects.</p>
	<p>Interpretation: This could be done through a regular training programme or through printed materials /electronic media. Nursing Staff working in imaging services are trained in their respective training programs.</p>

Standard

NRM. 4.	The organisation has a documented system of nursing resource planning.
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Objective Elements

a.	Nursing professionals involved in blood transfusion services are trained in the handling of blood and blood products.
	Interpretation: Staff shall be trained on various aspects of transfusion services, such as safe transport of blood, obtaining informed consent maintaining various documents, identifying transfusion reactions, process on handling transfusion reactions and educating patient and family on donation.
b.	Nursing professionals are trained in handling vulnerable patients.
	Interpretation: Relevant staff shall be trained in identifying and rendering care to vulnerable patients as per written guidance.
c.	Nursing professionals are trained on restraint techniques.
	Interpretation: Relevant staff shall be periodically trained in the appropriate use of restraint techniques as per written guidance.
d.	Staff are trained in healthcare communication techniques.
	Interpretation: The staff shall be trained on good practices in healthcare communication.
e.	Staff are provided training on infection prevention and control.
	Interpretation: The organisation conducts appropriate in- service training sessions for all staff at least once a year. It shall include anti-microbial policy and anti-microbial stewardship program for all nursing professionals .
f.	Nursing professionals are trained on Department specific skills.
	Interpretation: Nursing professionals shall receive training on department-specific skills, such as those required for OT nurses, ICU nurses, and dialysis nurses. The organisation shall utilize role-specific competency checklists. Inter-professional training modules may be implemented to promote team-based care. Training on the use of assistive technologies and patient mobility aids could also be included as appropriate. The department-specific training shall include annual refreshers and revalidation for high risk roles(ICU, NICU, Oncology and Dialysis).

Standard

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

Objective Elements

a.	Staff are trained in the organisation's safety programme.
	Interpretation. All staff are trained on identified aspects of safety including patient safety in the organisation, this could be done through a regular training programme or through printed materials /electronic media. Nursing Staff working in imaging services are trained in their respective training programs . The safety training shall incorporate the use of a safety checklist ,promotion of culture of safety and prevention of workplace violence.
b.	Staff are provided training in the detection, handling, minimisation and elimination of identified risks within the organisation's environment.
	Interpretation: The organisation shall identify risks affecting patients, visitors, and staff. These risks could be physical (such as inadequate lighting, slippery floors, blind spots, exposed electrical points, or loose wires), chemical (including improper handling, spills, or aerosolisation), environmental (such as excessive noise, smoke, humidity, or heat), or process-related (such as needle-stick injuries, exposure to blood and bodily fluids, cytotoxic drugs, spills, or contaminated linen). Additionally, staff shall be able to demonstrate practical skills in managing situations like blood spills and handling hazardous materials.
c.	Staff members are made aware of procedures to follow in the event of an incident.
	Interpretation: Staff shall be able to outline the sequence of actions they will take in response to any incident.
d.	Staff are trained in occupational safety aspects.
	Interpretation: The organisation shall identify areas with potential occupational hazards and ensure that staff are informed about associated risks and preventive measures. Examples include needle-stick injuries, exposure to blood and bodily fluids, radiation, lasers, medical gases, chemotherapy agents, and high noise levels in utility areas.
e.	Staff are trained in the organisation's disaster management plan.
	Interpretation: The training shall include the various elements of the disaster management plan. They are also trained in their specific role during management of external / internal disaster.

f.	Staff are trained in handling fire and non-fire emergencies.
	Interpretation: In case of fire, training shall include the various classes of fires, information and demonstration on how to use fire extinguishers, evacuation plans and other procedures to be followed in case of fire. Staff in the organisation shall be trained for identified non-fire emergencies. They are also trained on their specific role in such emergencies.
g.	The nursing professionals are educated about their rights and responsibilities.
	Interpretation: The nursing rights and responsibilities are to be defined by the organisation. The nursing professionals are educated about their rights and responsibilities. The nursing professional rights shall be aligned to the organisational staff rights and responsibilities.

Standard

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

a.	Nursing staff permitted by law, regulation and the organisation to provide patient care without supervision are identified.
	Interpretation: The organisation identifies the individuals who have the required qualification(s), training and experience to provide patient care in consonance with the law. Refer to the Indian Nursing Council Act, 1947.
b.	All such information pertaining to the nursing professional is appropriately verified when possible.
	Interpretation: The organisation shall do the same by verifying the credentials from the organisation which has awarded the qualification/training. Educational parameters are validated by verifying the qualification certificates. Training is validated through training certificates and skill verification on the job and experience is validated by way of the records provided by the nurse from the previous employers.
c.	The person heading the nursing services shall have requisite-credentials and experience.
	Interpretation: The person heading the nursing service shall have appropriate qualification and experience. Appropriate qualification implies adherence to published guidelines and professional norms.

	A good reference could be INC/ State Nursing Council guidelines, Central Government and MOHFW guidelines, must be registered as a nurse and midwife with State Nursing Council. M.Sc. in nursing is preferred.
d.	The education, registration, training and experience of all nurses are recorded and updated periodically.
	Interpretation: Updating is done after acquisition of new skills and/or qualification after verifying from the various documents and certificates. The organisation shall define the periodicity for review of credentials and competency logs. These documents are made available in the personal file of the nurse.
e.	Required competency parameters for privileging shall be evaluated by senior nursing professionals and shall be recorded in the personal records.
	Interpretation: The nursing professionals are privileged based on competency parameters. These are generally bed-side nursing care procedures and are therefore evaluated on a continual basis. The clinical heads of the unit could be part of the evaluation. The recording may be done at suitable periodic intervals. A standardized competency matrix based on the clinical area shall be used. Competencies could be listed for all categories of nursing professionals to ensure appropriate privileging for safe patient care.

Standard

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

a.	Performance appraisal is done for nursing professionals within the organisation. *
	Interpretation: A policy document and recorded performance appraisal system exists in the organisation for nursing professionals. The performance appraisal preferably could incorporate 360-degree feedback and self-assessment tools. An appropriate criterion to be used for analyzing the performance of different categories of nursing personnel. This shall be done for all categories of nursing professionals starting from the person heading the nursing and including nursing professionals who are employees. The performance appraisal shall include competency assessment.

b.	The nursing professionals are made aware of the system of appraisal at the time of induction and subsequently.
	Interpretation: This could be incorporated in the service booklet and included in the induction training.
c.	Performance is evaluated based on the pre-determined criteria at predefined intervals.
	<p>Interpretation: Performance appraisal is carried out at pre-defined intervals and is recorded. This shall be done at least once a year. The criteria for assessment shall be defined and known to the nursing professionals. It is preferable to have objective criteria. It is preferable to use digitalized appraisal tracking and integration with training needs.</p> <p>Key result areas are identified for each nursing professionals and training need assessment is also done at the time of assessment.</p> <p>The nurse manager in-charge shall be trained to perform effective and efficient performance appraisals of staffs reporting to them. Nurses undergoing preceptorship could be evaluated more frequently.</p>

Standard

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

a.	Written guidance governs disciplinary and grievance handling mechanisms.*
	<p>Interpretation: An integrative and participative approach is used to address this. Key aspects include workplace risk assessment, including identifying situations at special risk, workplace interventions including information and communication, environmental interventions including signage, security and restricted access and individual interventions like training. The organisation shall have a mechanism in place to handle these situations, including liaison with law enforcement agencies where applicable and provision of counselling to affected staff.</p>
b.	The disciplinary and grievance handling mechanism is known to all categories of staff of the organisation.
	<p>Interpretation: The organisation shall display the grievance and internal complaints processes clearly in Nursing stations. All staff shall be aware of the disciplinary procedure and the process to be followed in case they feel aggrieved. The nursing professionals are educated about the mechanisms available for addressing grievances.</p>

c.	The disciplinary policy and procedure are based on the principles of natural justice and in consonance with the prevailing laws.
	Interpretation: Principles of natural justice implies that both parties (employee and employer) are allowed to present their case and decision is taken accordingly. Refer to relevant labour laws and CCS (CCA) rules. Internal Complaints Committee shall be established in the organisation to handle complaints of sexual harassment. The organisation shall designate an appellate authority to consider appeals in disciplinary cases. The appellate authority shall be higher than the disciplinary authority. The grievance redressal committee and Internal complaints committee shall have nursing representative.

Standard

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

a.	The process shall include daily monitoring of nursing conduct and ability to deliver nursing care while on duty.
	Interpretation: Periodic monitoring of nursing conduct is essential for maintaining high standards of patient care, ensuring compliance with hospital policies, and fostering a professional and ethical work environment. Appearance, Behaviour, Communication, and Decorum shall be emphasized and monitored on a regular basis. Methods for Monitoring could be structured tools for peer review or behaviour audits, direct observation by supervisory nurses.
b.	The process shall include analysis of all complaints pertaining to nursing services specifically addressing individual nursing professionals.
	Interpretation: Anecdotal report to be maintained at each unit level. The process shall ensure that there is no victimization and corrective action is focused against the system rather than the individual.

Standard

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

a.	Management provides infrastructural facilities and other resources to enable nurses work with respect and dignity.
	Interpretation: To ensure that nurses can work with respect and dignity, healthcare facilities must provide adequate infrastructural facilities and resources that support their professional roles. There shall be sufficient change rooms, washrooms, recreation rooms & dining facilities for nursing professionals.
b.	Management shall ensure that there is a mechanism whereby any safety related issues are duly reported and attended on priority.
	Interpretation: A policy on prevention of sexual harassment has to be laid and educated to all nurses'. Appropriate PPE training to be provided for providing safety to staff during patient care.
c.	The organisation has an environment that promotes the reporting of safety-related concerns while ensuring fairness, neutrality, and protection from victimization.
	Interpretation: Organisations must create a workplace atmosphere where employees feel empowered to report safety concerns without fear of retaliation. Providing multiple channels for reporting, including anonymous options, ensures that employees feel secure when sharing safety concerns. This could be done through suggestion boxes, online portals or direct reporting to the supervisor. Senior Nursing professionals shall be members of various committees governing staff safety including ICC, Grievance, Safety, Welfare etc. All nurses in the hospital shall be aware of the members, functioning and reporting channels of these committees.
d.	A record of corrective and preventive actions shall be maintained wherever appropriate, with due consideration given to anonymity and confidentiality.
	Interpretation: The organisation shall establish a documented policy and maintain records of all incidents, Root Cause Analysis (RCA), and Corrective and Preventive Actions (CAPA) undertaken. These records shall be securely stored in the Human Resource Department and must be readily retrievable when needed.
e.	Health checks of nursing professional staff dealing with direct patient care are done at least once a year and the findings/results are documented.

	<p>Interpretation: The results of examination, investigations (if any) and outcome of the evaluation shall be documented in the personal file. The organisation could define the parameters, the organisation could also identify competent individuals to perform the same. The staff member shall not be charged for this health check. The organisation could do health checks more frequently if required. The hospital to assess the need of the nurses and take measures proactively round the clock, e.g., Vaccination ahead of Flu season, preventive measures against spread of communicable diseases etc. Appropriate Preventive measures are available to safeguard the nursing professionals against seasonal flu, infections and outbreaks. The document on occupational hazards assessed in the hospital can prove to be helpful. The organisation shall provide mental health support and counselling access where appropriate.</p>
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Standard

NRM. 11.	The nursing department to specify the role of workforce assisting in nursing functions.
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Objective Elements

a.	The HCO to have a documented guideline on the supporting healthcare staff assisting the nursing functions.
	<p>Interpretation: The healthcare organisation shall have a documented guideline outlining the role of supporting healthcare staff in assisting nursing functions. The supporting health care staff assist the nursing professionals in their daily function.</p>
b.	The tasks assigned to the supporting healthcare staff are defined and documented.
	<p>Interpretation: The nursing assistants shall not be involved in clinical decision making. The scope of practice for non- nursing support staff shall be clearly defined. The responsibility of supervision of nursing support staff shall be with the designated nursing professional.</p>
c.	Nursing professionals shall provide regular training to supporting healthcare staff.
	<p>Interpretation: To enhance the knowledge and skills of supporting healthcare staff (e.g., nursing assistants, patient care technicians, ward attendants) and to ensure safe and efficient patient care, structured skill training program shall be prepared, delivered and documented. Induction and department-specific periodic training shall be provided to all nursing support staff.</p>

CHAPTER 2

PROFESSIONAL NURSING PRACTICE (PNP)



Intent of the chapter

The standard aims to guide and encourage patient safety and quality care as the overall principle for providing nursing care to patients.

The organisation supports nursing services to provide systematic method of nursing care with specific emphasis on Assessment, Planning, Implementation and Evaluation. Nursing care is preventive, promotive, curative and rehabilitative in nature. Nurses shall provide holistic nursing care, where each patient is treated differently. Holistic nursing/patient centered care is based on the principle that a patient's biological, social, psychological and spiritual aspects are interconnected. Nurses shall consider patients' values and health beliefs while caring for patients. Patient-centered care supports active involvement of patients and their families in the design of new care models and in decision-making about individual options for treatment.

Nurses recognize the essence of nursing and care delivery is all about human connection and involvement. The registered nurse, in collaboration with the patient, family and other team members assesses, makes decisions, plans, implements, evaluates, and documents nursing care based on reflection, current knowledge, and best practices.

Policies and procedures in concurrence with the laws and regulations guide the nursing services in all functional units applicable in the organisation.

Patient safety and nursing professionals' safety is intertwined in every aspect of care. Nursing professionals' practice in accordance with the Code of Ethics for Registered Nursing professionals, establishes professional therapeutic relationships with patients and advocates for and with patients throughout their interactions with the health system.

Nursing services promote and initiate measures to create a learning environment that supports patient advocacy and ethical practice.

Uniform nursing care is provided to all patients in different settings that include care provided in outpatient units, various categories of wards, intensive care units, procedure rooms, operation theatres, etc.

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

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

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

SUMMARY OF STANDARDS

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

Standard

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

a.	The nursing manual, incorporating standard operating procedures and guidelines for nursing care across all settings, based on best practices and evidence-based standards is available.
	Interpretation: The nursing manual's contents shall be outlined in the index and shall encompass all aspects of nursing administration and clinical practice, in alignment with the scope of the HCO. The nursing manual shall reflect the current evidence-based nursing practice guidelines. Example: MoHFW, ICMR and WHO etc. It shall include all forms and formats used by nurses such as validated tools, example: braden scale, GCS, MEWS etc. A separate nursing manual could be developed for specific nursing areas such as ICU, OT, Dialysis, ED, BMT, Chemotherapy, Endoscopy, and Day-care. Alternatively, these guidelines could be integrated into the clinical departmental manuals.
b.	Nursing manual is reviewed and updated by the nursing management committee.
	Interpretation: The nursing manual shall be updated regularly / at least once annually. This shall be undertaken with inputs from senior nursing professionals, shall incorporate changing national, international guidelines time to time.
c.	Nursing manual shall be available for and followed by the nursing professionals uniformly.
	Interpretation: The organisation shall ensure that the nursing professionals have access to the current version of the nursing manual. The nursing manual could be available in either physical or electronic form.
d.	Nursing manual includes policy on nursing station management.
	Interpretation: Each unit must have a designated nurse's station where nurses can document, place indents, and perform other essential tasks. The station shall be equipped with seating, a telephone, and a handwashing facility, along with access to the intranet, computers, and selected medical knowledge websites. It shall also encompass guidelines for dressing trolley arrangements, nurse call systems, record maintenance, crash cart organisation, crowd management, anger management, and telephone etiquette.

Standard

PNP. 2.	The organisation has a uniform process for accuracy of patient identification.
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Objective Elements

a.	Patients are identified at a minimum using two identifiers.
	<p>Interpretation: Patient involvement in identifying themselves and using “two patient identifiers” is essential in improving the reliability of the patient's identification process. Patients are identified before admission, medication administration, treatment, procedures (both invasive and noninvasive), discharge, and before providing a therapeutic diet. This ensures an accurate match between the patient and the required service or treatment. The organisation could specify the areas where this process could be implemented and monitor compliance. The nursing professionals are aware about using two identifiers.</p> <p>Patient identifier options include but not limited to the following:</p> <ul style="list-style-type: none"> • Full name • Assigned unique identification No. (UID)/registration No. • Date of birth, • Phone number, • Address etc.
b.	The organisation plans and implements a mechanism to identify vulnerable patients.
	<p>Interpretation: Written guidelines for identifying unconscious, vulnerable, or patients with altered sensorium shall be documented in the nursing manual. The nursing professionals shall conduct an initial risk assessment at admission using standardized tools. The organisation could use color-coded wristbands or visual indicators for quick identification. The organisation shall clearly document vulnerability status in the patient's medical record and nursing handover notes. In case of electronic medical record, Flag vulnerable patients in the Electronic Medical Records (EMR) for easy tracking. Senior nursing professionals shall monitor compliance with identification protocols and take corrective actions when needed.</p>

Standard

PNP. 3.	The organisation establishes and implements a process for care of high-risk patients.
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Objective Elements

a.	High risk patients are defined and identified.
	<p>Interpretation: All critically ill patients, and patients with Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Chronic Kidney Disease, Cancer, Hemophilia, End Stage Renal Disease (ESRD), coronary artery disease (CAD), HIV/AIDS transplant, hypertension, depression, obesity, chronic pain, anxiety, chemical dependency etc. are all high-risk patients.</p> <p>The list shall be reflected in the nursing manual. HCO can define their high-risk patients based on their specialties.</p>
b.	High risk patients are cared for effectively.
	<p>Interpretation: A written guidance for care of high risk patients shall be a part of the nursing manual. Nursing responsibilities specific to the high-risk condition e.g. Fall risk, electrolyte imbalance etc could be incorporated in the nursing manual.</p>
c.	Staff are trained on care of high-risk patients.
	<p>Interpretation: Early identification and response to changes in patient condition.</p> <p>Training shall include care of the patient on a ventilator, assessing hemodynamic status, arrhythmias, DVT prevention and management, and identifying changes in ECG. For example, MEWS (Modified Early Warning Score) will help identify changes in the condition/status of patients who are high-risk.</p>

Standard

PNP. 4.	The patients cared for by the organisation undergo an established nursing initial assessment.
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Objective Elements

a.	Nursing Initial assessment of daycare/in-patients/emergency patients is done and documented within the defined time frame.
	<p>Interpretation: SOP on nursing initial assessment shall be part of nursing manual. This shall identify the nursing needs and also help identify any special needs of the patient. It shall be completed within a defined time frame. Assessment of emergency patients is based on their priority needs and clinical conditions. Parameters may be pre- defined and a checklist or template could be used for the same.</p> <p><i>Various assessment tools like Braden scale, GCS/AVPU, fall risk, observational pain assessment, VAS, etc can be used.</i></p>

<p>b.</p>	<p>Initial assessment for inpatients includes assessment of actual and potential needs and problems.</p>
	<p>Interpretation: This includes head to toe observation, checking of vitals, parameters such as height, weight, input – output charts and special needs etc.</p> <p><i>Initial assessment for special population shall be patient specific and shall correlate with patient's condition.</i> Initial assessment also includes determining the need for discharge planning/ Preventive measures. Holistic approach shall be used for assessment.</p> <p>Special consideration for assessment of special population like :</p> <ul style="list-style-type: none"> • Children • Elderly • Terminally ill • Chronic pain • Women in labor • Immunocompromised etc. <p>Risk assessment for fall, pressure ulcer, DVT and pain shall be undertaken wherever applicable.</p> <p>Holistic approach is inclusion of not only physical needs and problems, but also emotional, social, sexual, spiritual needs.</p>
<p>c.</p>	<p>The initial nursing assessment results in a documented nursing care.</p>
	<p>Interpretation: The nursing care plan shall reflect list of interventions identified for the actual and potential problem. Implementation of the same and evaluation shall be periodically documented. This shall correlate with initial assessments and reassessments. This shall be documented by the assigned nursing professionals in the patient record.</p> <p>For definition of “nursing care plan” refer to glossary.</p> <p>(standardized care plan may be used, with adequate space provided for individual case based problems not included in the standardised plan).</p>
<p>d.</p>	<p>The care documentation must include preventive aspects of the care where appropriate.</p>
	<p>Interpretation: The documented nursing care plan shall cover preventive actions as necessary in the case and could include diet, drugs, etc.</p> <p>In conditions where it is not possible to incorporate this at the time of assessment (e.g. diagnosis not made/ unclear) the same shall be done as soon as a definite diagnosis is arrived at.</p> <p>This could also be done through booklets/patient information leaflets etc.</p>

Standard

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

a.	Patients are reassessed at appropriate intervals and change in patient's clinical conditions.
	<p>Interpretation: SOP on reassessment shall be a part of nursing manual. Time frame for reassessments shall be defined.</p> <p>After the initial assessment, the patient is reassessed periodically and this is documented in the case sheet. The frequency may be different for different areas based on the setting and the patient's clinical condition and requirements, e.g. patients in ICU and ER need to be reassessed more frequently compared to a patient in the ward.</p> <p>Every patient shall be reassessed at least once every shift by the caring nurse.</p> <p>Reassessments shall be done for day care patients (Before discharging) or patients awaiting admission/ bed.</p>
b.	Patients are reassessed to determine response to treatment and plan for treatment continuity and/or discharge.
	<p>Interpretation: Time frame can be determined for reassessment for response to treatment. E.g. After oral medication for pain or nausea, reassessment may be done after two hours and for parenteral medications after one hour.</p> <p>For change in patient condition, assessment shall be within 5-10 minutes.</p>
c.	Patients are reassessed at the time of receiving and transferring from one unit to another, before and after shifting for investigations.
	<p>Interpretation: Assessment of defined parameters shall be documented.</p> <p>At least the vital parameters, GCS if applicable, fall risk and Braden scale shall be assessed.</p>
d.	Patient care is prioritized based on assessment and reassessment.
	<p>Interpretation: Nurses shall prioritize patient care based on their assessment.</p> <p>Patient status is dynamic and acuity levels keep changing.</p>
e.	Nursing care plan is modified when emergency situations or when there is change in patient status.

	<p>Interpretation: Nursing care plan shall reflect the reassessment data.</p> <p>For example, if a COPD patient was stable during assessment and developed breathlessness and cyanosis, the nursing care plan shall incorporate the interventions carried out for the same followed by evaluation of the intervention.</p>
f.	<p>Nursing professionals evaluate outcomes using reassessment and revise action plans as needed.</p>
	<p>Interpretation: For every nursing diagnosis and intervention, evaluation must be objectively documented. For example, Blood pressure, pain score, oxygen saturation, Cardiac rhythm, hemodynamic status.</p> <p>The actual outcome (either improved/not improved) shall be documented.</p>
g.	<p>Nurses are trained to recognize and respond to changes in patient's condition.</p>
	<p>Interpretation: Nurses shall be able to identify Early Warning Signs, changes in ECG/cardiac rhythm, GCS, fluid overload, dehydration etc.</p> <p>This shall be part of their in-service program.</p>
h.	<p>Nursing professionals identify areas of escalation based on priority in both clinical and non-clinical areas and escalate appropriately.</p>
	<p>Interpretation: To carry out uninterrupted nursing services, the nurses shall be aware of the Escalation Matrix in the department to address clinical and non-clinical emergencies and process outliers for timely decisions. For Example: changes in clinical condition, delay in transfer of patient from ICU, delay in radiology department, fire hazard etc. The response time also shall be included in the matrix. This shall be a part of the nursing manual .Escalation is tracked and monitored .</p>

Standard

PNP. 6.	Nurse-patient ratio is maintained in consonance with current occupancy and as per patient acuity.
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Objective Elements

a.	Nurse-patient ratio is planned and provided based on the scope of the unit.
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	<p>Interpretation: The ratio will change as per the department and acuity of the patient. The nurse patient ratio shall be based on best clinical practices. The occupancy and the acuity of the patient shall be considered while maintaining the nurse-patient ratio .The organisation preferably could use acuity based staffing software or acuity scoring tools.</p>
b.	<p>Nurse patient ratio is monitored in every shift by the designated nursing professionals.</p>
	<p>Interpretation: This is monitored for the case mix assigned to each nurse, appropriateness, competency and experience of the nurse and the patients nursing needs/ acuity. A defined format could be used.</p>
c.	<p>Nurses are assigned patients based on their competencies, privileges and patient acuity.</p>
	<p>Interpretation: The assignment shall be based on the patient's clinical requirements, the competence of the nursing staff and shall align with the guidelines laid down by regulatory and professional bodies in this regards. In high-risk areas such as ICU, HDU, transplant, etc advanced nursing competencies are considered considered for patient assignment. Patient assignments are being done in each shift. Students/interns/new joiners may be assigned with preceptors. When the new joiners are privileged, they can have independent patient assignment.</p>

Standard

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

a.	<p>Nursing professionals document assessment, nursing care activities, and care outcomes in an accurate and timely, manner.</p>
	<p>Interpretation: All assessments, outcomes, procedures and treatment/intervention, carried out are documented in patients file. Documentation shall be legible, dated, timed and signed. All principles of documentation shall be followed. Example: Striking an error with a single stroke; changes are signed and dated, etc.</p> <p>Standard and approved abbreviations list shall be used. The list shall be available in the nursing manual also.</p>
b.	<p>Documented information shall be checked and supervised by the senior nursing professionals for accuracy and completeness.</p>

	<p>Interpretation: Supervision shall include whether contents of the assessment, match with patient’s actual condition and the care plan developed. Interventions are specific and evaluation recorded objectively or not.</p> <p>For example, rechecking fall risk or Braden scale assessment, pain score for accuracy.</p> <p>Senior nursing professionals in the department are totally accountable and answerable for all the activities of the nurses in the respective area.</p>
c.	<p>There shall be a consistent pattern adopted by the nursing service for documentation of nursing care.</p>
	<p>Interpretation: Uniform pattern for documentation of nursing care is practiced across the hospital. The organisation shall use standardized format for documentation of nursing care. For Example, SOAP (Subjective, Objective, Assessment, Plan), DAR (Data, Action, Respond). In specialized areas the pattern could be based on the need of the specialty.</p> <p>Nursing progress shall be documented in a timely manner for the individual patient.</p>

Standard

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

a.	<p>Nurses prepare patient specific/individualized nursing care plan to address the needs of patient and family.</p>
	<p>Interpretation: This shall be part of the patient file/record. Care shall include not only physical aspects but also mental, social, spiritual aspects. This shall also include case specific health education and preventive care.</p>
b	<p>Nurses collaborate with other healthcare professionals to provide safe and consistent care.</p>
	<p>Interpretation: Care of patients is co-ordinated among various care-providers in a given setting viz OPD, emergency, IP, ICU, etc. The nurses collaborate with a) Clinicians: about patient's progress during rounds/ change in patient status, discharge planning etc. b) Rehabilitative services: Plan and monitor patients ambulation, post-operative exercise, home care etc. c) dietician: coordinate for known food allergies/food drug interaction, special dietary needs, documentation of food and fluid intake and ensures the patient consumes the correct therapeutic diet etc., (eg. If order is for salt free diet with 4gm of salt, nurse ensures patient consumes the same). The organisation shall ensure that there is effective communication of patient requirements amongst the care- providers in all settings.the nursing professional are included in multidisciplinary team meetings as appropriate .</p>

Standard

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

a	There is a handoff mechanism among the care team across shifts regarding patient's status.
	<p>Interpretation: Nurses practice structured hand over in each shift and during transfers. Change of shift and change of unit handover by the nurses involved in the direct patient care shall be standard and documented. The handover shall consist of patient current condition, reason changes in the condition, ongoing treatment, possible complication etc. Situational briefing techniques and WHO handover tools (for example AISSACT, AIDET, ISBAR) and an escalation matrix could be used for handover.</p>
b	Nursing professionals communicate with staff in other departments when required to ensure that care plan is implemented.
	<p>Interpretation: This shall include relevant aspects of care plan to facilitate inter-departmental activities and avoid delays.</p> <p>This includes patient transfers, requisitioning bedside services etc.</p>
c	Documented information shall be clearly dated, timed and signed by the assigned nurse at every shift and endorsed by the senior nursing professionals daily.
	<p>Interpretation: This may be in a separate format, or incorporated in the care plan and assessment sheet at the end of each shift with names and signatures of handoff and receiving staff clearly mentioned.</p>
d	Transfers between departments/ units are done in a safe manner.
	<p>Interpretation: The organisation shall ensure that intra- organisation transfers are done adhering to safe practices. The patients shall be transported in a safe manner and a proper handover and takeover shall be documented.</p>

Standard

PNP. 10.	Nursing professionals with knowledge and experience are responsible for smooth functioning of their respective units.
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Objective Elements

a	A senior suitably experienced nursing professional shall guide and supervise the nursing professionals in each shift in each department.
	Interpretation: The assigned senior nursing professional shall be responsible and accountable for smooth functioning of the unit and care of all patients in the unit, this includes monitoring of the junior staff. Responsibility may be assigned to Team Leader/ Shift In charge/ Charge nurse etc. Senior nursing professionals shall ensure effective implementation of nursing policy, protocol and procedures of the respective areas.
b	The scope of services for senior nursing professionals includes supervision and monitoring of all nursing activities related to patient safety, quality of nursing care rendered and turnaround time.
	Interpretation: Senior nursing professional endorse the care plan. Senior nursing professionals assign nurses to patients based on competency and acuity. Daily chart checking for compliance is done and potential areas of improvement are identified for action. This could includes monitoring of turnaround time of nursing activities and mentoring the junior staff wherever appropriate.
c	The nursing professionals shall ensure availability of patients reports in their respective records.
	Interpretation: In case of manual clinical records, all investigation reports, verbal order/critical report informed by lab/radiology, is documented shall be available in-patient record.
d	Nursing professionals are provided with additional knowledge and assistance as needed, in a timely manner.
	Interpretation: The organisation shall have a mechanism to provide additional knowledge and assistance. For example Latest edition of Nursing journals and books and free online journals could be made available in hard copy or soft copy. They shall have access to free online journals.

e	Nursing professionals recognize any limitations to safe, competent, and ethical care and report concerns and consult and/or initiate appropriate changes as necessary.
	Interpretation: Limitation could be such as transferring patient out of ICU without meeting discharge criteria, patient taken to OT without consent. Consent not signed by patient, transferring patient without seat belt/side rails etc.
f	Nursing professionals evaluate, disseminate, and support the integration of evidence-based practice findings into care.
	Interpretation: The list of best practices shall be a part of nursing manual.

Standard

PNP. 11.	The consistent and systematic nursing care is provided for all vulnerable patients (elderly, children, physically and/or mentally challenged) , following written guidelines and adherence to laws and regulations.
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Objective Elements

a.	Written guidance governs the care of vulnerable patients.
	Interpretation: The written guideline for identifying and care of the vulnerable patients shall be a part of nursing manual. The nursing professionals are trained to care for vulnerable patients. This shall be included in induction and in service program.
b.	All vulnerable patients are identified as per HCO policy and then assessed and reassessed at periodic intervals.
	Interpretation: Patient shall be assessed at least once every shift or at least once every shift or whenever required. The nursing care of vulnerable patients (elderly, children, physically and/or mentally challenged) are supervised by senior nursing professionals. Nursing professionals monitor vulnerable patients. Parameters for monitoring can be defined by the organisation.

Standard

PNP. 12.	The organisation identifies and manages the nursing care of patients under restraints (physical and/or chemical).
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Objective Elements

a.	Written guidance is used to identify patients who need restraints and provide care to them.
	Interpretation: The written guidance shall incorporate the suggested situation where restraints could be used. It shall also specify as to who can authorise the use of restraints, the frequency of monitoring these patients and the validity of restraints orders. Restraints include both physical and chemical measures.
b.	Written orders from the clinician are obtained prior to the application of physical restraint.
	Interpretation: Doctor's written order and consent to be ensured by nursing professionals.
c.	The patients under restraints (physical and/ or chemical) are frequently monitored.
	Interpretation: A format may be made available to capture monitoring requirements. The patient shall be monitored at least every 2 hours, or more frequently if required. The monitoring shall be documented in the medical record. The senior nursing professional shall supervise the care of patients who need restraints.
d	Staff receives training and periodic updating in management of restraint.
	Interpretation: Training shall be during induction and ongoing.

Standard

PNP. 13.	Pain management practices and care of patients are done in Consistent and systematic manner.
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Objective Elements

a.	All patients are screened for pain at the time of admission.
	<p>Interpretation: Pain assessment and reassessment are done for those who require further management.</p> <p>This shall be documented in patient's record during initial assessment and reassessment.</p> <p>Pain Assessment tools for neonates, sedated patients, Critical-Care Pain Observation Tool (CPOT) for unconscious patients, humpty dumpty for paediatrics etc shall be used by nursing professionals.</p>

b.	Nursing professionals are trained to identify level of pain in various categories of patients and document the same.
	Interpretation: Questions like what makes the pain worse/better and Mnemonics like OPQRST may be used. Objective pain score and resultant evaluation post intervention shall be reflected in care plan. The senior nursing professional shall supervise the pain management practices.
c.	Nursing professionals shall provide non-pharmacological management of patients with pain.
	Interpretation: This shall reflect in the care plan where feasible, non-pharmacological pain management nursing care like massage, position, touch, music, environmental manipulation shall be used.
d.	The nursing professionals educate the patient and their family on various pain management techniques wherever appropriate.
	Interpretation: Documentation of the education provided shall include the specific points covered by a nurse in a shift.

Standard

PNP. 14.	Appropriate End Of Life (EOL) care is provided to patients by the nursing professionals.
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Objective Elements

a.	Nursing professionals are aware of end-of-life care policy of the organisation and shall incorporate EOL needs of patient in the care plan.
	Interpretation: EOL needs may be Anticipatory grieving, family coping, symptom management, spiritual distress etc.
b.	Nursing professionals shall provide care to meet the unique EOL needs of the patient and family.
	Interpretation: Physical and nutritional needs are met. Symptomatic treatment is provided by the nursing professionals with special emphasis on alleviating pain, comfort measures and helping them to cope psychologically. Religious and cultural preferences of patients to be respected. Family shall be involved in the care of patient. Social, cultural and spiritual needs of the family are to be considered.

c.	Nursing professionals are educated and periodically trained in end-of-life care.
	Interpretation: Multi-professional approach is used to provide EOL care. This shall be a part of induction and continuing professional development programme.

CHAPTER 3

MANAGEMENT OF MEDICATION (MOM)



Intent of the chapter

The organisation has a safe and organized medication management process.

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

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

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

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

SUMMARY OF STANDARDS

MOM. 1.	The organisation adheres to state and national guidelines for safe medication management.
MOM. 2.	Nursing professionals participate in periodic risk management activities pertaining to medication use systems.
MOM. 3.	Medications are stored appropriately and are available where required.
MOM. 4.	Chemotherapeutic agents are handled in a safe manner.
MOM. 5.	Medications are administered safely.
MOM. 6.	The monitoring of patients after medication administration is supervised by responsible personnel.

MOM. 7.	Nursing professionals report near misses, medication errors and adverse drug events as per the organisation's policy and participate in taking corrective and preventive action, whenever required.
MOM. 8.	Verbal orders are implemented by ensuring safe medication management practices.
MOM. 9.	Measures to govern safe injection and infusion practices are implemented.

Standard

MOM. 1.	The organisation adheres to state and national guidelines for safe medication management.
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Objective Elements

a.	The organisation has written guidance on medication management as per current state and national guidelines.
	Interpretation: The organisation has policies, protocols and procedures on medication management as per current state and national guidelines. A good reference is current Indian Nursing Services (INS) standards.
b.	Nursing professionals contribute to developing written guidance, including policies and procedures, for medication management.
	Interpretation: The multidisciplinary drug and therapeutic committee shall have representation from nursing services, with defined roles and responsibilities. Designated nursing professionals shall be involved in the formulation of policies and procedures pertaining to medication management.
c.	Nursing professionals are aware of the policies and protocols on medication management.
	Interpretation: Nurses shall receive comprehensive training on the policies and protocols of medication management to ensure proper understanding and adherence. This training will cover key aspects, including medication administration, storage, documentation, error prevention, and compliance with state and national guidelines. Ongoing education and refresher sessions shall be conducted to keep nurses updated on any changes or advancements in medication management practices. Specific training areas may include medication management during CPR, handling of high-risk medications, chemotherapy drugs, controlled substances, restricted antibiotics, and formulary drugs. The organisation shall maintain records of training sessions, feedback, and competency assessments to ensure accountability and continuous improvement.
d.	Policies and procedures including drug information are accessible to nursing professionals at all levels.
	Interpretation: The nursing professionals shall be able to access the formulary which has been duly approved by the Pharmacy and Therapeutics committee.

Standard

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

a.	Nursing professionals are aware of the risks associated with the medication management system.
	<p>Interpretation: Risks in the medication management system shall be known to the nurses. These include potential errors pertaining to transcribing, indenting, storage, preparation, administration, monitoring etc.</p> <p>The organisation shall ensure staff awareness on the same. A feedback mechanism shall be put in place for reporting of these risks.</p>
b.	Senior nursing professionals are involved in risk assessment of the medication management system.
	<p>Interpretation: Senior nursing professionals shall carry out risk assessment of the medication management system pertaining to nursing service and shall engage in analysis of the identified risks and their mitigation by taking appropriate measures.</p> <p>The necessary corrective and preventive actions shall be discussed in the monthly quality review meeting of nursing services.</p>
c.	There is a quality improvement plan for medication management.
	<p>Interpretation: The performance of medication management system is regularly assessed to ensure continuous quality improvement. The organisation shall identify key performance indicators for medication management by nursing professionals.</p> <p>Each indicator shall have a target/goal based on internal/external benchmarking or current evidence.</p> <p>The indicators shall be monitored periodically to assess trends and improvement. The indicators can also be assessed by a multidisciplinary audits.</p>

Standard

MOM. 3.	Medications are stored appropriately and are available where required.
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Objective Elements

a.	Medications are indented as per HCO policy.
	<p>Interpretation: Nursing professionals shall be aware of the indenting and reorder policy of the healthcare organisation (HCO), including protocols for managing critically low stock levels.</p> <p>If registered nurses are responsible for indenting and storing required medications in wards and other therapeutic areas, this process shall be carried out under the supervision of senior nursing professionals. Nursing staff shall ensure the availability and proper storage of medications across various locations within the organisation. The senior nurse in a ward or department shall monitor the appropriateness and timeliness of medication indents from inpatient departments (IPD) or other units to maintain efficient stock management.</p>
b.	Medications are stored in a clean, safe and secure environment; and incorporating manufacturer's recommendation(s).
	<p>Interpretation: The organisation shall ensure that drug storage requirements, as specified by the manufacturer, are strictly adhered to across all areas where medications are stored, including wards.</p> <p>Medications shall be safeguarded against loss or theft, and storage areas must be well-ventilated and maintained in a clean condition. Vaccines shall preferably be stored in vaccine refrigerators (Ice Lined Refrigerators) to ensure proper temperature control. Where applicable, temperature monitoring of storage areas and refrigerators shall be conducted at least once daily. For areas that do not operate every day, monitoring shall take place on all working days. To prevent and detect loss or theft, the organisation may conduct audits at regular intervals, as defined by internal policies.</p>
c.	Sound inventory control practices guide storage of the medications.
	<p>Interpretation: The organisation shall follow or demonstrate ABC, VED, FSN, FIFO-led time analysis, etc. The medicines shall be stored either alphabetically or by the company's name. First expiry and first Out policy, shall be adhered to.</p> <p>Nursing professionals shall be trained and made aware regarding the need to adhere to sound inventory management practices and beyond expiry drug policy etc. The organisation could use RFID ,bar code tracking the narcotics and high alert drugs.</p>
d.	The organisation defines and updates list of high-risk medication(s).
	<p>Interpretation: The organisation shall define and update list of high risk medications periodically. The list shall be available in the pharmacy and all clinical areas where high-risk medications are stored.</p>

<p>e.</p>	<p>High-risk medications are stored in areas of the organisation where it is clinically necessary.</p>
	<p>Interpretation: High-risk medications are stored in pre- determined areas of the organisation for example, certain wards, OT, ICU. Clinical needs shall determine the availability of relevant high-risk drugs in such areas. Where applicable, it shall be guided by regulations. In all such areas, safeguards shall be in place to prevent inadvertent administration.</p>
<p>f.</p>	<p>Look alike and sound alike medications are identified and stored separately.</p>
	<p>Interpretation: Many drugs in ampoules, vials or tablets may look-alike or sound-alike. They shall be identified, documented, segregated and stored separately at all locations.</p> <p>The organisation can follow a method of storing drugs by generic name in an alphabetical order to address this issue.</p> <p>An effort to address this issue shall be made while defining the formulary and during the procurement of drugs.</p> <p>The list will have to be identified at regular intervals depending on the changes in the formulary and changes in packaging (in case of look-alike).</p> <p>The organisation can follow a method of storing drugs by generic name in an alphabetical order to address this issue.</p>
<p>g.</p>	<p>The list of emergency medications is defined and is stored in a uniform manner.</p>
	<p>Interpretation: This list shall be prepared in consonance with good clinical practices and documented. List of drugs shall be uniform across the organisation; however, the quantity can differ.</p> <p>A crash cart would help the organisation to store these medications in a standardized manner, i.e. the rows and drawers have defined medicines.</p> <p>No other drugs shall be kept stored with emergency medications.</p>
<p>h.</p>	<p>Emergency medications are available all the time.</p>
	<p>Interpretation: An adequate quantity of emergency medicines shall be stocked at all times. The reorder level and the definite quantity to be maintained shall be clearly defined.</p> <p>Nursing professionals are aware from where to obtain emergency medicines in the eventuality of a stock out during hours when the pharmacy / medical stores may be closed.</p>

i.	Emergency medications are replenished in a timely manner when consumed.
	<p>Interpretation: Nursing professionals shall carry out an inventory check of emergency medications at defined intervals. The time frame for replenishment of stock can be decided by the HCO.</p> <p>In case the organisation follows a system of sealing the emergency cart then the check shall be carried out before re-sealing every time.</p>

Standard

MOM. 4.	Chemotherapeutic agents are handled in a safe manner.
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Objective Elements

a.	Written guidance is available for the preparation, administration and monitoring of chemotherapeutic drugs.
	<p>Interpretation: Nursing professionals shall adhere to written guidelines for the safe handling of chemotherapeutic drugs. These medications shall be properly prepared and safely administered only by qualified registered nurses or as per the organisation policy.</p>
b.	The dose of medication is calculated correctly.
	<p>Interpretation: Senior nursing personnel shall supervise dosage calculation of drugs. Double check/verification of drugs by the nurse preparing and administering the drug shall be done.</p>
c.	Preparation of chemotherapy drugs are carried out safely as permitted by the organisation.
	<p>Interpretation: Only a privileged nurse / clinician / Clinical Pharmacologist shall prepare the chemotherapy medication. Drug and doses shall be verified by another senior person (doctor/nurse/clinical pharmacist) All nurses authorized to handle such drugs must have undergone specialized training in the preparation and administration of chemotherapeutic agents. A Class II biosafety cabinet (preferably IIA) shall be used for preparing and mixing chemotherapeutic drugs, along with appropriate personal protective equipment (PPE) to ensure safety. The organisation could use a closed system transfer devices (CSTDs) for safe transferring of the chemotherapy medication. These guidelines shall be documented in the Nursing Manual. To reinforce best practices, a checklist could be maintained to ensure the periodic cleaning and disinfection of the laminar flow unit. Biomedical waste management guidelines shall be strictly followed.</p>

d.	Monitoring of patients shall be done prior to and after chemotherapy.
	<p>Interpretation: Patients shall be assessed prior to and post chemotherapy. Patients with cardiac problems shall be monitored more frequently.</p> <p>Day care patients shall be assessed for vital parameters prior to and post chemotherapy administration. If the patient complains/ develops side effects, hourly assessment shall be carried out till the patient is stable. All patients on anthracycline class drugs which can be cardiotoxic [for example, Doxorubicin (Adriamycin), daunorubicin etc] shall be monitored for irregular heartbeat, chest pain, and ECG changes. For all inpatients on Chemotherapy administration, the frequency of assessment may be as per hospital protocol.</p>
e.	Extravasation kit is available and nurses are aware of the protocol.
	<p>Interpretation: Written guidance shall be available for managing extravasation of drugs. Nurses shall be trained on the same.</p> <p>Extravasation kit shall be available in relevant areas. For example, day care chemotherapy, Bone marrow transplant unit etc.</p>

Standard

MOM. 5.	Medications are administered safely.
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Objective Elements

a.	Medications are administered by those who are permitted by law to do so.
	<p>Interpretation: The written guidance shall address the organisation's policy on the dispensing, administration and accounting of medicines in the respective area of the organisation.</p> <p>Administration of medication shall be supervised by senior nursing professional when appropriate.</p>
b.	Nursing professionals assess the status of the patient prior to medication administration.
	<p>Interpretation: Patient assessment includes awareness of age, disease condition, chronicity, vital parameters, pain score, allergy status etc.</p> <p>For example, assessment of patient's blood sugar level and consulting the clinician, if required, prior to administration of Insulin, withholding antihypertensive if the patient's BP is low, after consulting physician.</p> <p>The Physician could be contacted if the pateint's pain score is zero prior to administration of pain analgesia.</p>

<p>c.</p>	<p>Nursing professionals are familiar with the medications being used for their patients.</p>
	<p>Interpretation: Nursing professionals shall be familiar with the medications being used for their patients. The registered nurse shall have appropriate therapeutic knowledge and clinical experience.</p> <p>For example, dosages, route, time, frequency of administration special precautions, dilution requirements, various administration methods and requirement.</p>
<p>d.</p>	<p>Prepared medication is labelled prior to preparation of a second drug.</p>
	<p>Interpretation: Labelling of medication shall be done correctly. It includes name of the drug, dose, dilution, time of preparation, prepared by, verified by (if required), date, UHID no. etc.</p> <p>This is applicable especially for parenteral drugs, such as anaesthetic drug preparation in OTs, antibiotics, chemotherapy and high-risk drugs.</p>
<p>e.</p>	<p>The patient is identified with at least two identifiers prior to administration.</p>
	<p>Interpretation: The identification shall be done by at least a unique identification number of the patient which is generated at the time of her first visit and remains the same for the life of the patient. For example, hospital number /IP number, etc. and /or name and uniformly practiced in the HCO.</p> <p>Medication administration procedure audits may be carried out to assess the implementation of the same.</p>
<p>f.</p>	<p>Medication is verified from the order prior to administration.</p>
	<p>Interpretation: Staff administering medications shall go through the treatment orders before administration of the medication. It is preferable that they also check the general appearance of the medication (e.g. melting, clumping etc.) before dispensing. If any of the parameters with respect to an order namely name, dose, route or frequency/time are missing/incomplete the medication administration shall be deferred. However, to ensure that the patient's care does not suffer, a verbal order may be obtained from the treating doctor followed by ratification of the same. In case of high risk medication(s), the verification shall be done by at least two staff (nurse-nurse or nurse-doctor) independently and documented.</p>
<p>g.</p>	<p>Dosage is verified from the order prior to administration.</p>
	<p>Interpretation: Staff administering medication shall go through verification of dosage prior to medication administration. Where applicable the dose of administration shall be verified by another person.</p>

h.	Route is verified from the order prior to administration.
	Interpretation: Staff administering medication shall go through verification of route prior to medication administration. Where applicable the site of administration shall also be verified.
i.	Timing is verified from the order prior to administration.
	Interpretation: Staff administering medication shall go through verification of timing prior to medication administration. The organisation needs to define the timing of administration of medications in the context of scheduling of time critical and time non-critical medications.
j.	Medication administration is documented.
	<p>Interpretation: The organisation shall ensure that medication administration is documented in a uniform location and it shall include the name of the medication, dosage, route of administration, timing and the name and signature of the person who has administered the medication.</p> <p>In case of infusions, it shall capture the start time, the rate of infusion and end time. The records shall reflect the actual administration. For example, if brand Y was given in place of brand X (same generically) the documentation shall be of brand Y. Similarly, if the order was for a tablet of 250 mg but the administration was ½ a tablet of 500 mg the latter shall be documented.</p>
k.	Nursing professionals are trained on drug-drug and drug-food interaction and practice the same while administering medications.
	Interpretation: The nursing department shall ensure that drug-drug and food-drug interactions are identified and made available at nursing stations for reference. Nurses shall also be trained on the same.

Standard

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

a.	Patients are monitored after medication administration.
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	<p>Interpretation: Nursing professionals shall be familiar with common adverse drug reactions of medications.</p> <p>They shall know how to recognize an anaphylactic reaction, any other adverse drug reaction and the immediate response required; in the context of both therapy and escalation. This includes high risk medicines. Senior nursing professionals shall supervise the junior nursing professionals involved in monitoring critically ill and post-op patients.</p>
b.	Patients are monitored prior, during and after transfusion of blood and blood products.
	<p>Interpretation: Patients shall be assessed prior to, during and post blood transfusion. The monitoring shall be documented in the patient's medical record. The same could be verified through procedure audits.</p>
c.	Patients are monitored intra and post-operatively and for invasive procedures.
	<p>Interpretation: Patients shall be assessed prior, intra and post operatively as per the protocol.</p> <p>Monitoring shall also be done for invasive procedures.</p> <p>Nursing professionals must be trained to carry out a step-wise de-escalation of monitoring parameters based on clinical directions.</p>
d.	Effect of medicines, untoward side effects, allergies, toxicity, medicines interactions, adverse reactions are monitored, evaluated, documented and escalated appropriately.
	<p>Interpretation: Patient assessment and reassessment shall be done within defined timeframes.</p> <p>The organisation shall have a mechanism to identify early warning signs and their prompt reporting to physician.</p> <p>The monitoring for early warning signs shall be recorded in prescribed formats which are supported by patient specific displays (for example, paediatric, adult, obstetrics require a different format for scoring).</p> <p>Please refer to early warning signs in adults and paediatrics.</p>
e.	Patient and Family education includes benefits, risk factors and adverse effects.
	<p>Interpretation: Nurses shall educate patients on medication side effects, food-drug interaction. Patient and family education is done in all shifts by the assigned nurse and senior nurses and also at the time of discharge. The education provided needs to be documented with due acknowledgement by patient and/or relative.</p>

Standard

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

a.	A system exists to capture near miss, medication error and adverse drug reactions including blood transfusion reactions.
	Interpretation: Nursing staff shall be aware of the system to capture and report near miss, medication error and adverse drug reactions including blood transfusion reactions in the required formats. The nursing professionals must report near misses, medication errors and adverse drug events as per the policy of the HCO. For example, Incident reports of medication errors, near miss, ADR and blood transfusion reaction.
b.	Incidents are reported within a specified time frame.
	Interpretation: The incidents shall be reported as per the timelines set by the organisation and documented in the incident report forms.
c.	They are collected and analyzed by appropriately trained personnel.
	Interpretation: Committees or teams analysing adverse events in wards or related to nursing activities shall have representation of senior nursing professionals. Records of such analysis shall be maintained.
d.	Corrective and/or preventive action(s) are taken based on the analysis where appropriate.
	Interpretation: The necessary corrective action and proposed preventive action shall be documented and a feedback mechanism for dissemination of the same shall be established by the organisation. Feedback is provided to nurses which includes the results of analysis and recommended preventive measures for implementation by the nurses wherever appropriate. Nursing professionals shall be aware of the feedback mechanism and acknowledge the feedback appropriately.
e.	Action is taken to reduce the risk of adverse medication incidents.
	Interpretation: The staff shall be trained on reducing the risk of adverse drug reaction. and the staff awareness on the same shall be tested routinely. An ADR form shall be available in all areas. Feedback on the same shall be shared routinely with nurses.

Standard

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

a.	The organisation shall have a written guidance to address verbal orders.
	Interpretation: The written guidance shall be implemented across the organisation. This shall be applicable to doctors and nursing professionals and other stakeholders such as clinical pharmacist uniformly.
b.	The nursing staff shall address who can give verbal orders and how these orders will be validated.
	Interpretation: The nursing staff shall be aware of as to who can give verbal orders and how these orders will be validated.
c.	An authorised list of drugs which can be ordered verbally is available.
	Interpretation: An authorised list of drugs for which verbal orders will be entertained shall be available and incorporated in the verbal order policy. Nurses shall be familiar with this list.
d.	The situations where a verbal order can be given is defined by the organisation.
	Interpretation: The compliance with the verbal orders policy shall be audited at regular intervals by senior nursing personnel.
e.	Rectification of verbal orders are carried out as per the defined timeframe.
	Interpretation: Where verbal orders are given, ratification shall be done at the earliest and not later than 24 hours. Nursing professionals shall be empowered to seek endorsements by the clinicians within the specified time frame. Verbal orders ratification compliance shall be audited.

Standard

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

a.	Safe infusion practice standards are implemented.
	<p>Interpretation: The organisation shall establish and maintain written guidelines on safe infusion standards to ensure the standardization of infusion therapy across all healthcare settings.</p> <p>Nursing personnel shall be trained on the latest guidelines for safe infusion practices, including line care, flushing techniques, and the management of central lines such as PICC (Peripherally Inserted Central Catheter) lines and chemo ports, along with recognizing and addressing potential complications.</p> <p>Reliable reference materials, such as CDC guidelines and the latest INS guidelines, could be utilized to support best practices. Additionally, the safe infusion practice policy shall be documented in the Nursing Manual.</p>
b.	Established policies and protocols for vascular access devices are available.
	<p>Interpretation: The written guidance shall include indication for right gauge selection, prevention and management of phlebitis, extravasation etc.</p> <p>A good reference is the INS guidelines.</p>
c	Nursing professionals shall select the appropriate type of catheter (peripheral or central) to meet the patient's vascular access needs.
	<p>Interpretation: This includes all catheters, including PICC. This is to be based on prescribed therapy or treatment regimen, length of treatment, duration of dwell, vascular integrity, patient preference, and the ability and resources available to care for the device. The catheter shall be of appropriate gauge, have the fewest number of lumens and least invasive device to accommodate and manage the prescribed therapy. Records of vascular access bundle shall be maintained.</p>
d.	The staff is aware on use of infusion therapy equipment.
	<p>Interpretation: Records of biomedical equipment training and competency assessment shall be maintained.</p>

<p>e.</p>	<p>Nursing personnel maintain high quality infusion practices in the organisation.</p>
	<p>Interpretation: Senior nursing professionals shall supervise infusion practices to ensure safe, effective, and high-quality patient care. The infusion nursing team shall be structured to align with organisational and patient needs.</p> <p>Regular competency assessments shall be conducted on:</p> <ul style="list-style-type: none"> • IV cannulation • Infusion preparation and administration • Central line care • Other infusion-related procedures through audits and analysis <p>The organisation shall define the roles of infusion nurses and link nurses to enhance accountability and efficiency. A structured approach to promote excellence in infusion therapy and continuous quality improvement could be implemented.</p> <p>Key quality indicators for monitoring shall include Phlebitis rates, Adherence to line care protocols, Compliance with care bundles.</p>
<p>f.</p>	<p>The staff is competent in safe infusion therapy, vascular access device insertion, maintenance and central venous access device maintenance.</p>
	<p>Interpretation: The staff shall be trained on central and peripheral line care, correct usage of various infusion devices, Line care and maintenance etc.</p> <p>In order to ensure the same procedure audits and competency assessment especially care of central line, PICC, chemo port etc. shall be carried out.</p>
<p>g.</p>	<p>Patients with inserted vascular access devices shall be assessed for signs and symptoms of infection for patients with VAD, CVAD and other devices.</p>
	<p>Interpretation: The bundle care practices and documentation at the time of insertion and periodic maintenance shall be reviewed from time to time.</p> <p>The site shall be assessed for signs and symptoms of infection and report to physician. The organisation shall use the visual infusion phlebitis (VIP) score for early identification of infection.</p> <p>Staff shall be provided feedback on incidence of infection rates.</p> <p>Nursing audit records on assessment of phlebitis shall be reviewed.</p>

CHAPTER 4

EDUCATION COMMUNICATION AND GUIDANCE(ECG)



Intent of the chapter

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

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

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

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

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

SUMMARY OF STANDARDS

ECG. 1.	The organisation has a system for effective communication with patients and / or families.
ECG. 2.	The nursing professionals are trained in various communication methodologies and skills.
ECG. 3.	Nursing professionals identify the different communication needs of the patient and/or family.
ECG. 4.	Nursing professionals are aware of their responsibility in protecting patient rights.

ECG. 5.	The organisation ensures that there is zero tolerance for undesirable communication to and from nurses.
ECG. 6.	Patients and families are educated where essential and in case of any modification in nursing care plan.
ECG. 7.	Appropriate and adequate guidance is given to each category of nursing personnel.

Standard

ECG. 1.	The organisation has a system for effective communication with patients and /or families.
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Objective Elements

a.	Written guidance on communication skills/techniques is available to nursing professionals.
	<p>Interpretation: The written guidelines shall provide nursing personnel with clear instructions on effective communication with patients and their families across different situations. These guidelines shall include protocols for breaking bad news and handling interactions with angry or distressed patients and their families. Evidence of communication training for each category of nursing staff shall be documented to ensure compliance and continuous improvement in patient care.</p>
b.	Communication with patients and / or families is done effectively.
	<p>Interpretation: Communication is effective when it successfully fulfils its intended purpose. The principles of effective communication, such as the Seven Cs—Clear, Correct, Complete, Concrete, Concise, Considerate, and Courteous are essential for ensuring clarity and understanding. The organisation shall develop strategies to identify and address potential communication barriers. The organisation could adopt any suitable model of effective communication to enhance interactions and patient care.</p>
c.	Regular feedback on nurse's communication is obtained from patients/ relatives and clinicians.
	<p>Interpretation: Feedback shall be collected from patients and other stake-holders including clinicians on a regular basis.</p> <p>Standardised feedback form could be developed by the Nursing department.</p>
d.	Corrective and preventive action shall be done based on root cause analysis and appropriate action shall be implemented.
	<p>Interpretation: Feedback from patients and other stakeholders are analysed in a defined period of time and appropriate corrective action implemented.</p> <p>The members of the nursing management committee could analyse the feedback.</p>

Standard

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

a.	Nursing professionals are provided with communication skill training to meet the patient specific needs.
	<p>Interpretation: The organisation shall ensure that nursing professionals are trained on various communication methodologies and skills. Evidence of communication training shall incorporate the need analysis, training imparted to each category of nursing personnel, training evaluation and feedback.</p> <p>Training records for different categories of nursing professionals shall be documented in personal files.</p>
b.	The communication needs of patients who speak different language than the caregivers are addressed.
	<p>Interpretation: This shall be identified in a timely manner and addressed using resources supported by the management. Interpreters are used. Interpreter's list is available to the nurses.</p>
c.	Training is imparted to address the patient's needs with impaired communication.
	<p>Interpretation: Patients who have impaired communication to be identified. Methods of communication to those patients are planned.</p> <p>The content of the training, staff training records, staff interviews shall be documented.</p>
d.	Communication skills of the nursing professionals are evaluated periodically.
	<p>Interpretation: The evaluation of communication skills development shall be conducted periodically using a standardized audit form. Senior nursing personnel may continuously observe staff to assess their improvement in communication skills. The findings from the communication skill evaluation shall be shared with the respective staff members.</p>

Standard

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

a.	Nursing professionals shall identify special situations where enhanced communication with patients and/or families would be required.
	Interpretation: Communication during challenging situations like breaking bad news, handling adverse events, handling an aggressive family/patient, talking to a family of a patient who has expired, counselling for a complicated intervention, etc.
b.	Enhanced communication with the patients and/or families is done effectively.
	Interpretation: It shall serve its purpose. For each identified special situation, the organisation shall detail the nature of the enhanced communication that may be required.
c.	Periodic audits are conducted by the nursing department to ensure that communication with patients is effective.
	Interpretation: Interdepartmental nurses shall be assigned to the audit of the same.
d.	Corrective and preventive measures are adopted after addressing the root cause analysis.
	Interpretation: Retraining, counselling, mentorship shall be done based on any lapse identified in the root cause analysis.

Standard

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

a.	The nursing professionals are aware of patient rights.
	Interpretation: The nursing professionals are made aware of patient and family rights at the time of induction.
b.	Nursing professionals maintain the confidentiality of patient's information.
	Interpretation: The nursing professionals shall maintain the confidentiality of all patient-related information. This shall be reflected in induction and other training and displays for nurses awareness and learning.

c.	Nursing professionals maintain privacy of the patients during care.
	Interpretation: The nursing professionals shall ensure that the patient's privacy during examination, procedures and treatment are maintained. Patients are exposed very as minimally as possible while performing any procedure.
d.	The nursing professionals support individual patient and family beliefs, values and customs and involve the patient and family in decision making processes.
	Interpretation: Nurses plan and implement individualized nursing care plan and involve patient and family in the decision-making process wherever applicable. Nursing care plan and modified nursing care plan if needed, Examples include time for prayer before going for surgery. Staying with patient who is in End of life care.

Standard

ECG. 5.	The organisation ensures that there is zero tolerance for undesirable communication to and from nurses.
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Objective Elements

a.	Written guidance is available to guide that there is no undesirable communication and nurses are made aware of the same.
	Interpretation: Abusing patients, hurting the religious or cultural sentiments, communicating with disrespect, talking bad about the organisation and co-workers. The organisation shall establish a whistleblower mechanism for reporting the disrespectful behaviour.
b.	The continual and regular training is imparted to each nursing professional on undesirable communication.
	Interpretation: Communication training is imparted to nurses of all levels and retrained at periodic intervals. All aspects of communication to be covered during this training (covering the entire chapter of ECG).
c.	Patient and/or family members are involved constantly to measure the depth of undesirable communication from nursing professional at different levels.
	Interpretation: Regular feedback is taken from the patients and relatives.

d.	There shall be a mechanism for taking action when undesirable communications are observed from nursing professional.
	Interpretation: The defaulters are identified and appropriate counselling is given.
e.	Undesirable communication from the patients is monitored and appropriate action is taken to correct it.
	Interpretation: Feedback from nurses is taken and counselling done to the patient by senior nursing professional or the departmental clinicians.
f.	Undesirable communication from the clinicians and other healthcare workers towards nursing professionals are also monitored and appropriate is action taken to correct it.
	Interpretation: Feedback from different categories of nursing professionals is taken. Feedback is shared with all concerned department heads in confidential manner to prevent escalation and maintain a positive relationship within the organisation.

Standard

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

a.	Patient and family education includes aspects of care plan.
	Interpretation: This shall include information on relevant aspects of care plan such as safe and effective use of medications, food drug interactions, diet and nutrition, immunisations, etc. and preventive aspects.
b.	The education shall cover the medical condition, pre and post-operative education, special procedures, preventing healthcare associated infections, when to seek urgent medical attention and home care wherever applicable.
	Interpretation: This could be done through patient education booklets / videos/ leaflets, etc.
c.	Nursing professionals shall explain to patient/ family before any procedures are performed on patients.
	Interpretation: Nursing professionals shall explain to patient/ family before any procedures in a language that a patient/attendant can understand. The organisation could encourage the use of pictorial, translated or video formats for low-literacy populations.

d.	Nursing professionals ensure written informed consent wherever essential.
	Interpretation: Nursing professionals shall ensure that informed consent is obtained by the authorized person for all invasive procedures, blood and blood product transfusions, prior to administration of anaesthesia and for restraints.
e.	Special educational needs of the patient are identified by the nursing professionals and appropriate education is given at the time of discharge.
	Interpretation: Patients and family members are educated to use the following at discharge e.g. BIPAP, Oxygen, nebulisation, HGT etc. Return demonstration can be taken. Training need analysis of such patients and to be done the written document as evidence that the training is given to the concerned patients. The relevant educational leaflets can be given to patient / family. e.g. colostomy care, tracheostomy care, etc.
f.	Patient and/or family are educated in a language and format that they can understand.
	Interpretation: Patient and/or family are screened by the nursing professionals for their understanding abilities and language requirements during the care of patients.

Standard

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

a.	Written guidance addresses the need for appropriate and adequate guidance to nursing professionals.
	Interpretation: Policy/protocol on guidance to different categories of nursing professionals shall be available.
b.	Students/Interns/Newly joined nursing professionals are given adequate coaching through preceptor.

	<p>Interpretation: Preceptors shall be identified and trained. They shall be used as mentors for the newly joined staff for a defined period of time as per the hospital policy.</p> <p>The periodic review of preceptorship programme and competency assessment shall be documented. Refer NRM.2.g</p>
c.	Nursing professional who require guidance shall be identified.
	<p>Interpretation: Daily observation by the senior nursing professionals or through anecdotal reports shall be done.</p>
d.	Guidance is given while assigning additional roles and responsibilities, shifting from one department to another, new equipment and supplies, new drugs and therapies are brought in.
	<p>Interpretation: Records of the same with due acknowledgement from the nursing professionals shall be maintained in the nursing department.</p>
e.	Periodic evaluation is done by the preceptor and competencies are mapped before assigning independent responsibilities.
	<p>Interpretation: Questionnaire or checklist can be used.</p> <p>The periodic review of preceptorship programme and competency assessment shall be documented.</p> <p>Evidence shall be available, regular review of preceptorship program, competency assessment evidence.</p>

CHAPTER 5

INFECTION PREVENTION AND CONTROL (IPC)



Intent of the chapter

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

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

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

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

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

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

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

SUMMARY OF STANDARDS

IPC. 1.	The organisation has designated Infection Prevention and control nurse(s) as part of the Infection Prevention and control team.
IPC. 2.	Nursing professionals undergo training on Healthcare-Associated Infections (HCAI) to enhance their knowledge and skills in infection prevention and control.
IPC. 3.	Nursing professionals shall adhere to standard precautions and hand hygiene guidelines at all times.

<p>IPC.4.</p>	<p>The nursing professionals shall adhere to handling, storage and disposal of bio medical waste as per the bio-medical waste management Act, 2019.</p>
<p>IPC.5.</p>	<p>The designated nursing personnel shall perform surveillance activities to capture and monitor Infection Prevention and control data.</p>
<p>IPC.6.</p>	<p>Isolation (barrier and reverse barrier nursing) practices are provided in consonance with the current nursing clinical guidelines.</p>
<p>IPC.7.</p>	<p>Nursing professionals shall implement systems for using transmission-based precautions.</p>
<p>IPC. 8.</p>	<p>Infection Prevention and Control nurse maintains records of all occupational injuries and pre- and post-exposure prophylaxis.</p>

Standard

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

a.	The criteria for designating Infection prevention and control nurse (IPCN) shall be based on qualification or training.
	<p>Interpretation: The organisation has designated infection prevention and control nurse(s) as part of the infection prevention and control team.</p> <p>The criteria for designating shall be by qualification (Registered Nurse) and additional structured training. The responsibilities of the IPCN(s) are defined. The responsibilities could include surveillance of healthcare associated infections and healthcare-associated organisms, compliance monitoring (hand hygiene, transmission, commitment ,infection related precautions, isolation, infection-specific bundles, disinfection and sterilization procedures, and checklists), education, working on outbreaks and documentation. At a minimum, there shall be one dedicated nurse per 250 beds.They shall be supported by 'link nurses' (trained in infection prevention and control) who actively participate in infection prevention and control activities in their work area.</p> <p>Minimum qualification for a registered nurse is preferably a graduate with clinical experience and additional training on Infection prevention and control.</p>
b.	Decision making and empowerment roles and responsibilities of IPCN in Hospital Infection Prevention and Control Program is defined.
	<p>Interpretation: Review and analysis of Infection prevention and control quality indicators along with Infection prevention and control officer is done.</p> <p>Infection Prevention & control nurse decides the agenda along with Infection prevention and control officer.</p> <p>The IPCN should actively participate in the IPC meeting, should be empowered to do IPC presentation and give recommendations.</p>
c.	Infection Prevention and control nurse are empowered to function at Nurse manager level in the organisation.
	<p>Interpretation: IPCN shall be reporting administratively to Head Nursing and Functionally to Infection Prevention and Control Officer.</p> <p>IPCN Job description shall include empowerment rights. Privileging to be done for the IPCNs.</p>

Standard

IPC. 2.

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

Objective Elements

a.	<p>Nursing professionals are trained on the main causes and types of HCAI.</p>
	<p><i>Interpretation:</i> Nurses are trained on HCAI at the time of Nursing Induction.</p> <p>HCAI is included in the In service education programme. Regular training sessions, workshops, and competency assessments shall be conducted to ensure nursing professionals are well-equipped to minimize HCAI risks and enhance patient safety. The nursing department shall maintain the training records including training calendar.</p>
b.	<p>Nursing professionals shall apply principles of asepsis.</p>
	<p><i>Interpretation:</i> The Nursing professionals are aware of cleaning and disinfection protocols in their departments and apply the same in the clinical practice. List of cleaning solutions with dilution and MSDS is available to nurses in English and regional language. The nursing department shall maintain the training records including training calendar.</p>
c.	<p>The organisation takes action to prevent catheter-associated urinary tract infection – CAUTI.</p>
	<p><i>Interpretation:</i> The organisation shall Provide regular training sessions for nursing professionals on CAUTI prevention protocols and reinforce best practices in infection control and urinary catheter management, developing a care bundle to prevent CAUTI. Follow WHO/CDC/SHEA guidelines.</p>
d.	<p>The organisation takes action to prevent infection-related ventilator associated complication / ventilator – associated pneumonia - VAP.</p>
	<p><i>Interpretation:</i> The organisation shall Provide regular training sessions for nursing professionals on VAP protocols and Reinforce best practices in infection control and ventilator associated complication / ventilator – associated pneumonia.</p> <p>The organisation shall develop, implement and monitor a care bundle to prevent ventilator-associated pneumonia. A good reference is the CDC/WHO/SHEA guidelines.</p>
e.	<p>The organisation takes action to prevent catheter linked blood stream infections (CLABSI).</p>
	<p><i>Interpretation:</i> The organisation shall provide regular training sessions for nursing professionals on prevent catheter linked blood stream infections, (CLABSI) developing a care bundle to prevent CLABSI. Follow WHO/CDC/SHEA guidelines.</p>

f.	The organisation takes action to prevent surgical site infections (SSI).
	<i>Interpretation:</i> Developing a care bundle to prevent - SSI. Follow WHO/CDC/SHEA guidelines.
g.	The nursing professionals are aware of blood and other body fluids exposure protocol.
	<i>Interpretation:</i> Nurses can demonstrate confidently the process to be followed in case of blood or body fluid spillage.
h.	Nursing personnel shall educate community members on how they can help to prevent infections.
	<i>Interpretation:</i> Nurses shall educate patients and attenders on preventive measures to control of infection. Nurses shall make them participate in community education activities. Every patient has to be educated on HCAI.
i.	Nursing professional shall understand the fundamental of HAI prevention.
	<i>Interpretation:</i> Nursing personnel are aware of VAP, CLABSI and CAUTI .The organisation could conduct yearly HCAI knowledge assessment for senior nursing professional.

Standard

IPC. 3.	Nursing professionals shall adhere to standard precautions and hand hygiene guidelines at all times.
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Objective Elements

a.	Nursing professionals are trained in standard precautions and hand hygiene guidelines.
	<i>Interpretation:</i> The organisation shall adhere to international / national guidelines on hand hygiene and standard precautions. A good reference is WHO Standard Precautions. The organisation shall display the necessary instructions near every hand washing area.

<p>b.</p>	<p>Nursing professionals should be conversant with Personal protective equipment (PPE) and their use.</p>
	<p>Interpretation: They shall be available at the point of use and the organisation shall ensure that it maintains an adequate inventory.</p> <p>Personal protective equipment includes:</p> <ol style="list-style-type: none"> 1. Gloves 2. Protective eye wear (goggles) 3. Eye shield 4. Mask 5. Apron 6. Gown 7. Body suit 8. Boots/shoe cover, and 9. Cap / hair cover <p>A good reference is WHO Standard Precautions.</p>
<p>c.</p>	<p>The organisation audits compliance to standard precautions and hand hygiene practices.</p>
	<p>Interpretation: This shall be done at a minimum once every month. An appropriate sample size shall be chosen and all categories of staff (involved in direct patient care) shall be monitored.</p> <p>A good tool for hand hygiene monitoring is the WHO's "Hand Hygiene Observation Form".</p> <p>Another tool that can be utilised is use of Infection control assessment tool (ICAT).</p>
<p>d.</p>	<p>The nursing professionals adhere to cleaning, disinfection and sterilization practices.</p>
	<p>Interpretation: It shall be addressed at all levels of the organisation, e.g. ward and OT. It is preferable that the organisation follows a uniform policy across different departments within the organisation.</p> <p>Infection control assessment tool (ICAT) can be utilised for monitoring of sterilisation and disinfection practices.</p>
<p>e.</p>	<p>The nursing professionals adhere to safe linen management practices.</p>
	<p>Interpretation: Nurses are trained on linen management.</p> <p>They participate in decision making including linen condemnation.</p> <p>Nursing personnel is aware and use appropriate PPE while handling dirty and soiled linen.</p> <p>Nursing professionals is aware of safe storage and transport of used linen.</p>

Standard

IPC. 4.	The nursing professionals shall adhere to handling, storage and disposal of bio-medical waste as per the Bio-Medical Waste Management Act, 2019.
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Objective Elements

a.	The organisation ensures provision for appropriate biomedical waste management practices.
	<i>Interpretation:</i> BMW resources are available in all areas as per local statutory norms. Nurses' training records shall be maintained for both induction and regular training.
b.	Where applicable, municipal waste (General waste) rules shall be complied with by the nursing professional.
	<i>Interpretation:</i> Nursing personnel strictly adhere to BMW rules.
c.	Nursing professionals shall be conversant with disposal of used Personal protective equipment (PPE).
	<i>Interpretation:</i> Nurses are accountable for appropriate segregation of waste at the point(s) of use. Nurses are empowered to monitor appropriate segregation of waste by other healthcare professionals and workers. Disposal of personal protective equipment includes but is not limited to disposal of: <ol style="list-style-type: none"> 1. Gloves, 2. Protective eye wear (goggles), eye shield 3. Mask, 4. Apron, 5. Body suite 6. Gown, 7. Boots/shoe cover, and 8. Cap/ hair cover.

Standard

IPC. 5.	The designated nursing personnel shall perform surveillance activities to capture and monitor Infection Prevention and control data.
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Objective Elements

a.	<p>Surveillance activities are appropriately directed towards the identified high-risk areas and procedures. Planned surveillance schedule is followed.</p>
	<p>Interpretation: The organisation shall be able to provide evidence of conducting periodic surveillance activities in its identified high-risk areas and procedures.</p> <p>It shall define the frequency and mode of surveillance.</p> <p>The surveillance system shall be appropriate and adhering to national / international guidelines.</p> <p>Surveillance activities include areas where demolition, construction or repairs are undertaken, especially in high-risk areas.</p> <p>The organisation shall use a judicious mix of active and passive surveillance.</p> <p>The organisation could lay down the parameters that need to be captured and the process for reporting.</p> <p>HCO may use ICAT for monitoring service areas like surgical units, intensive care units and can also be used for monitoring isolation precautions, care of devices and catheters etc.</p>
b.	<p>Appropriate feedback regarding HAI rates is provided on a regular basis to appropriate health care provider.</p>
	<p>Interpretation: The feedback shall include the rates, trends and opportunities for improvement. It could also provide specific inputs to reduce the HCAI rate.</p> <p>This shall be in the form of a bulletin/newsletter, or periodic circulars and meetings.</p> <p>Nurses are aware of the precautions to be followed for barrier nursing e.g., contact precautions, airborne precautions, and droplet precautions.</p>
c.	<p>The surveillance activities include monitoring of environment and infection control indicators.</p>
	<p>Interpretation: IPCN shall implement a surveillance schedule which includes monitoring of environment and HCAI rates.</p> <p>This includes monitoring of SSI, VAP, CLABSI, CAUTI.</p>
d.	<p>The surveillance activities include monitoring of cleaning, sterilization and disinfection in patient care units.</p>
	<p>Interpretation: IPCN shall implement a surveillance schedule which includes monitoring of cleaning, sterilization and disinfection in patient care areas.</p> <p>This includes monitoring of terminal cleaning procedures, monitoring efficacy of disinfectants in use through appropriate measures.</p>

Standard

IPC. 6.	Isolation (barrier and reverse barrier nursing) practices are provided in consonance with the current nursing clinical guidelines.
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Objective Elements

a.	The organisation provides appropriate resources for isolation practices.
	<p>Interpretation: The organisation shall define the conditions where isolation is required and the conditions where barrier nursing or both are required. The same shall be carried out. The organisation shall ensure that it provides the necessary resources to carry out the activity (e.g. clothing, masks, gloves, etc.).</p> <p>Refer to glossary for “isolation/barrier nursing”.</p> <p>Ideally patients requiring isolation (contact, droplet and airborne) shall be placed in isolation rooms and airborne cases be kept in negative pressure rooms. Appropriate signage shall be used/ displayed.</p>
b.	The nursing professionals are familiar with the type of isolation (barrier and reverse barrier nursing) facilities provided by the HCO.
	<p>Interpretation: Nurses are informed about the type of facilities available for isolation in the HCO. The organisation could use visual signages for isolation barrier.</p>
c.	IPCEN monitors the nursing activities provided in isolation facilities.
	<p>Interpretation: This shall include monitoring of standard precautions, disinfection and sterilization of isolation facilities and earmarking of specific and trained nurses for carrying out duties in such facilities.</p> <p>IPCEN shall maintain surveillance records of the isolation units.</p>

Standard

IPC. 7.	Nursing professionals shall implement systems for using transmission-based precautions.
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Objective Elements

a.	Nursing professionals comply with transmission-based precautions.
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	<p>Interpretation: Nursing professionals shall be trained on aerosol generating procedures and the preventive measures.</p> <p>Regular nursing audits to be done to monitor compliance with transmission-based precautions.</p>
b.	<p>A risk analysis is undertaken to consider the need for transmission-based precautions.</p>
	<p>Interpretation: Nursing personnel participate in the risk assessment programme. Risk shall be calculated based on ISQua matrix (low, medium & high) and a corroborative action plan is developed.</p> <p>Risk assessment shall be done at least annually by IPCN / identified nursing personnel.</p>
c.	<p>Action is taken to improve compliance with transmission-based precautions.</p>
	<p>Interpretation: Surveillance shall be done to ensure strict compliance.</p> <p>Incidence reporting and rates of HCAI are discussed and effective measures are taken.</p>
d.	<p>Nursing professionals assess the need for patient placement based on the risk of infection transmission.</p>
	<p>Interpretation: Nurses shall have in depth knowledge on infectious diseases and management.</p> <p>The ICO and IPCN supports nurses in patient placement to prevent transmission of infection. The organisation shall identify link nurses ,wound care nurses, etc to ensure the adherence to prevention of infections.</p>
e.	<p>Checking for pre-existing healthcare associated infections or communicable disease is done immediately after admission.</p>
	<p>Interpretation: The nursing initial assessment shall include documentation of any pre-existing infections.</p>
f.	<p>A process for communicating a patient's infectious status is in place whenever responsibility for care is transferred between units.</p>
	<p>Interpretation: Nurses structured handover could be used for communicating the patient's infection status.</p> <p>Patient's infectious status is documented and discussed between shifts / transfers.</p>

g.	Nursing personnel is aware of preparedness and management for any outbreak.
	<p>Interpretation: Nursing personals shall be given training on: Preparedness for any outbreak, list of communicable diseases Participation in community education Data shall be properly collected and index case to be mapped All activities to rule our outbreak shall be documented Disaster management training e.g. COVID 19 Pandemic management training. Manpower and resource utilization Infection prevention and Control measures Preventive measures Cleaning and disinfection Guidelines for home isolation BMW etc.</p> <p>Nursing personnel shall be given training on the following:</p> <ul style="list-style-type: none"> • Preparedness for any outbreak and the list of communicable diseases. • Participation in community education. Data shall be properly collected, and the index case shall be mapped. • All activities carried out to rule out an outbreak shall be documented. • Disaster management training (e.g., COVID-19). • Pandemic management training. • Manpower and resource utilization. • Infection prevention and control measures. • Preventive measures. • Cleaning and disinfection. • Guidelines for home isolation. • Biomedical Waste (BMW) management, etc.

Standard

IPC. 8.	Infection Prevention and Control Nurse maintains records of all occupational injuries and pre- and post-exposure prophylaxis.
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Objective Elements

a.	Assessment of risk to nursing personnel for allergies, injuries, infections and hazards are identified.
	<p>Interpretation: The organisation shall have a mechanism to assess the risk of allergies, injuries, infections and hazards.</p> <p>Strict adherence to Infection and prevention and control measures in all areas of HCO. The organisation could identify link nurses ,wound care nurses, etc to ensure the adherence to prevention of areas.</p> <ul style="list-style-type: none"> • Nurses shall be trained on Occupational Health Hazards.

<p>b.</p>	<p>Hazardous materials specific to the settings and locations that they work in are identified by the nursing professionals (as applicable).</p>
	<p>Interpretation: The nursing shall identify, list and document the hazardous materials and has a documented procedure for their sorting, storage, handling, transportation, disposal mechanism, and method for managing spillages and adequate training of the personnel for these jobs.</p> <p>The hazardous materials include blood, body fluids as well as some chemicals and drugs like chemotherapeutic agents. The hazardous materials identified shall be specific to the work place that they work in and not a generalised list of items across the HCO.</p> <p>Nurses are aware of Hazardous materials. MSDS.</p>
<p>c.</p>	<p>The nursing professionals implement processes for sorting, labeling, handling, storage, transporting and disposal of hazardous materials.</p>
	<p>Interpretation: The organisation has ensured display of Material Safety Data Sheets (MSDS) for all hazardous materials and has accordingly arranged training of personnel who handles such materials.</p> <p>MSDS list relevant to the unit is displayed.</p>
<p>d.</p>	<p>The Nursing professionals are aware of the HCOs plan for managing the spills of hazardous materials and are able to supervise and adequately implement the same in their specific locations of work.</p>
	<p>Interpretation: Infection prevention and control nurse maintains records of major spills and does training on spill management policy in the HCO.</p> <p>HAZMAT list relevant to the area is available.</p> <p>The organisation should have a HAZMAT kit(s) for handling spills. The nursing professionals shall be aware of the kit and the methodology of use of the kit in their area of work.</p>
<p>e.</p>	<p>Appropriate pre- and post-exposure prophylaxis is provided to all staff members concerned.</p>
	<p>Interpretation: The Infection Prevention and Control Nurse shall maintain documentation of all occupational injuries and pre- and post-exposure prophylaxis records. For example, hepatitis B vaccination and immunisation status shall be available with designated individuals. Post-exposure prophylaxis (PEP) — such as hepatitis B status.</p>

CHAPTER 6

GOVERNANCE, EMPOWERMENT AND LEADERSHIP (GEL)



Intent of the chapter

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

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

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

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

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

SUMMARY OF STANDARDS

GEL. 1.

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

GEL. 2.

Nursing department is ready for transformational leadership to lead both today and in the future, as reflected in Nursing Administration and Management team of organisation.

<p>GEL. 3.</p>	<p>Nursing leaders are part of change management system in the organisation impacting changes in core nursing and multidisciplinary areas.</p>
<p>GEL. 4.</p>	<p>The Head of the Nursing service ensures that suitable mechanisms exist to govern the Nursing Service Management (NSM).</p>
<p>GEL. 5.</p>	<p>The HCO empowers Nursing Leadership, management team and Nurses at the bedside.</p>
<p>GEL. 6.</p>	<p>The Nursing management team is part of organisation's safety committee and has an established process for proactive risk assessment and risk mitigation program for nursing service.</p>

Standard

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

a.	Those responsible for nursing management lay down the nursing department vision, mission and values.
	Interpretation: The organisation shall enunciate its vision, mission and values through an authorized documents. The vision, mission and values of the nursing service could be in alignment with the organisational vision, mission and values. The vision, mission and values of the nursing service shall be displayed prominently. Display on its website alone would not be appropriate, it is preferable that the same be translated and displayed in the local language also.
b.	Those responsible for nursing management establish the nursing department organogram.
	Interpretation: The nursing management shall have a well-defined organisation structure / chart and this shall clearly document the hierarchy, span of control, channel of communication along with the function at the various levels. Nursing head is considered as one of the senior leadership team members of the HCO.
c.	All Nurses in the organisation are aware of Vision, Mission, Philosophy/values of Nursing.
	Interpretation: Induction program and orientation to department include session on Vision, Mission, Philosophy/values of Nursing. Reminders of the same through various measures like display, hand out, intranet etc may be done. All Nurses in the organisation are aware of the organogram of organisation and nursing department and their position in the organogram. Induction program and orientation to department includes a written plan to transform nursing at the bed side from what it is in the present to the next level.

Standard

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

a.	<p>Nursing Administration and management team updates itself with latest knowledge and competencies both clinically and in leadership concepts.</p>
	<p>Interpretation: Updated knowledge is evidenced in nursing practice manual, Clinical document / SOPs. Leadership adopts newer concepts of management and leadership. Eg: Management by objectives, Leaders walk the way, Leadership shadowing and mentoring.</p>
b.	<p>Nursing Administration and management Team adapts to the changing dynamism of health care policies, regulations, need of the nursing service and the organisation.</p>
	<p>Interpretation: Nursing manual reflects amendments of the written guidance and SOPs annually incorporating changes in regulation, and expanded and extended services of organisation.</p>
c.	<p>Nursing Administration and management ensures visibility of/access to leadership and accepts every feedback from nursing team and other departments as opportunity to strengthen nursing leadership.</p>
	<p>Interpretation: The Nursing leadership designs a mechanism to take feedback internal and external to nursing, to identify improvement areas.</p>
d.	<p>Nursing Administration and management advocates for resources & participation in decision-making to advanced practice of Nursing as part of leveraging growth.</p>
	<p>Interpretation: The unit shall have a written plan for the available opportunities on lateral growth for deserving nurses. These could include the areas like Patient Care Heads, Front Office, Patient Counsellor, TPA, CSR head, Content Manager (IT), Quality etc. Report on successful advocacy supporting nurses and nursing practice is presented in nursing management meeting and documented.</p>
e.	<p>Nursing leadership lead and promote change through innovative ideas and technologies impacting better work culture for nurses.</p>
	<p>Interpretation: Minutes of the committee meetings documents/reflects nursing representation in suggesting changes for improving work culture of nurses. Nurses are supported by innovation and technology bringing change in nurses' work efficiency.</p>
f.	<p>Mentoring and succession planning is an integral part of Nursing leadership at all levels.</p>
	<p>Interpretation: Nurses are categorized and trained on specific leadership competencies. The nursing leaders shall undergo training on leadership programs/Workshops .</p>

Standard

GEL. 3.	Nursing leaders are part of change management system in the organisation impacting changes in core nursing and multidisciplinary areas.
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Objective Elements

a.	Nursing Leaders will foresee change management opportunities.
	Interpretation: Nursing professionals come out with a recommendation for a change in the process or system. Such recommendation are presented in meetings and committees.
b.	Nursing leader prepares team for implementing change management system.
	Interpretation: Nurses lead change management system task force are identified and trained. There shall be a mechanism to reward successful initiatives.
c.	Nursing Leader develop in themselves and among team members including bedside nurses, a sense of pride in professional practice.
	Interpretation: Nursing team is respected and acknowledged for their contribution. Nurses are deputed for staff development programs for both clinical and leadership. Nurses are provided with opportunities to present their achievements in small and larger gatherings.
d.	Nursing Leader will constantly appreciate and motivate nurses at all levels through various rewards and recognition.
	Interpretation: Nurses at all levels those exceeding expectation and delighting patients and handling situations well will be appreciated and motivated.

Standard

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

a.	There is an established head of the nursing services who is member of the Hospital Senior Leadership committee/ Head of the Departments Committee participating in broad decision making .
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	Interpretation: The head of the nursing services is selected based upon identified criteria like qualifications, experience and training received to play the role of the senior leader in the organisation.
b.	The Nursing administrative policies and procedures are defined in the manual and implemented which includes delegation and autonomy in nursing practice.
	Interpretation: Nursing administrative team and their functions are written in the manual clearly including their KRAs.
c.	The Nursing department manual defines governance aspects of the nursing leadership at all level and specific to functional area of the HCO.
	Interpretation: There is nursing representation in key decision making and review committees such as mortality morbidity committee, CPR Review committee, etc.
d.	The Nursing leaders are involved in interdisciplinary plan of care and quality improvement projects and program of hospital.
	Interpretation: Interdisciplinary QIPs of the HCO have nursing professionals as members. The organisation could have ward-based quality champions.
e.	The nursing administrative policy shall consist of policy on competency assessment of all levels of nursing professionals.
	Interpretation: Evidence of competency assessment shall be available for all nurses. Nursing administrators shall have clearly defined KRAs and KPIs.

Standard

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

a.	There is a policy on nursing empowerment to ensure appropriate, correct, and timely nursing care of patients.
	Interpretation: Written guidance shall be developed for nursing empowerment. The scope of Nursing services and practice including aspects pertaining to empowerment and governance is defined in the nursing manual. The same is shared with the medical professionals.

b.	Nursing empowerment actions are clearly defined for nurses at all level.
	Interpretation: List of empowerment statements is a part of the induction and periodic ongoing training.
c.	Management approves rewards and recognition as empowerment strategy for Nurses for being exceptional and innovative.
	Interpretation: Nursing leaders have a written guidance on rewards and recognition for nurses being exceptional and innovative. Photos of the event and of recognition wall for innovation stories could be displayed .
d.	Nursing Department has an exclusive budget approved annually.
	Interpretation: There shall be adequate budget for continuous nursing education, nursing quality improvement & welfare.
e.	Nursing quality team including IPC Nurse is empowered to conduct audit and present findings in the respective committees, meetings and functional units.
	Interpretation: The nursing team shall present the audit findings to various committees 'For Example hospital Infection Control Committee (HICC) : Monthly infection rates, outbreak investigation reports, corrective actions; Quality Committee : Trends from nursing clinical audits, gap analysis and improvement plans.

Standard

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

a.	The Nursing service has clearly defined error prevention, error reporting and error addressing mechanisms and the same are documented.
	<p>Interpretation: Written direction on the same is given to all nurses and nurses are aware of the same. When, how and who to report errors is clearly specified and known to the nurses. This ensures that accepting their errors is appreciated and rewarded.</p> <p>Ref : Annexure on risk assessment in 6th edition NABH standards.</p>

b.	<p>The Nursing professionals are provided with adequate resources including materials and equipment for providing safe and efficient nursing care.</p>
	<p>Interpretation: Nurses are motivated to give feedback on adequacy of resources including materials and equipment for providing safe and efficient nursing care. This aspect is part of the nurse's work satisfaction questionnaire. (Ref NRM 10a)</p>
c.	<p>The nursing department structure and processes support a culture of patient safety with escalation mechanism and appropriate support system.</p>
	<p>Interpretation: Escalation for bedside nurses is defined for clinical and non-clinical emergencies and non-emergencies, and nurses are trained to prioritize based on the type of escalation.</p>
d.	<p>Nursing professionals are competent in managing code blue, disaster situations, and emergencies, including both fire and non-fire incidents.</p>
	<p>Interpretation: Emergency codes are part of induction, continual professional development programs. Mock drills are conducted periodically for the preparedness of the nurses to face emergencies. The periodicity is defined by the organisation. Mock drill tracking and documentation, for example, videos or photos, are available for reference.</p>
e.	<p>Nursing Professionals are part of the Code review committee and Mortality and morbidity committee.</p>
	<p>Interpretation: Senior nursing professionals who have clinical knowledge and are able to communicate as part of the committee.</p>
f.	<p>Nursing professionals are oriented to proactive and predictive approaches such as best catches, seeking help, escalation etc.</p>
	<p>Interpretation: This aspect is part of induction and periodic training.</p>
g.	<p>A designated Nurse professional is part of the hospital safety committee.</p>
	<p>Interpretation: A designated nursing professional with strong understanding of patient safety protocols and risk management is nominated to the hospital safety committees. The designated staff shall have the ability to educate staff on safety practices, emergency response, lead safety drills, and reinforce safe behaviors.</p>

CHAPTER 7

CONTINUOUS NURSING QUALITY IMPROVEMENT (CNQI)



Intent of the chapter

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

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

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

SUMMARY OF STANDARDS

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

Standard

CNQI. 1.

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

Objective Elements

a.	<p>The Continuous Nursing Quality Improvement Programme (CNQI) is developed, implemented and maintained by Nursing Management Committee.</p>
	<p>Interpretation: The Quality Improvement Program shall be developed, implemented, and maintained in a structured and systematic manner. The Continuous Nursing Quality Improvement (CNQI) program is comprehensive and shall be integrated across the organisation, providing a framework for risk management, continuous monitoring, and improvement initiatives based on regular reviews. This program shall be aligned with the organisation's overall quality improvement strategy to ensure consistency and effectiveness.</p>
b.	<p>Nursing Services perform proactive assessments of patient safety risks and takes measures to improve accordingly.</p>
	<p>Interpretation: Proactive analysis can be conducted using tools such as Hazard Identification and Risk Analysis (HIRA), Failure Modes and Effects Analysis (FMEA), Fault Tree Analysis, and simulations. The nursing service shall perform regular risk assessments in nursing units to identify hazards related to medication administration, patient handling, infection control, and procedural errors. Relevant information shall be gathered from nursing staff, patients, and other stakeholders to ensure a comprehensive assessment. These risk assessments shall be reviewed at least once a year to enhance patient safety and improve nursing practices.</p>
c.	<p>Nursing Services perform proactive assessment of safety risks for nurses and takes measures to improve accordingly.</p>
	<p>Interpretation: These hazards could include physical, chemical, biological, ergonomic, and psychosocial. This shall be reviewed at least once a year.</p>
d.	<p>Nursing Services adapt and implement national/international patient safety goals/solutions relevant to nursing domain.</p>
	<p>Interpretation: The Nursing Service shall adopt and adhere to either national or international patient safety goals. These shall be implemented and reviewed by the Nursing Management Committee once in three months.</p>

e.	There is a designated nursing quality coordinator in Nursing Services for coordinating and implementing CNQI.
	Interpretation: The designated staff shall be an experienced nursing professional with expertise in NABH, NABH Nursing Excellence, and Quality Standards. This individual may undergo a structured training program focused on the implementation of nursing excellence standards to ensure effective execution and adherence to best practices. Clear job description shall be provided with KRAs specified.
f.	The CNQI is reviewed and updated at least once a year.
	Interpretation: The Quality improvement programme shall be reviewed by the nursing management committee at regular pre-defined intervals as defined by the organisation and updated at least once in a year. The review shall include findings of audits, departmental performance, analysis of key indicators as identified and determined by the organisation. The minutes of the review meetings shall be recorded and maintained.

Standard

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

a.	The patient falls are monitored, and the incident of patient falls and post fall assessment and care are documented by the appropriate nursing professionals.
	<p>Interpretation: The factors responsible for patient fall can be classified as under:</p> <ol style="list-style-type: none"> 1. Nursing related 2. Patient-related — unbalanced or unsteady gait, incorrect use of equipment, medication influenced. 3. Falls requiring medical intervention <p>All patients with medium and high-risk for fall to be identified and assessed periodically. The mechanism for identification can be defined by the organisation.</p> <p>Fall prevention education to be provided to patients and attendant with their endorsement.</p>
b.	The hospital acquired pressure Injuries in various age groups are monitored and recorded as per laid down protocols.

	<p>Interpretation: Prevention, early identification and management of various pressure injury (HAPI, OAPI, MDAPI, MARSII) is defined and Nurses are trained.</p> <p>Appropriate tools are used for risk identification.</p> <p>Healing patterns of all identified Pressure Injuries are assessed and documented.</p>
c.	<p>The medication errors are monitored and recorded by the concerned nursing professional.</p>
	<p>Interpretation: Nurses adhere to rights of medication administration. The medication error related to preparation, transcription, administration, and post monitoring are captured and analyzed. Medication reconciliations are reviewed for gaps. Nurses are able to capture best catches towards the prevention of medication errors, for example, therapeutic duplication, wrong prescription, wrong dispensing etc.</p>
d.	<p>Accidental de-lining are monitored and recorded by the concerned nursing professional.</p>
	<p>Interpretation: All accidental removal of drains, lines and tubes to be reported immediately and appropriate CAPA to be done after RCA.</p>
e.	<p>All extravasations are recorded and monitored as per the laid down protocols.</p>
	<p>Interpretation: Specific extravasations prevention and care is defined clearly and known to all nurses for example, chemo-related; contrast-related.</p>
f.	<p>All needle stick injuries and blood and body fluid exposures are documented and monitored as per the policy.</p>
	<p>Interpretation: SOP on risk assessment and prevention of needle stick injuries and Blood and Body fluid exposures available for all nurses.</p> <p>Nurses are encouraged to report all NSI and BBFE and appropriate CAPA to be done after RCA.</p>
g.	<p>All physical restraint related incidents including strangulation are monitored and documented.</p>
	<p>Interpretation: SOP on care of patients on restraints and prevention of injuries are developed and nurses are trained. For all physical restraint related reports, appropriate CAPA to be done after RCA.</p>
h.	<p>The hand hygiene compliance is monitored and recorded by the designated nursing professionals.</p>
	<p>Interpretation:The monitoring shall be as per the criteria identified by the WHO guidelines on hand hygiene, including all high-risk areas and procedures.</p>

i.	The compliance with pain assessment and management is monitored by the nursing professional.
	<p>Interpretation: Nurses are trained on pain assessment and reassessment using appropriate age specific and condition specific tools.</p> <p>Care of patients on PCA, Epidural and pain management patches are defined and monitored for compliance .</p>
j.	The satisfaction of patients with the nursing care is monitored by the senior nursing professionals and the same is documented.
	<p>Interpretation: Patient satisfaction index shall be presented in Nursing Management Committee.</p> <p>The staff in the relevant area are made aware of the same through CNE, displays, etc.</p>
k.	The organisation has a mechanism to capture Nurses work satisfaction.
	<p>Interpretation: Nurses’ satisfaction of job could include work environment, ergonomics, breaks, professional development, resources and support etc. Feedback could be obtained from clinicians and Allied Health Staff using adequate sample size. The data shall be analyzed periodically and action to be taken to address the gaps.</p> <p>Nurses’ work satisfaction shall be reviewed by the Nursing Management Committee at least once in year. The staff exit interview could be used to monitor nurses work satisfaction .</p>
l.	All Healthcare Associated Infection (HCAI) are recorded and monitored as per the laid down protocols.
	<p>Interpretation: HAI includes but not limited to CAUTI, CLABSI, VAP, and SSI. All aspects related to nursing are defined in bundles and adhered by the nurses. There exists a monitoring system where the senior nursing professionals supervise the bundle care. HIC Nurses and HIC link nurses capture compliance to care bundles. Appropriate CAPA to be done after RCA.</p>

Standard

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

a.	The management provides adequate resources required for quality improvement programme.
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	<p>Interpretation: This shall include the men, material, machine, money and method. These shall be in constant supply so as to ensure that the programme functions efficiently. The annual budget discussion could include CNQI.</p>
b.	<p>The management supports use of appropriate quality improvement, statistical and management tools in its quality improvement programme.</p>
	<p>Interpretation: Nurses are identified and trained on various tools and techniques. For example, SPSS or any equivalent, Root Cause Analysis, FMEA, Project Evaluation and Review Technique (PERT), Critical Path Method (CPM), Control Charts, etc.</p>
c.	<p>Employee satisfaction based on pre-determined criteria done by human resource department of the HCO for nursing team is shared with Nursing Management Committee and the action plans are discussed and implemented.</p>
	<p>Interpretation: This is collaborative responsibility of HR and Nursing to improve nurse's satisfaction as an employee of the organisation. Employee satisfaction survey findings based on corrective actions shall be planned and implemented by the Human resource department.</p>
d.	<p>The attrition rate and frequency of attrition of the nursing professionals is monitored.</p>
	<p>Interpretation: This shall be monitored and documented by the head of the nursing in consultation with the human resource department of the HCO. Attrition analysis is done by HR and discussed with Nursing admin. Nursing retention strategy shall be planned collaboratively by HR and Nursing administration and supported by management. There is a mechanism for exit interview to understand the reason for attrition.</p>

Standard

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

a.	Nursing Care Audits are performed to improve quality of care and patient safety.
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	<p>Interpretation: The organisation shall use nursing care audits as a tool to continuously improve quality of patient care and safety. The topics of the audit could be specific to nursing domain. This shall include competency (Skill sets) related, involving knowledge and attitudinal aspects as well. The organisation needs to take care to differentiate nursing care audit from clinical audit and research projects.</p>
b.	<p>Nursing professional participates in the audit.</p>
	<p>Interpretation: It shall necessarily include all levels of nursing professionals.</p>
c.	<p>The nursing care audit parameters to be audited are defined by the Nursing Services and approved by head of Nursing.</p>
	<p>Interpretation: These audits could be retrospective/ concurrent in nature. The parameters could be disease based, nursing protocol based, nursing documentation based, cost based, community based or based on morbidity (length of stay).</p> <p>It shall lay down the objectives, the parameters that are going to be captured, develop a checklist where required, sampling and data collection guidelines and preparation of report.</p>
d.	<p>Patient, nurse, and other staff anonymity is maintained in the audit.</p>
	<p>Interpretation: This is at the stage of report preparation and dissemination. The staff participating in the audit shall maintain patient and staff anonymity and not reveal names or any reference be made to them in public discussions/conferences.</p>
e.	<p>All audits are recorded and reviewed by the identified capable committee supported by the quality nurse and headed by Senior nursing professional/ Head of Nursing.</p>
	<p>Interpretation: The organisation could use a checklist with the predefined parameters for review audit and the audit review findings could be recorded on this sheet.</p>
f.	<p>Implementation is recorded and periodically analyzed for continuous quality improvement.</p>
	<p>Interpretation: All remedial measures are documented, implemented and improvements are recorded to complete the audit cycle. The audit cycle could be continued until the desired outcome is achieved. This shall preferably be done based on root-cause analysis.</p>
g.	<p>Nursing professionals are aware of Audit cycles and they use the framework of audit.</p>
	<p>Interpretation: Nurses shall be informed about the outcome of audit observations during monthly quality meeting.</p>

Standard

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

a.	The organisation has an incident reporting system.
	<p>Interpretation: The incident reporting system includes:</p> <ul style="list-style-type: none"> i. identification ii. reporting iii. review iv. action on incidents. v. All incidents are captured irrespective of the severity or harm. <p>All incidents shall be reviewed by the multidisciplinary Quality Improvement Committee.</p>
b.	The Nursing personnel are aware of methods of collecting feedback and receiving complaints from patients.
	<p>Interpretation: Nurses are educated on feed back mechanism and they take part in this process as appropriate.</p>
c.	The organisation has established processes for analysis of incidents, feedbacks and complaints.
	<p>Interpretation: The quality improvement committee shall be responsible for this activity. Where possible, it is preferable that patients be included in analyzing the feedback and complaint.</p> <p>The review of incidents and complaints shall be done by the multidisciplinary Quality Improvement Committee.</p>
d	Internal audits are done to identify area of improvement.
	<p>Interpretation: Gap analysis based on current NABH Nursing Excellence standards shall be conducted at least once a year. All such actions shall be documented.</p>
e.	Corrective and preventive actions are taken based on the findings of such analysis.
	<p>Interpretation: The objective of this is to continually improve the quality of patient-care services. All such actions shall be documented.</p>

f.	<p>Feedback about care and service is communicated to Nursing professionals.</p>
	<p>Interpretation: At a minimum, patient satisfaction levels shall be communicated on a monthly basis.</p> <p>It is equally important that positive feedback about care and service is also communicated to nursing professionals to boost their morale. This could be done using internal communication.</p>

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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. 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.

Term	Definition
Senior Nursing Staff	An experienced, second-level professional nurse in a hospital setting responsible for patient care, supervising nursing and subordinate staff, and ensuring adherence to nursing standards and ethics within their assigned unit
Access / Accessible	Ability of patients/service users or potential patients/service users to obtain required or available services when needed within an appropriate time.
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 improve the health care system continuously.
Accreditation assessment	The evaluation process for assessing the compliance of an organisation with the applicable standards for determining its accreditation status.
Activities of daily living (ADL)	An index or scale which measures a patient's degree of independence in bathing, dressing, using the toilet, eating, and moving from one place to another.
Acuity	<p>Acuity refers to the severity or complexity of a patient's medical condition. It is often used in healthcare settings to determine the level of care required and the allocation of resources.</p> <p>Acuity levels help healthcare providers prioritize patients, assign appropriate staff, and ensure that patients receive the right level of medical attention and resources based on the severity of their condition.</p>
Advanced life support	The preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation using invasive techniques such as defibrillation, advanced airway management, intravenous access and drug therapy.
Adverse drug event	An injury resulting from a medical intervention related to a medication, including harm from an adverse drug reaction or a medication error.
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.

Term	Definition
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 the 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. I
Age-specific competency for paediatric patients	Age specific competency spans the unique physiologic, anatomic, motor, sensory, cognitive and psychosocial aspects of the life cycle from the neonate to the adolescent. This competency will review general age-specific growth and development milestones and behavioral markers across 0 -18 years. Age-specific competencies are skills that you use to give care that meets each patient's unique needs.
Antimicrobial stewardship	A program implemented in a health care organisation to reduce the risks associated with increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. Antimicrobial stewardship may incorporate a broad range of strategies including the monitoring and reviews of antimicrobial use.
Appropriate	The degree to which something is suitable for a specific purpose. This may be that a service is consistent with a patient/service user's expressed requirements.
Appropriate care	Patients are receiving the right care, and the right amount of care according to their needs and preferences, at the right time. The care offered should also be based on the best available evidence.
Appropriateness	Appropriate health care is care for which the expected health benefit exceeds the expected negative consequences by a wide enough margin to justify treatment.
Assessment	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.
Audit	A systematic independent examination and review to determine whether actual activities and results comply with planned arrangements.

Term	Definition
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.
Byelaws	A rule governing the internal management of an organisation. It can supplement or complement the government law but cannot countermand it, for example municipal by-laws for construction of hospitals/nursing homes, for disposal of hazardous and/or infectious waste.
Calibration	A set of operations that establish, under specified conditions, the relationship between values of quantities indicated by a measuring instrument or measuring system, or values represented by a material measure or a reference material, and the corresponding values realised by standards.
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.
Child Abuse	A violation of the basic human rights of a child. It includes all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.
Citizen's charter	Citizen's Charter is a document which represents a systematic effort to focus on the commitment of the organisation towards its citizens in respects of standard of services, information, choice and consultation, non-discrimination and accessibility, grievance redress, courtesy and value for money.
Cleaning	Removal of visible foreign material (for example, soil, organic material) from objects and surfaces, which is normally accomplished manually or mechanically using water with detergents or enzymatic products.

Term	Definition
Clinical alarm	A component of some medical devices that is designed to notify caregivers of an important change in the patient's physiologic status. A clinical alarm typically provides audible and/or visible notification of the changed patient status.
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
Clinical care pathway	Clinical care pathways are standardised evidence-based, and multidisciplinary management plans. They identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group.
Clinical practice guidelines	<p>Clinical practice guidelines are systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific clinical circumstances.</p> <p>Clinical practice guidelines are used in making care decisions and developing clinical care processes for diagnoses and conditions and often require clinical pathways and clinical protocols.</p>
Community	<p>A community refers to a group of people within certain geographical boundaries or who share common characteristics such as health risks or disease processes.</p> <p>Individuals, families, groups and organisations that usually reside in the same locality.</p>
Competence	<p>Demonstrated ability to apply knowledge and skills.</p> <p>Knowledge is the understanding of facts and procedures. Skill is the ability to perform a specific action.</p> <p>A determination of an individual's skills, knowledge, and capability to meet defined expectations, as frequently described in a job description.</p>
Competency	The knowledge, skills, abilities, behaviours, experience and expertise to be able to perform a particular task and activity.
Continuity	The provision of unbroken services that is coordinated across a continuum of health care, over time within and across programmes and organisations, as well as during the transition between levels of services.

Term	Definition
Continuity of care	The degree to which the care of individuals is coordinated among practitioners, among organisations, and over time.
Confidentiality	The restricted access to data and 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 the privacy of information related to his/her healthcare records.
Consent	<ol style="list-style-type: none"> 1. The willingness of a party to undergo examination/procedure/ treatment by a healthcare provider. It may be implied (for example 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 risks and benefits, alternative procedure with their risks and benefits so as to enable the patient to make an informed decision of his/her healthcare. 2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India, the 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.
Control Charts	The statistical tool used in quality control to (1) analyse and understand process variables, (2) determine process capabilities, and to (3) monitor effects of the variables on the difference between target and actual performance. Control charts indicate upper and lower control limits, and often include a central (average) line, to help detect the trend of plotted values. If all data points are within the control limits, variations in the values may be due to a common cause and process is said to be 'in control'. If data points fall outside the control limits, variations may be due to a special cause, and the process is said to be out of control.
Coordinate / Coordination	The process of working together effectively with collaboration among providers, organisations, teams, and services in and outside the organisation to avoid duplication, gaps, or breaks.
Correction	Action to eliminate the detected non-conformity.
Corrective action	Action to eliminate the cause of a non-conformity and to prevent recurrence.
Credentialing	The process of obtaining, verifying and assessing the qualification of a healthcare provider.

Term	Definition
Criteria	<p>The expected levels of achievement or specifications against which performance or quality may be compared. For example, criteria for appropriate initial care of a patient with a headache may be a measurement of body temperature, blood pressure, and performing a neurological examination.</p> <p>The specific steps to be taken, or activities to be done, to reach a decision or a standard.</p>
Critical result	<p>A variance from normal range that represents a pathophysiologic state that is high-risk or life-threatening, is considered urgent or emergent in nature, and in which immediate medical action is likely necessary to preserve life or prevent a catastrophic occurrence.</p>
Culture / Cultural needs	<p>A shared system of values, beliefs and behaviours. The design and delivery of services consistent with the cultural values of those who use them.</p>
Culture of safety	<p>A collaborative environment in which skilled clinicians treat each other with respect; leaders drive effective teamwork and promote psychological safety; teams learn from errors and near misses; caregivers are aware of the inherent limitations of human performance in complex systems (stress recognition); and there is a visible process of learning and driving improvement through debriefings. Staff members are able to report concerns about safety or quality of care without fear of retaliation from health care organisation leaders or other staff.</p>
Data	<p>Data is a record of the event.</p>
Department / service leaders	<p>The individuals who manage and direct the varied services of the organisation, commonly referred to as departments, services, and/or units.</p>
Disaster preparedness	<p>The ability of the health care organisation to maintain operations, respond to the potentially increased volume and acuity of patients, and meet the needs of the community affected by the disaster.</p>
Discharge summary	<p>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).</p>

Term	Definition
Disciplinary procedure	A sequence of activities to be carried out when staff does not conform to the laid-down norms, rules and regulations of the healthcare organisation.
Drug dispensing	The preparation, packaging, labelling, record keeping, and transfer of a prescription drug to a patient or an intermediary, who is responsible for the administration of the drug.
Drug Administration	The giving of a therapeutic agent to a patient, for example by infusion, inhalation, injection, paste, pessary, suppository or tablet.
Effective communication	<p>Effective Communication is a communication between two or more persons wherein the intended message is successfully delivered, received and understood.</p> <p>The effective communication also includes several other skills such as non-verbal communication, engaged listening, ability to speak assertively, etc.</p>
Efficiency	The degree to which resources are brought together to achieve desired results most cost effectively, with minimal waste, re-work and effort.
Effectiveness	The degree to which services, interventions or actions are provided in accordance with current best practice in order to meet goals and desired outcome(s) for the patient.
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.
End-of-life Care	<p>An approach to a terminally ill patient that shifts the focus of care to symptom control, comfort, dignity, quality of life and quality of dying rather than treatments aimed at cure or prolongation of life.</p> <p>It includes physical, emotional, social, and spiritual support for patients and their families.</p> <p>The goal of end-of-life care is to control pain and other symptoms so the patient can be as comfortable as possible.</p>
Enhanced communication	Enhanced communication is using the methods of communication to ensure meaning and understanding through the recognition of the limitations of others. The intent is to ensure purposeful, timely and reliable communication. The communication must be sensitive, empathetic and inclusive.

Term	Definition
Ethics/Ethical	Moral principles that govern a person's or group's behaviour. An acknowledged set of principles which guide professional and moral conduct.
Evaluation	A formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.
Evidence-based medicine	Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
Family	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.
Failure Mode and Effect Analysis (FMEA)	A systematic approach to examining a design prospectively for possible ways in which failure may occur. The ways failure may occur are then prioritized to help organisations create design improvements that will have the most benefit. This tool assumes that no matter how knowledgeable or careful people are, errors will occur in some situations and may even be likely to occur.
Formulary	An approved list of drugs for use. Drugs contained in the formulary are generally those that are determined to be cost-effective and medically effective.
Framework	An outline, overview, or skeleton of interconnected items that can be modified at any time by adding or deleting items.
Generic medication	A medication created to be the same as an existing approved brand-name medication in dosage form, safety, strength, route of administration, quality, and performance characteristics.
Goal	<p>A broad statement describing a desired future condition or achievement without being specific about how much and when.</p> <p>The term “goals” refers to a future condition or performance level that one intends to attain. Goals can be both short- and long-term. Goals are ends that guide actions.</p>

Term	Definition
Governance	<p>The set of relationships and responsibilities established by a healthcare service between its management, workforce and stakeholders (including patients and consumers). Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. Governance structures will be tailored to the size and complexity of an organisation.</p> <p>The function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its mission, and monitoring the achievement of those objectives and the implementation of policy.</p>
Grievance- handling procedures	<p>The sequence of activities carried out to address the grievances of patients, visitors, relatives and staff.</p>
Haemovigilance	<p>A set of surveillance procedures covering the entire blood transfusion chain, from the donation and processing of blood and its components, to their provision and transfusion to patients, to their follow-up. It includes monitoring, reporting, investigating and analysing adverse events related to the donation, processing and transfusion of blood, as well as development and implementation of recommendations to prevent the occurrence or recurrence of adverse events.</p>
Handoff / Handover	<p>The process by which one healthcare provider transfers responsibility for a patient's care to another care provider. A handoff involves communicating essential patient-specific information, including medication-related information, to the next care provider.</p> <p>The transfer of responsibility for a patient and the patient's care that is achieved through effective communication (for example, between healthcare practitioners; from one department, unit, or service of the organisation to another; between the organisation and other levels of healthcare; between staff and patients/families).</p>
Hazard vulnerability analysis (HVA)	<p>A tool used for the identification of potential emergencies and the direct and indirect effects those emergencies may have on the organisation's operations and demand for its services.</p>
Hazardous materials	<p>Substances dangerous to human and other living organisms. Types of hazardous materials and waste include pharmaceutical, chemical, cytotoxic, radioactive and infectious.</p>

Term	Definition
Hazardous waste	Waste materials dangerous to living organisms. Such materials require special precautions for disposal. They include the 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.
Healthcare-associated infection	Healthcare-associated infection (HAI), also referred to as "nosocomial" or "hospital" infection, is an infection occurring in a patient during the process of care in a health care organisation or other health care facility which was not present or incubating at the time of admission.
Healthcare organisation	The generic term is used to describe the various types of organisations that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.
Health literacy	<p>The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make informed healthcare decisions, promoting better health outcomes and patient empowerment.</p> <p>Health literacy is divided into two components – individual health literacy and the health literacy environment. Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and healthcare, and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which consumers access, understand, appraise and apply health-related information and services.</p>
Health promotion	Activities that increase an individual's control over his or her own health, thereby improving it. These activities may occur at the individual, family, community, and system levels; they promote healthy behaviours and other changes that decrease the risk of acute and chronic diseases and injury. The process of actively supporting and enabling people to increase control over and improve their health.
Health technology assessment (HTA)	A scientific research methodology to inform policy and clinical decision-making on the value of new health technologies (such as drugs, devices, and medical services) compared to existing standards of care. It involves a review of clinical and economic information to determine the best way to allocate limited healthcare resources to new technologies.

Term	Definition
High-dependency unit (HDU)	A high-dependency unit is an area for patients who require more intensive observation, treatment and nursing care than are usually provided for in a ward. It is a standard of care between the ward and full intensive care.
High Risk/High Alert Medications	<p>High-risk/high-alert medications are medications involved in a high percentage of medication errors or sentinel events and medications that carry a high risk for abuse, error, or other adverse outcomes.</p> <p>Examples include medications with a low therapeutic index, controlled substances, psychotherapeutic medications, and look-alike and sound-alike medications.</p>
ICD-11	The 11th edition of the International Classification of Diseases, an updated version of the coding system that provides a more detailed and comprehensive classification of diseases, disorders, and related health conditions.
Implantable medical device	A medical device that is permanently placed into a surgically or naturally formed cavity of the body to continuously assist, restore, or replace a function or structure of the body throughout the useful life of the device. Examples include a prosthesis (such as a hip), a stent, a pacemaker, and an infusion pump.
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.
Informed consent	<p>The process of informing a patient about a procedure, treatment, or research so that the patient can make a voluntary, informed decision to accept or refuse to have the procedure or treatment. The patient must be fully informed and understand the information that he or she is provided before giving consent.</p> <p>The elements of informed consent include, but are not limited to, information about, and potential benefits and risks of, the proposed procedure, treatment, clinical trial/research study; and possible alternatives to the procedure/treatment.</p>
In-service education/training	Organised education/training, usually provided in the workplace for enhancing the skills of staff members or to teach them new skills relevant to their jobs/tasks and disciplines.

Term	Definition
Independent Double Check	An independent double check is a process in which a second practitioner conducts a verification. Such verification can be performed in the presence or absence of the first practitioner. In either case, the most critical aspect is to maximize the independence of the double check by ensuring that the first practitioner does not communicate what he or she <i>expects</i> the second practitioner to see, which would create bias and reduce the visibility of an error.
Indicator	Performance measurement tool that is used as a guide to monitor, evaluate, and improve the quality of services. Indicators relate to structure, process, and outcomes and are rate based, i.e. have a numerator and denominator so that they can be compared and benchmarked.
Information	Processed data which lends meaning to the raw data.
Intent	A brief explanation of the rationale, meaning and significance of the standards laid down in a particular chapter.
Invasive / Clinical procedure	The puncture or incision of the skin, insertion of an instrument, or insertion of a foreign material into the body for diagnostic or treatment-related purposes. Examples of invasive procedures include central line and chest tube insertions, endoscopy, bronchoscopy, bone marrow biopsy, lumbar puncture and cardiac catheterization. Venipuncture is not categorized as an invasive / clinical procedure.
Inventory control	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 an 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.
Isolation	Separation of an ill person who has a communicable disease (for example, measles, chickenpox, mumps, SARS) from those who are healthy. Isolation prevents transmission of infection to others and also allows the focused delivery of specialised healthcare to ill patients. The period of isolation varies from disease-to-disease. Isolation facilities can also be extended to patients for fulfilling their individual, unique needs.

Term	Definition
Job description	<ol style="list-style-type: none"> 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.
Job specification	<ol style="list-style-type: none"> 1. The qualifications/physical requirements, experience and skills required to perform a particular job/task. 2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.
Maintenance	<p>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.</p>
Material safety data sheet (MSDS)	<p>A formal document with information about the characteristics and actual or potential hazards of a substance; includes instructions related to first aid, spills, and safe storage, among other information.</p>
Materiovigilance	<p>Materiovigilance is the coordinated system of identification, collection, reporting, and analysis of any untoward occurrences associated with the use of medical devices and protection of patient's health by preventing its recurrences.</p>
Medical device	<p>An instrument, apparatus, or machine that is used in the prevention, diagnosis, or treatment of illness or disease, or for detecting, measuring, restoring, correcting, or modifying the structure or function of the body for healthcare purposes.</p>
Medical equipment	<p>Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of a patient.</p>
Medical record	<p>A written or electronic documentation of varied patient health information, such as assessment findings, treatment details, progress notes, and discharge summary.</p>

Term	Definition
Medication error	<p>A medication error is any preventable event that may cause or lead to an inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.</p> <p>Such events may be related to professional practice, healthcare products, procedures, and systems, including prescribing; order communication; product labelling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.</p>
Medication Order	<p>A written order by a physician, dentist, or other designated health professionals for a medication to be dispensed by a pharmacy for administration to a patient.</p>
Mission	<p>A written expression that sets forth the purpose of an organisation or one of its components. The generation of a mission statement usually precedes the formation of goals and objectives.</p> <p>A broad written statement in which the organisation states what it does and why it exists.</p>
Monitoring	<p>The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment, For example 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.</p>
Multidisciplinary	<p>A generic term which includes representatives from various disciplines, professions or service areas.</p>
Natural justice	<p>A common law doctrine that provides procedural rights in administrative decision-making to support people being treated fairly and without bias.</p> <p>Those who are affected by a decision that is made by the Commission have access to natural justice provisions through review processes such as reconsiderations. or, may receive a notice of intent that sets out a decision that may be made in the absence of any response from the recipient.</p> <p>The bias rule in administrative law requires that a decision-maker must approach a matter with an open mind that is free of prejudice and prejudice.</p>
Near-miss	<p>An event that was prevented from occurring due to timely intervention or chance that did not result in injury, illness, or damage but had the potential to do so.</p>
No-harm event	<p>A patient safety event that reaches the patient but does not cause harm.</p>

Term	Definition
<p>Notifiable disease</p>	<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 always notifiable to WHO:</p> <ul style="list-style-type: none"> (a) Smallpox (b) Poliomyelitis due to wild-type poliovirus (c) Human influenza caused by a new subtype (d) Severe acute respiratory syndrome (SARS). <p>In India, the following is an indicative list of diseases which are also notifiable, but may vary from state to state:</p> <ul style="list-style-type: none"> (a) Polio (b) Influenza (c) Malaria (d) Rabies (e) HIV/AIDS (f) Louse-borne typhus (g) Tuberculosis (h) Leprosy (i) Leptospirosis (j) Viral hepatitis (k) Dengue fever
<p>Nursing empowerment</p>	<p>Empowerment for nurses may consist of three components: a workplace that has the requisite structures to promote empowerment; a psychological belief in one's ability to be empowered; and acknowledgement that there is power in the relationships and caring that nurses provide.</p> <p>It could include structural empowerment and psychological empowerment. Structural empowerment refers to the presence or absence of empowering conditions in the workplace. Kanter's (1993) theory of structural empowerment includes a discussion of organisational behaviour and empowerment. According to this theory, empowerment is promoted in work environments that provide employees with access to information, resources, support, and the opportunity to learn and develop. Psychological empowerment is related to a sense of motivation towards the organisational environment, based on the dimensions of meaning, competence, self-determination, and impact</p> <p>Evidence of nursing empowerment include initiating and carrying out CPR even in the absences of physicians, implementing standard protocols in the ICU such as weaning a patient off ventilator, tapering or titrating inotropic as per standard policies, nurse-led discussions during patient rounds, preparing nursing budgets, decisions to procure equipment that aid and ease nursing care, empowered to correct, stop non-compliance to protocols defined by the hospital.</p>

Term	Definition
Objective	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.
Objective element	It is that component of standard which can be measured objectively on a rating scale. Acceptable compliance with the measurable elements will determine the overall compliance with the standard.
Occupational health hazard	The hazards to which an individual is exposed during the course of the performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
Operational plan	A plan which clearly defines the actions that the organisation will take within a defined timeframe to deliver its stated objectives and enable the organisation to meet its longer-term strategic objectives. The operational plan provides detailed information about how the organisation will achieve its stated objectives and identifies what activities must be undertaken; who has responsibility for undertaking each of the stated activities; the timeframes in which the activities must be completed; and the resources (financial, human and other) required to achieve the identified activities.
Organogram	A graphic representation of the reporting relationship in an organisation.
Orientation	<p>A formal process of informing and training a worker starting in a new position or beginning work for an organisation, which covers the policies, processes and procedures applicable to the organisation.</p> <p>The process by which staff become familiar with all aspects of the work environment and their responsibilities.</p>
Outsourcing	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 housekeeping, security, laboratory/or certain special diagnostic facilities. When an activity is outsourced to other institutions, there should be a memorandum of understanding that clearly lays down the obligations of both organisations: the one that is outsourcing and the one that is providing the outsourced facility. It also addresses the quality-related aspects.

Term	Definition
Palliative Care	The coordinated support for individuals and families who are living with a life-threatening illness, usually at an advanced stage. It focuses on physical, psychological, social, cultural, emotional and spiritual needs of the ill person and his or her family.
Patient-care setting	The location where a patient is provided health care as per his needs, for example ICU, speciality ward, private ward and general ward.
Patient-centred Care	An approach to the planning, delivery and evaluation of healthcare that is founded on mutually beneficial partnerships among healthcare providers and patients. Care that is respectful of and responsive to individual patient preferences, needs, and values and ensures patient values guide all clinical decisions; care that is coordinated, communicative, and supportive.
Patient engagement	The process of building the capacity of patients, families , carers as well as health care providers, to facilitate and support the active involvement of patients in their own care, in order to enhance safety, quality and people centredness of health care service delivery.
Patient record/ medical record/ clinical record	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.
Patient-reported experience measures (PREMs)	Patient-reported experience measures are questionnaires measuring the patients' perceptions of their experience whilst receiving care.
Patient-reported outcome measures (PROMs)	Patient-reported outcomes represent the patient's report of a health condition and its treatment. Patient-reported outcome measures are questionnaires measuring the patients' views of their health status.
Patient Safety Solutions	Patient Safety Solutions are defined as any system design or intervention that has demonstrated the ability to prevent or mitigate patient harm stemming from the processes of healthcare.

Term	Definition
Patient Satisfaction	Patient satisfaction is a measure of the extent to which a patient is content with the healthcare which they received from their healthcare provider. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of Health care providers.
Patient Experience	Patient Experience is the sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care. It is a holistic perception that the patient forms about the healthcare provider based on the overall interactions/ care touchpoints.
Performance appraisal	It is the process of evaluating the performance of staff during a defined period of time with the aim of ascertaining their suitability for the job, the potential for growth as well as determining training needs.
Point-of-care testing (POCT)	POCT is a form of testing in which the analysis is performed near or at the site of a patient with the result leading to possible change in the care of the patient. Point of care testing is defined as a quality-assured pathology service using analytical devices (including test kits and analysers such as blood gas and critical care analysers and meters for glucose, urinalysis and other metabolites) provided near to the patient rather than in the traditional environment of a clinical laboratory. POCT Machine examples; Glucometer, ABG Analyser, iStat Lab at ICU/ER, portable USG etc.
Policies	They are the guidelines for decision-making, for example admission, discharge policies, antimicrobial policy, etc.
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.
Preventive action	Action to eliminate the cause of a potential non-conformity.
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 pre-determined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item.

Term	Definition
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.
Privileged communication	Confidential information furnished (to facilitate diagnosis and treatment) by the patient to a professional authorised by law to provide care and treatment.
Procedural sedation	Procedural sedation is a technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures while maintaining cardiorespiratory function. Procedural sedation and analgesia (PSA) is intended to result in a depressed level of consciousness that allows the patient to maintain oxygenation and airway control independently
Procedure	<ol style="list-style-type: none"> 1. A specified way to carry out an activity or a process. 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.
Proficiency testing	The testing of unknown samples sent to a laboratory by a proficiency-testing program for the purpose of determining performance related to specific tests and measurements and to monitor continuing performance.
Programme	The programme identifies needs, lists strategies to meet those needs, includes staff involved, and sets goals and objectives. The format of the programme may include policies and procedures, plans, protocols, practice guidelines, clinical pathways, or a combination of these.
Protocol	A detailed plan, or set of steps, to be followed in a study, an investigation, or an intervention, as in the management of a specific clinical condition. Systematically developed statements to assist practitioners and patients with decisions about appropriate healthcare for specific clinical circumstances.

Term	Definition
Quality	<ol style="list-style-type: none"> 1. Degree to which a set of inherent characteristics fulfil requirements. Characteristics imply a distinguishing feature. Requirements are a need or expectation that is stated, generally implied or obligatory. 2. Degree of adherence to pre-established criteria or standards.
Quality assurance	Part of quality management focussed on providing confidence that quality requirements will be fulfilled.
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.
Quality Policy	Overall intentions and directions of an organisation related to quality as formally expressed by top management. Generally, it is consistent with the overall policy of the organisation and provides a framework for setting quality objectives.
Radiation Safety	<p>Radiation safety refers to safety issues and protection from radiation hazards arising from the handling of radioactive materials or chemicals and exposure to ionizing and 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.</p> <p>In a Healthcare setting, this commonly refers to X-ray machines, CT/PET CT Scans, Electron microscopes, Particle accelerators, Cyclotron etc. Radioactive substances and radioactive waste are also potential Hazards.</p> <p>Imaging Safety includes safety measures to be taken while performing an MRI, Radiological interventions, Sedation, Anaesthesia, Transfer of patients, Monitoring patients during imaging procedure etc.</p>
Radiopharmaceuticals	Radiopharmaceuticals are radioisotopes bound to biological molecules able to target specific organs, tissues or cells within the human body. These radioactive drugs are used for the diagnosis and, increasingly, for the therapy of diseases.
Re-assessment	It implies a continuous and ongoing assessment of the patient, which is recorded in the medical records as progress notes.

Term	Definition
Reconciliation of medications	Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital.
Referral	Referral is a recommendation by a primary care physician for a patient to see a specialist or receive specific medical services beyond the primary care provider's scope of practice.
Rehabilitation services	Rehabilitation services refer to medical treatments, therapies, and interventions aimed at restoring physical, cognitive, or functional abilities lost due to injury, illness, or disability.
Resources	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for the efficient and effective functioning of an organisation.
Restraints	Any practice, device or action used to ensure safety by restricting and controlling a person's movement. Many facilities are “restraint-free” or use alternative methods to help modify behaviour. Restraint may be physical or chemical (by use of sedatives).
Risk abatement	Risk abatement means minimising the risk or minimising the impact of that risk.
Risk assessment	Risk assessment is the determination of the quantitative or qualitative value of risk related to a concrete situation and a recognised threat (also called hazard). This is followed by prioritizing areas for improvement based on the actual or potential impact on care, treatment, or services provided. Risk assessment is a step in a risk management procedure.
Risk management	Clinical and administrative activities to identify, evaluate and reduce corrected from risk of injury.
Risk management framework	A set of components that provide the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management throughout the organisation. The framework should be embedded within the organisation's overall strategic and operational policies and practices.

Term	Definition
Risk mitigation	Risk mitigation is a strategy to prepare for and lessen the effects of threats and disasters. Risk mitigation takes steps to reduce the negative effects of threats and disasters.
Risk reduction	<p>The conceptual framework of elements considered with the possibilities to minimise vulnerabilities and disaster risks throughout 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>
Risk register	<p>A risk register is a document that is used as a risk management tool to identify potential risks in the organisation.</p> <p>This process aims to collectively identify, analyse, and solve risks before they become problems.</p> <p>A risk register document, otherwise known as a risk register log, tracks potential risks specifically in the organisation. It also includes information about the priority of the risk and the likelihood of it happening.</p>
Root Cause Analysis (RCA)	An analytic tool that can be used to perform a comprehensive, system-based review of critical incidents. It includes the identification of the root and contributory factors, determination of risk reduction strategies, and development of action plans along with measurement strategies to evaluate the effectiveness of the plans.
Safety	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
Safety programme	A programme focused on patient, staff and visitor safety.
Scope of services	Range of clinical and supportive activities that are provided by a healthcare organisation.
Screening	A process of identifying patients who are at risk, or already have a disease or injury. Screening requires enough knowledge to make a clinical judgement.
Second victim	A health care practitioner involved in an unanticipated adverse patient event, a medical error, and/or a patient-related injury who becomes victimized in the sense that the practitioner is traumatized by the event.

Term	Definition
Security	Protection from loss, destruction, tampering, and unauthorised access or use.
Sedation	<p>The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation. There are three levels of sedation:</p> <p>Minimal sedation (anxiolysis) - A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are not affected.</p> <p>Moderate sedation/analgesia (conscious sedation) - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are needed to maintain a patent airway.</p> <p>Deep sedation/analgesia - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation. Patients may need help in maintaining a patent airway.</p>
Sentinel events	An unanticipated event or occurrence involving death or serious physical or psychological injury not related to the patient's illness, but related to the medical equipment, supplies, or care being provided.
Service standards	<p>A service standard specifies requirements that should be fulfilled by a service to establish its fitness for purpose.</p> <p>A service standard helps to define what a customer can expect from a service and how it should be delivered by the service provider, for example, in terms of timeliness, accuracy and suitability.</p>
Social responsibility	A balanced approach for an organisation to address economic, social and environmental issues in a way that aims to benefit people, communities and society, for example, adoption of villages for providing health care, holding of medical camps and proper disposal of hospital wastes.
Sound clinical practice	Practitioner decisions based on available knowledge, principles and practices for specific clinical situations.

Term	Definition
Special Educational needs of the patient	<p>In addition to routine carried by the healthcare professionals, patients, and family have special educational needs depending on the situation. For example, a post-surgical patient who has to take care of his wound, nasogastric tube feeding, patient on tracheostomy getting discharged who has to be taken care of by the family etc. The special educational needs are also greatly influenced by the literacy, educational level, language, emotional barriers and physical and cognitive limitations. Hence it is important for the staff to determine the special educational needs and the challenges influencing the effective education.</p>
Staff	<p>All personnel working in the organisation including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel and volunteers.</p>
Stakeholder	<p>Individuals, organisations or groups that have an interest or share in services.</p>
Standard precautions	<ol style="list-style-type: none"> 1. A method of infection prevention and 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. 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. <p>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.</p>
Standards	<p>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.</p>
Sterilisation	<p>It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.</p>

Term	Definition
Strategic plan	<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), for example, Organisation can have a strategic plan to become a market leader in the 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>
Surveillance	<p>The continuous scrutiny of factors that determine 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.</p>
Table-top exercise	<p>A table-top exercise is an activity in which key personnel assigned emergency management roles and responsibilities are gathered to discuss, in a non-threatening environment, various simulated emergency situations.</p>
Telemedicine	<p>The use of technology, such as video conferencing or remote monitoring, to provide medical care to patients from a distance.</p>
Traceability	<p>Traceability is the ability to trace the history, application, use and location of an item or its characteristics through recorded identification data.</p>
Transfusion reaction	<p>A transfusion reaction is a problem that occurs after a patient receives a transfusion of blood.</p>
Transitions of care	<p>The situations when all or part of a patient's care is transferred between healthcare locations, providers, or levels of care within the same location, as the patient's conditions and care needs change.</p>
Transmission-based precautions	<p>The extra work practices used in situations when standard precautions alone may not be enough to prevent transmission of infection. Transmission-based precautions are used in conjunction with standard precautions.</p>

Term	Definition
Triage	<p>Triage is a process of prioritising patients based on the severity of their condition so as to treat as many as possible when resources are insufficient for all to be treated immediately.</p> <p>The sorting of patients according to criteria which ensures that the most seriously ill or injured patient is treated before patients with less serious problems.</p>
Turn-around time	<p>Turn-around time (TAT) means the amount of time taken to complete a process or fulfil a request.</p>
Unstable patient	<p>A patient whose vital parameters need external assistance for their maintenance.</p>
Validated tool	<p>A validated tool refers to a questionnaire/scale that has been developed to be administered among the intended respondents. The validation processes should have been completed using a representative sample, demonstrating adequate reliability (the ability of the instrument to produce consistent results) and validity (the ability of the instrument to produce true results).</p>
Validation	<p>Validation is verification, where the specified requirements are adequate for the intended use.</p>
Values	<p>The fundamental principles, beliefs or statements of philosophy that drive organisational behaviour and decision-making, and that may involve social or ethical issues.</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>
Variation	<p>A difference in healthcare processes or outcomes, compared to peers or to a standard such as an evidence-based guideline recommendation.</p>
Verbal order	<p>Verbal orders are those orders given by a physician with prescriptive authority to a licensed person who is authorised by the organisation.</p>
Verification	<p>Verification is the provision of objective evidence that a given item fulfils specified requirements.</p>

Term	Definition
<p>Vision</p>	<p>An overarching statement of the way an organisation wants to be, an ideal state of being at a future point.</p> <p>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.</p>
<p>Vulnerable patient</p>	<p>Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental, or immunological status — for example, infants, the elderly, the physically or mentally challenged, the semiconscious or unconscious, and those on immunosuppressive and/or chemotherapeutic agents.</p>
<p>Well-being</p>	<p>Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions.</p>
<p>Workplace violence</p>	<p>A violent act (or acts) including physical assaults or threats of assaults directed towards a person at work or while on duty.</p> <p>Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health.</p>
<p>Written guidance</p>	<p>A written document providing help, advice and direction for implementation of a policy and procedure.</p> <p>Written guidance has been used to guide implementation of NABH Standards.</p>

Annexure

Key Performance Indicators

The concept of performance in health services represents an instrument for bringing quality, efficiency, and efficacy together. Performance represents the extent to which set objectives are accomplished. Performance is a multidimensional one, covering various aspects, such as evidence-based practice (EBP), continuity and integration in healthcare services, health promotion, orientation towards the needs and expectation of patients and family members.

Key Performance Indicators (KPIs) help to systematically monitor, evaluate, and continually improve service performance. By themselves, KPIs cannot improve performance. However, they do provide “signposts” that signal progress toward goals and objectives as well as opportunities for sustainable improvements.

Well-designed KPIs should help the organisation to do a number of things, including:

- Establish baseline information i.e., the current state of performance.
- Set performance standards and targets to motivate continual improvement.
- Measure and report improvements over time.
- Compare performance across geographic locations.
- Benchmark performance against regional and international peers or norms.
- Allow stakeholders to independently judge health sector performance.

Healthcare organisations (HCO) are encouraged to capture all data which involves clinical and support services. The data needs to be analysed and risks, rates and trends for all the indicators have to be demonstrated for appropriate action.

The intent of the NABH KPIs is to have comprehensive involvement of scope of services for which a HCO has applied for the accreditation program. Standardised definitions for each indicator along with numerator and denominator have been explained. Each HCO can have the data set measure, analyse the aggregated data and appropriate correction, corrective and preventive action can be formulated. Each HCO can also design their own methodology of data collection but a broad guidance note has been given to facilitate organisation's compliance.

Suggested minimum sample size to be taken for various audits and KPIs as applicable has been specified.

NABH Key Performance Indicators

The Key performance indicators expected to be monitored by healthcare organisation:

Indicator	Definition	Formula	Unit	Frequency of data	Remarks	
Time for initial assessment of indoor patients by the nurse	The time shall begin from the time that the patient has arrived at the bed of the ward until the time that the initial assessment has been completed and documented by the nurse	Sum of time taken for the assessment		Minutes	Monthly	This shall be captured either through the HIS or through an audit. In case of an audit, the sample size shall be as specified in the sample size calculation table. Daycare patients are not included. Sampling: Yes Sampling methodology: Stratified random
		Total number of admissions				
Incidence of medication errors	A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient or consumer. (Ref: NCC-MERP). Total number of medication errors	Total number of medication errors	X100	Percentage	Monthly	The methodology for capture shall be as stated in NABH's document on medication errors. The indicator shall be captured for admitted patients. Sampling: Yes Sampling methodology: Stratified random
		Total number of inpatient days				
Incidence of hospital-associated pressure ulcers after admission (Bedsore per 1000 patient days)	A pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction.	Number of patients who develop new/worsening of pressure ulcer	X1000	Continuous	Monthly	The denominator shall include the total number of in-patient days until midnight of the last day of the Calendar month. To calculate the number of in-patient days only patients admitted in the wards and ICUs shall be included. Day-care patients, including those undergoing dialysis and emergency care, shall not be included. Sampling: No
		Total number of inpatient days				

Indicator	Definition	Formula		Unit	Frequency of data	Remarks
Nurse-patient ratio for ICUs and wards	The nurse–patient ratio is a standard indicator that specifies the number of patients assigned to a nurse during a given shift or period of care.	Number of nursing staff	Ratio	Continuous	each shift separately.	<p>The HCOs shall calculate the staffing patterns separately for ICUs and for the wards. The in-charge/supervisor of the area shall not be included for calculating the number of staff. It is preferable that in the case of ICU, the organisation capture the ratio for ventilated and non- ventilated patients separately. To be calculated for each shift separately. The ideal nurse–patient ratio is not fixed and varies depending on several factors, such as:</p> <p>Patient Acuity: The severity or complexity of the patient's condition.</p> <p>Type of Facility/Unit: Different departments and care settings have varying requirements.</p> <p>Time of Day: Staffing demands may fluctuate between shifts.</p> <p>Staffing Mix: The skill level, expertise, and experience of the nursing team.</p> <p>Sampling: No</p>
		Number of occupied beds				
Compliance to Hand hygiene practice	Percentage compliance of healthcare workers to hand hygiene practices as per the guidelines.	Number of hand hygiene opportunities complied	X100	Percentage	Monthly (can be analyzed quarterly for trends)	<p>Observation involves directly watching and recording the hand hygiene behavior of healthcare workers and the physical environment. Good reference is the WHO hand hygiene compliance monitoring tool. Please refer: http://www.who.int/gpsc/5may/tools/en/ http://www.who.int/entity/gpsc/5may/Observation_Form.doc? ua=1</p> <p>Sampling: Yes</p> <p>Sampling methodology: Stratified random</p>
		Total number of hand hygiene opportunities observed				

Indicator	Definition	Formula		Unit	Frequency of data	Remarks
Incidence of patient falls	<p>The US Department of Veteran Affairs National Centre for Patient Safety defines fall as “Loss of upright position that results in landing on the floor, ground or an object or furniture or a sudden, uncontrolled, unintentional, non- purposeful, downward displacement of the body to the floor/ground or hitting another object like a chair or stair.”</p> <p>It is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level.</p>	Number of patient falls	X1000	/1000 patient days	Monthly	<p>Falls may be:</p> <p>At different levels – i.e., from one level to ground level, e.g. from beds, wheelchairs or down stairs on the same level as a result of slipping, tripping, or stumbling, or from a collision, pushing, or shoving, by or with another person</p> <p>below ground level, i.e. into a hole or other opening in the surface.</p> <p>All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons. Assisted falls (when another person attempts to minimize the impact of the fall by assisting the patient's descent to the floor) should be included. (NDNQI, 2005).</p> <p>Sampling: No</p>
		Total number of inpatient days				
Rate of needlestick injuries	<p>Needlestick injury is a penetrating stab wound from a needle (or other sharp objects) that may result in exposure to blood or other body fluids. Needlestick injuries are wounds caused by needles that accidentally puncture the skin. (Canadian Centre for Occupational Health and Safety)</p>	Number needlestick injuries	X100	/100 occupied beds	Monthly on a cumulative basis	<p>Number of occupied beds is the average of the sum of the daily figures for the number of beds occupied by patients.</p> <p>The rate will be monitored monthly but reported cumulatively i.e. in the form of year to date. For example, in January it would be January data but in February it would be January + February data, in July it would be data from January to July and so on so that by the end of the year the annual rate is obtained.</p> <p>Sampling: No</p>
		Number of inpatient days				

Indicator	Definition	Formula		Unit	Frequency of data	Remarks
Accidental De-lining Rate	Accidental de-lining rate refers to the incidence of unintentional removal, dislodgement, or displacement of vascular lines, catheters, or tubes from patients during the course of care, by patient, staff or other cause, expressed as a proportion of total line days or device insertions.	Number of accidental line/tube removals in a given period	X 1000	Rate	Monthly (can be analyzed quarterly for trends).	Monitoring accidental de-lining is crucial for patient safety, as unintentional removal or dislodgement of vascular lines, catheters, or tubes may result in adverse outcomes such as infection, blood loss, interruption of therapy, and prolonged hospital stay. Such incidents highlight potential gaps in device fixation, handling practices, and patient monitoring Sampling: No
		Total patient days (or device days)				
Thrombophlebitis Rate	Thrombophlebitis is the inflammation of a vein, usually at an IV cannulation site, associated with pain, redness, swelling, and sometimes clot formation.	Number of patients who developed thrombophlebitis	X100	Percentage	Monthly	An increased Thrombophlebitis Rate may be due to prolonged or improper IV cannulation, inadequate aseptic precautions, use of irritant or hypertonic drugs/solutions, poor fixation or site selection of cannula, and lack of regular monitoring and timely replacement of IV lines. Sampling: No
		Total number of patients with IV cannulation				
Extravasation Rate	Extravasation is the inadvertent leakage of IV fluids or medications (especially vesicants/irritants) into surrounding tissues, leading to local injury.	Total number of IV line days (or infusions administered)	×1000	Rate per 1000 IV insertions.	Monthly	Monitoring the extravasation rate is crucial for patient safety, as leakage of IV fluids or medications into surrounding tissue can cause pain, tissue injury, infection, and delayed recovery. Ongoing surveillance enables early detection of incidents, root cause analysis of factors such as IV cannula dislodgement or inadequate monitoring, and timely implementation of corrective measures. A higher rate indicates gaps in IV therapy practices, while a lower rate reflects adherence to safe infusion practices. Sampling: No
		Number of extravasation incidents in a given period				

Indicator	Definition	Formula		Unit	Frequency of data	Remarks
Physical restraint related incidents	Incidents where patients sustain injury, harm, or adverse outcomes due to the use or misuse of physical restraints.	Number of restraint related incidents	× 1000	Rate	Monthly (can be analyzed quarterly for trends)	Physical restraint related incidents refer to any event or occurrence involving the use, misuse, or adverse outcome of physical restraints applied to patients. These include unplanned restraint application, patient injury, psychological harm, prolonged or inappropriate use, or non-compliance with established restraint policies and guidelines. Monitoring such incidents is essential to ensure patient rights, dignity and safety. Sampling: No
		Total patient days				
The compliance with pain assessment	Compliance with pain assessment refers to the extent to which healthcare providers consistently evaluate, document, and respond to patients' pain using standardized pain assessment tools at defined intervals.	Number of patient records with pain assessed and documented as per protocol	X 100	Percentage	Monthly (can be analyzed quarterly for trends)	A high compliance rate in pain assessment indicates adherence to the hospital's pain management policy, ensuring that patient pain is systematically evaluated, accurately documented, and appropriately addressed. Sampling: Yes Sampling methodology: Stratified random
		Total number of patient records reviewed				
Compliance to care bundles	Compliance to care bundles is the consistent adherence to all elements of evidence-based practices for specific clinical conditions or procedures to ensure patient safety and improved outcomes.	Number of patients in whom all care bundle elements were correctly implemented	X100	Percentage	Monthly (can be analyzed quarterly for trends)	Compliance to care bundles refers to the consistent adherence of nursing professional to a structured set of evidence-based practices for specific clinical conditions or procedures, such as central line care, ventilator care, or surgical site infection prevention. It is assessed by verifying whether all bundle elements are performed reliably and uniformly for every eligible patient. Monitoring this indicator promotes standardization of care, reduces healthcare-associated infections, and enhances overall clinical outcomes. Sampling: Yes Sampling methodology: Stratified random
		Total number of eligible patients observed				

Indicator	Definition	Formula		Unit	Frequency of data	Remarks
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		Total patient days				
The compliance with pain assessment	Compliance with pain assessment refers to the extent to which healthcare providers consistently evaluate, document, and respond to patients' pain using standardized pain assessment tools at defined intervals.	Number of patient records with pain assessed and documented as per protocol	X 100	Percentage	Monthly (can be analyzed quarterly for trends)	A high compliance rate in pain assessment indicates adherence to the hospital's pain management policy, ensuring that patient pain is systematically evaluated, accurately documented, and appropriately addressed. Sampling: Yes Sampling methodology: Stratified random
		Total number of patient records reviewed				
Compliance to care bundles	Compliance to care bundles is the consistent adherence to all elements of evidence-based practices for specific clinical conditions or procedures to ensure patient safety and improved outcomes.	Number of patients in whom all care bundle elements were correctly implemented	X100	Percentage	Monthly (can be analyzed quarterly for trends)	Compliance to care bundles refers to the consistent adherence of nursing professional to a structured set of evidence-based practices for specific clinical conditions or procedures, such as central line care, ventilator care, or surgical site infection prevention. It is assessed by verifying whether all bundle elements are performed reliably and uniformly for every eligible patient. Monitoring this indicator promotes standardization of care, reduces healthcare-associated infections, and enhances overall clinical outcomes. Sampling: Yes Sampling methodology: Stratified random
		Total number of eligible patients observed				

Indicator	Definition	Formula	Unit	Frequency of data	Remarks	
Patient Satisfaction with Nursing Care	Patient satisfaction with nursing care refers to the patient's perception and evaluation of the quality of nursing services received during hospitalization or treatment.	Number of patients reporting satisfaction with nursing care	X100	Percentage	Monthly (can be analyzed quarterly for trends)	Patient satisfaction with nursing care reflects the degree to which nursing staff fulfill patient needs and expectations in domains such as communication, responsiveness, empathy, professionalism, comfort, and overall quality of care. Sampling: Yes Sampling methodology: Stratified random
		Total number of patients surveyed				
Nurse's work satisfaction	Nurses' work satisfaction is the measure of how positively nurses perceive their job, work environment, and organisational support, reflecting their level of motivation, engagement, and overall professional fulfillment.	Number of nurses reporting satisfaction in the survey	X100	Percentage	Annually	Monitoring nurses' work satisfaction is essential to ensure staff well-being, reduce stress and burnout, and maintain workforce stability. A satisfied nursing workforce is more motivated, engaged, and committed, which directly contributes to improved patient safety, quality of care, and organisational performance. Regular assessment of work satisfaction helps identify gaps related to workload, teamwork, leadership support, recognition, and professional development. Sampling: Yes Sampling methodology: Stratified random
		Total number of nurses surveyed				
Appropriate nursing handovers during shift change	Handover is the process by which one healthcare provider transfers/ Handover responsibility for a patient's care to another care provider	Total number of handovers done appropriately	X100	Percentage	Monthly (can be analyzed quarterly for trends)	Handover is an important communication tool used by the nursing professionals. A handoff involves communicating essential patient-specific information, including medication-related information, to the next care provider. The transfer of responsibility for a patient and the patient's care that is achieved through effective communication Handover documentation by each shift can be used as a guide to capturing the information. Sampling: Yes Sampling methodology: Stratified random
		Total number of handover opportunities				

Sample size calculation (Monthly)

Solvent formula

$$n = N / (1 + Ne^2)$$

(Where n=Number of samples, N = Total population and e=Error tolerance)

Using 95% confidence interval (margin of error 95%), the values are calculated as follows:

Screening Population#	Sample Size*
50	44
100	79
150	108
200	132
500	217
1000	278
2000	322
5000	357
10000	370
20000	377

Screening population is the 'base' from which the samples would be selected. The 'base' shall be the average of the previous three months. For example, in the case of time for initial assessment of patients, this would be the average number of patients admitted per month in the preceding three months. Assuming that the average is 200, this would constitute the screening population and the organisation would have to sample 132 patients over the entire month.

*It is preferred to take samples on Stratified random basis where indicated to eliminate the bias that can occur due to convenient sampling.

'No sampling' means that all the occurrence in the numerator shall be recorded irrespective of rate of occurrence.

Guidance on Monitoring Medication Errors

Definition

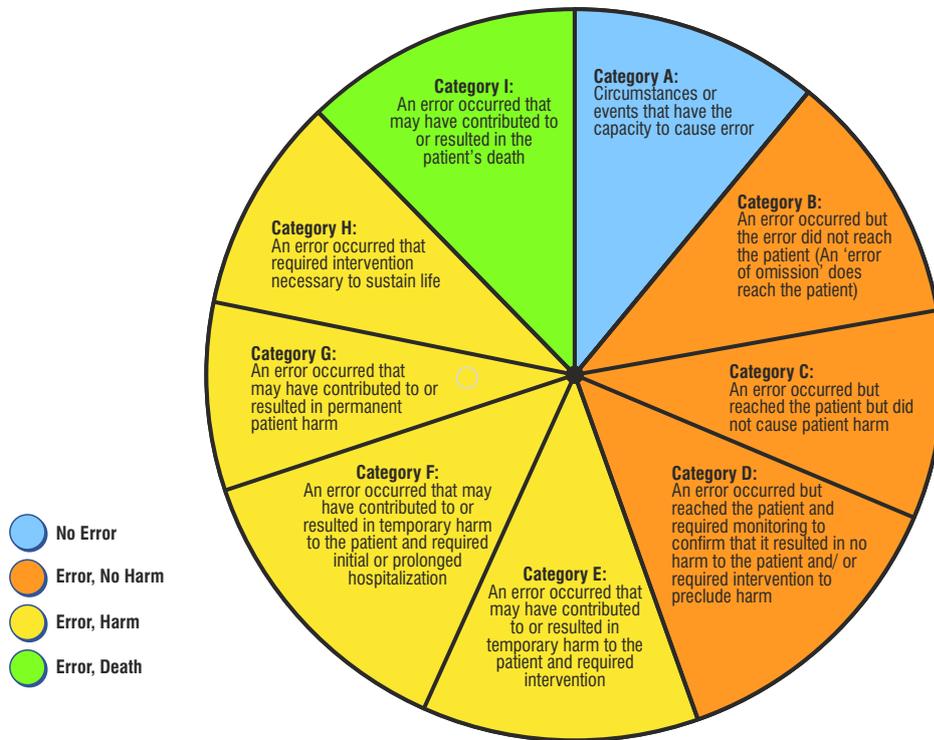
NCC-MERP (National Coordinating Council for Medication Error Reporting and Prevention) defines medication error as

"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 healthcare 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."

Categories of Medication Error

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 patient.)
	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 preclude harm
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
	Category H	An error occurred that required intervention necessary to sustain life
ERROR , DEATH	Category I	An error occurred that may have contributed to or resulted in the patient's death.

NCC MERP Index for Categorizing Medication Errors



Definitions

Harm

Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

Monitoring

To observe or record relevant physiological or psychological signs.

Intervention

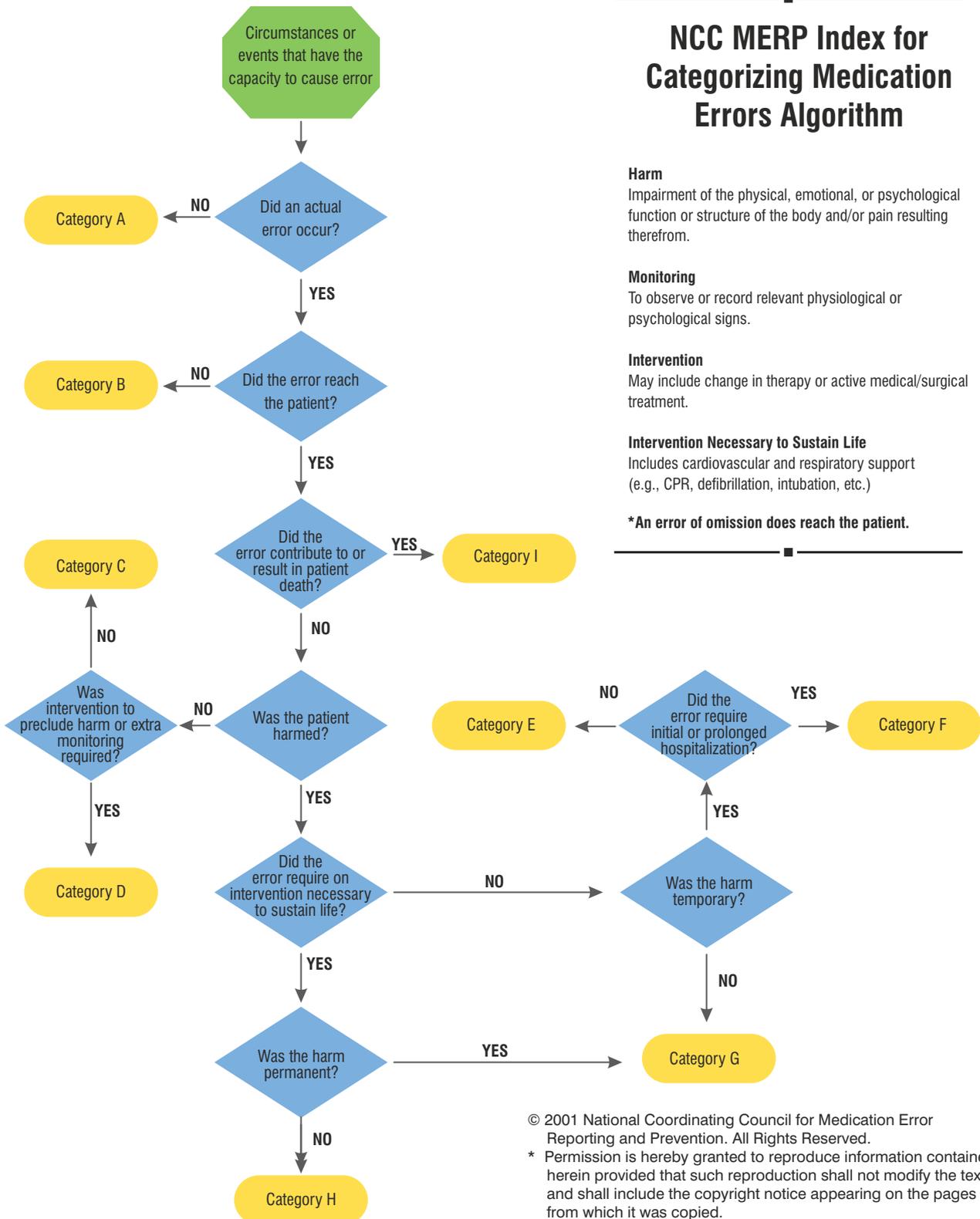
May include change in therapy or active medical/surgical treatment.

Intervention Necessary to Sustain Life

Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) index for categorizing medication errors. © 2001 National Coordinating Council for Medication Error Reporting and Prevention.

NCC MERP Index for Categorizing Medication Errors Algorithm



Harm

Impairment of the physical, emotional, or psychological function or structure of the body and/or pain resulting therefrom.

Monitoring

To observe or record relevant physiological or psychological signs.

Intervention

May include change in therapy or active medical/surgical treatment.

Intervention Necessary to Sustain Life

Includes cardiovascular and respiratory support (e.g., CPR, defibrillation, intubation, etc.)

*An error of omission does reach the patient.

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Algorithm developed by the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) for applying the NCC MERP index for categorizing medication 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 format for capturing medication errors by routine chart review is provided in Annexure.

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 a must to reduce errors.

Formula

Total number of errors identified	X 100
Total number of opportunities	

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. the total number of errors identified.

Sample size

Adhere to the formula stated by NABH in its document on indicators for sample size calculation. The ‘population’ would be calculated from the running average of the previous three months of admissions.

Care needs to be taken to ensure that files from all clinical specialities are included. Stratified sampling will help the organisation achieve this.

Correction

Pending analysis, it is imperative that the organisation does a correction to mitigate the effect(s) of the error. An example of how correction could be done is provided below.

For category A and B	Administer the drug within a reasonable time frame
For Category C and D	Consult the clinician and follow orders accordingly

Analysis

The first step in the analysis is the collation of data. This would help identify.

- Categories of error.
- Personnel involved in error.

The data could be collated as per the table below.

	A	B	C	D	E	F	G	H	I	TOTAL
DOCTORS										
NURSES										
PHARMACISTS										
TOTAL										

The organisation should identify the proper root cause to ensure that effective corrective and/ or preventive action are taken. It is suggested that appropriate tools are used for the same. Some of the possible causes of medications errors are provided in the table below.

People	Environment	Equipment	Process
Casual Attitude	Pharmacy- poor drug storage- poor ventilation, lighting, humidity	Defective syringe pumps	'Ten' rights not observed
Inexperienced/ New staff	Pharmacy space constraint for storage		Wrong stocking
Untrained staff	Pharmacy manpower constraint for dispensing		Wrong labelling
Shift change time/ in a hurry			Inappropriate syringe/ diluent
Emotionally unfit			No cross-checking

People	Environment	Equipment	Process
Physically unfit			Stock-outs
Wrong indent/ receiving			Unauthorized replacement of the drug
Patient identification error			LASA medicine error
Wrong dispensing pharmacy			
Wrong distribution GDA			
Illegible handwriting of doctors			

Some of the common corrective actions include

- Training
- Manpower recruitment
- Pharmacy stock rectification
- Equipment replacement/ rectification

Suggested Reading

1. www.nccmerp.org. National Coordinating Council for Medication Error Reporting and Prevention
2. American Society of Health-System Pharmacists. ASHP guidelines on preventing medication errors in hospitals. *Am J Health-Syst Pharm*. 2018; 75:1493–1517.
3. Nrupal Patel, Mira Desai, Samdih Shah et al. A study of medication errors in a tertiary care hospital. *Perspect Clin Res*. 2016 Oct-Dec; 7(4): 168–173.
4. Khandelwal AK. Getting it Right. *Healthcare Radius* 2014; March: 32-34

Annexure: Medication Chart Review Checklist

Auditor:

Date of Audit:

Location:

UHID:

Date of Admission:

Primary Consultant:

Drug allergies documented: Yes/No

	Error Perpetuation (Write Category of error from A to I)# In case of no error, kindly write 0; if a particular parameter is not applicable, kindly write NA (Multiple errors can be there and documented for each row and column)									
	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	Drug 10
Doctors										
1. Incorrect drug selection										
2. No/wrong dose										
3. No/wrong unit of measurement										
4. No/wrong frequency										
5. No/wrong route										
6. No/wrong concentration										
7. No/wrong rate of administration										
8. Illegible handwriting										
9. Non-approved abbreviations used										
10. Non-usage of capital letters for drug names										
11. Non-usage of generic names										
12. Non-modification of drug dose keeping in mind drug-drug interaction										
13. Non-modification of time of drug administration/ dose/drug keeping in mind food-drug interaction										

	Error Perpetuation (Write Category of error from A to I)# In case of no error, kindly write 0; if a particular parameter is not applicable, kindly write NA (Multiple errors can be there and documented for each row and column)									
	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	Drug 10
Doctor and/or Nurse										
14. Wrong formulation transcribed/indented										
15. Wrong drug transcribed/indented										
16. Wrong strength transcribed/indented										
Pharmacist										
17. Wrong drug dispensed										
18. Wrong dose dispensed										
19. Wrong formulation dispensed										
20. Expired/Near-expiry drugs dispensed										
21. No/wrong labelling										
22. Delay in dispense > defined time										
23. Generic or class substitute done without consultation with the prescribing doctor										
Nurses										
24. Wrong Patient										
25. Dose Omission										
26. Improper Dose										
27. Wrong Drug										
28. Wrong Formulation Administered										

	Error Perpetuation (Write Category of error from A to I)# In case of no error, kindly write 0; if a particular parameter is not applicable, kindly write NA (Multiple errors can be there and documented for each row and column)									
	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9	Drug 10
29. Wrong Route of Administration										
30. Wrong Rate										
31. Wrong Duration										
32. Wrong Time*										
33. No documentation of drug administration										
34. Incomplete/Improper documentation by nursing staff **										
35. Documentation without administration										
Others										

Number of errors (Number of cells having a value between A to I) =

For example, if drug 1 has an error of category C for doctors and an error of category B for Pharmacists and drug 4 has an error of category C for nurses; numerator will be 3.

Number of opportunities {Number of cells having a value of either 0 or a value between A to I (excluding NA)} =

For example, if the case sheet had ten drugs and all the cells had values, then the number would be 350. However, if there were six drugs and there were 24 cells with a value of 'NA' the number of opportunities would be 186{(35 X 6)-24}.

#Select only one of the medication error categories or subcategories, whichever best fits the error that is being reported. In selecting the patient outcome category, select the highest level severity that applies during the course of the event. For example, if a patient suffers a severe anaphylactic reaction (Category H) and requires treatment (Category F) but eventually recovers completely, the event should be coded as Category H.

* Deviation from the organisation's defined timeframe for the administration of drugs for which the time has not been written. The basis for stating 'wrong time' should be evidence-based. The organisation could adopt/adapt the ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications.

**Incomplete documentation includes the missing date, time, signature. Improper documentation includes writing the wrong dose like instead of stating ½ tablet of 500 mg is administered, stating that 1 tablet of 250 mg was administered (based on how the medication order was written) or not stating the actual brand that was administered in cases of brand substitution.

Quality Tools

Quality Tools: QI data should be analysed using statistical/quality tools to assess compliance with the targets and identify areas for improvement.

Root cause analysis (RCA): RCA, a very commonly used tool and is carried out for establishing causality when adverse trends are noted for any parameter or in the case of errors/incidents. RCA is a systematic, extensive and in-depth analysis of a problem with the view to get to the bottom of the problem. RCA is carried out by using either the 5 Why's Tool or the Cause and Effect Diagram.

5 Whys' tool (Taiichi Ohno), helps teams look beyond obvious and initial symptoms by asking “Why?” five times, sequentially in response to the first answer, till one reaches the root cause. As a result the focus (blame) shifts from individuals to the process. There may be multiple root causes of a problem; different people who see different parts of the system may answer the questions differently. The 5 whys has come under criticism for overly simplifying the problem in hand. The cause(s) of a problem and how to address them are likely to be understood more effectively by using multiple 5 Whys in conjunction with a Cause and Effect Diagram.

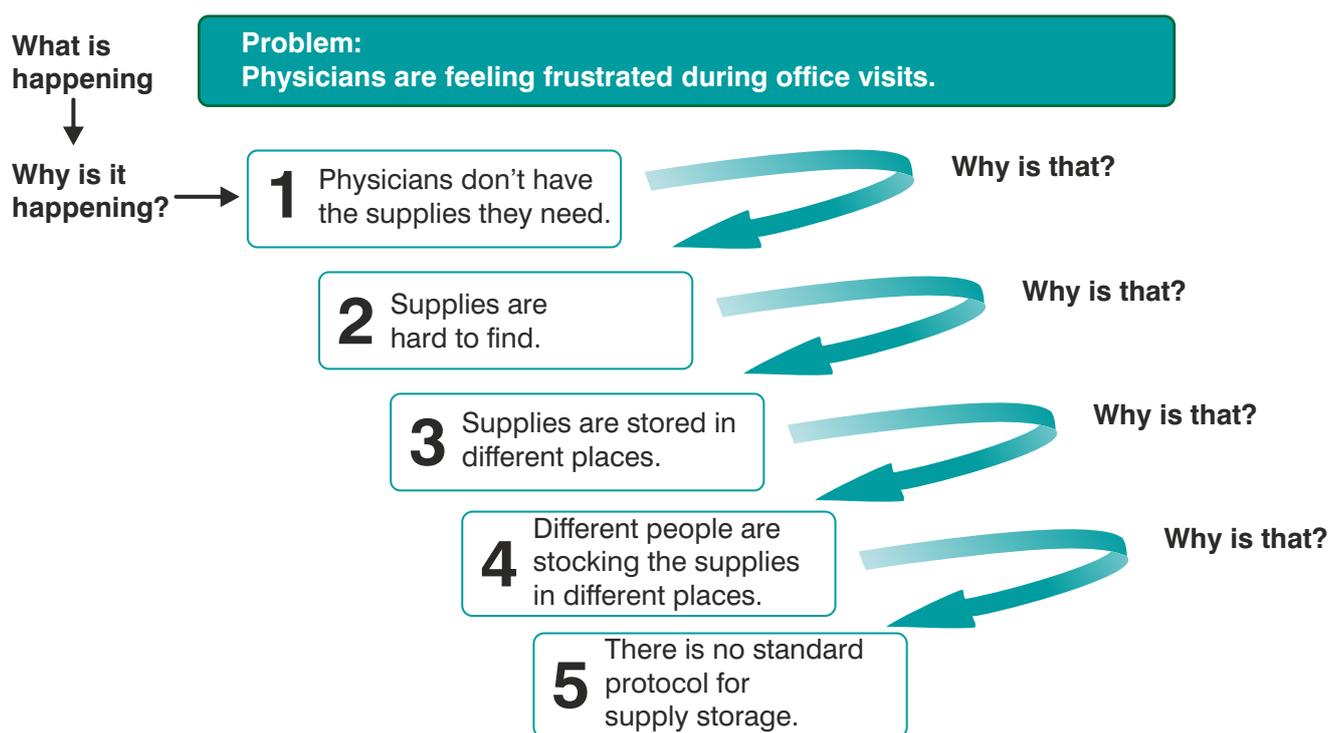


Figure 1: Illustration of 5-Why's Approach for carrying out a root cause analysis. (<https://www.aafp.org/fpm/2007/0500/p30.html> accessed on April 30, 2022)

Cause and Effect Diagram: Also known as Ishikawa or fishbone diagram, graphically displays the relationship of the many causes to the effect, and to each other; helping teams identify areas for improvement. A line runs horizontally from the tail to the head of the fish, where the effect is written. Causes are grouped under the categories of Materials, Methods, Equipment, Environment, and People or as required.

The tool is used extensively to reach the root cause of deviations from any policy, procedure or protocol and outliers for indicator data and for detailed analysis of incidents and adverse events.

For e.g. Fish bone/cause and effects diagrams can be used to identify the causes of underuse of the electronic health records in a hospital setting by the doctors and nurses.

Affinity Diagram: These diagrams serve the same purpose as the Ishikawa charts but the visual presentation differs.

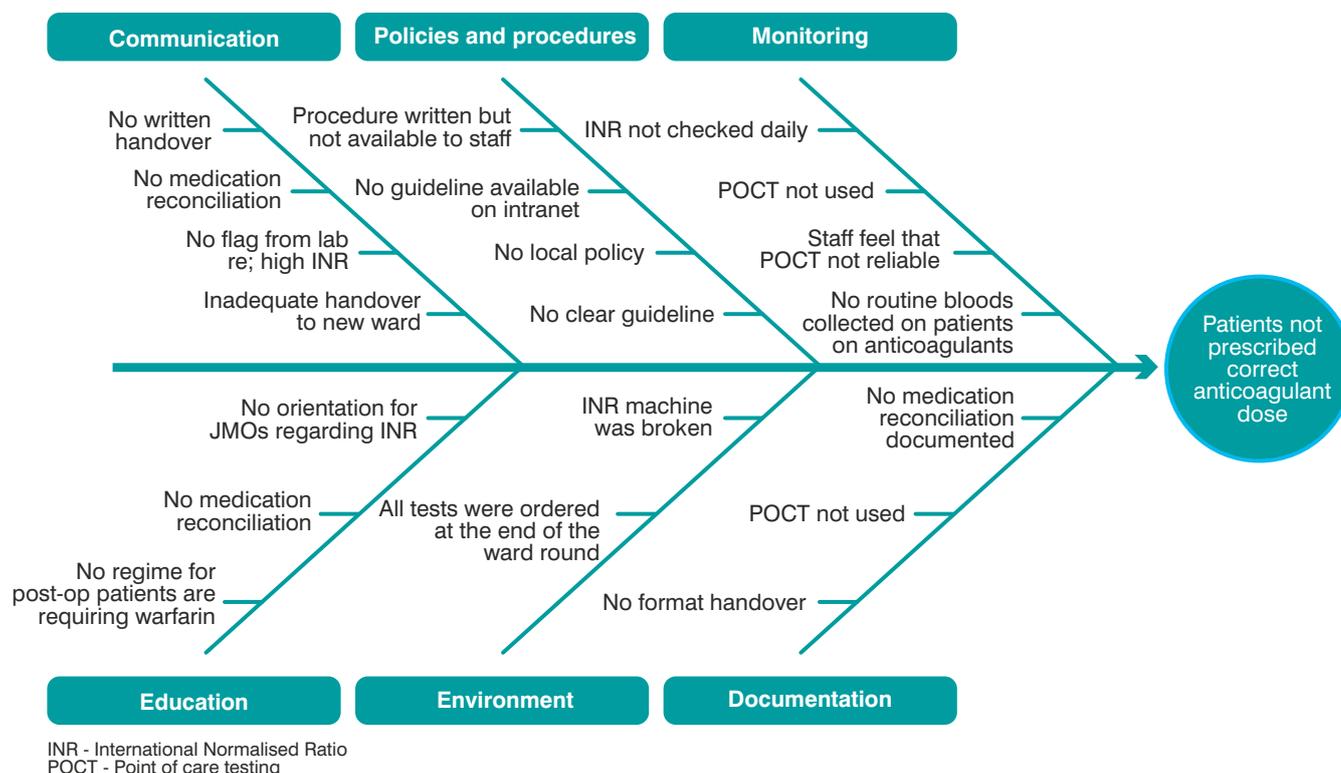


Figure 2 : Example of a Cause & Effect Diagram by Clinical Excellence Commission. Reasons why patients are not on a standardised anticoagulation pathway (<https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/cause-and-effect-diagrams>)

Histogram: A histogram is a bar chart used to display variation in continuous data like time, weight, size, or temperature. It helps to recognize and analyse patterns not apparent by looking at data tables, or by finding the average or median and will effectively highlight the interval that is most frequently occurring.

Histogram of Pharmacy Drug Dispensing Turn Around Times

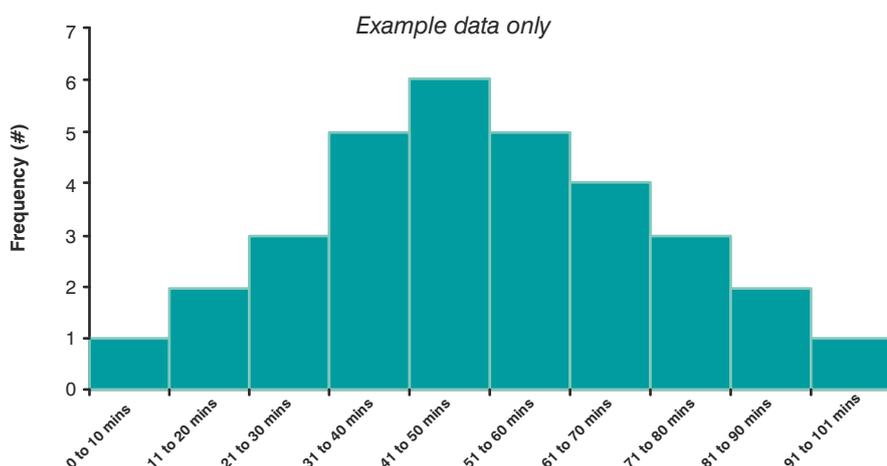


Figure 3: Histogram on Turnaround time for dispensing of the drug (<https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/histogram> accessed on April 30, 2022)

Failure Modes and Effects Analysis(FMEA): FMEA is a tool for conducting a systematic, proactive analysis of a process in which harm may occur and prevent it by correcting the processes proactively, rather than reacting to adverse events after failures have occurred. The FMEA tool prompts teams to review, evaluate, and record the following:

- Steps in the process
- Failure modes (What could go wrong?)
- Failure causes (Why would the failure happen?)
- Failure effects (What would be the consequences(severity and frequency) of each failure?)
- How can the failure be prevented?

The tool forms the core of risk assessment and risk mitigation. FMEA is particularly useful in evaluating a new process prior to implementation and in assessing the impact of a proposed change to an existing process.

Step in the process	Failure Mode	Failure Causes	Failure Effects	Likelihood of Occurrence (1-10)	Likelihood of Detection (1-10)	Severity (1-10)	Risk Profile Number (RPN)	Action to Reduce Occurrence of Failure
1								
2								
3								

Figure 4 : Institute of Healthcare Improvement's format for Failure Mode Effect Analysis (<http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx> accessed on April 30, 2022)

Flowchart (process map): Flow charts helps to understand a process in depth through visual representation of its steps; and should be prepared in early phase of improvement work. It is a roadmap of where things are happening, the order in which things happen, and the relationships between parts of a process. A Flow Chart is recommended as the first step in almost any study. Often a Flow Chart may reveal that a process does not operate the way management or the operators in the process actually think it does. A high level flow is chart is prepared first to give a helicopter's view of the process followed by a detailed flow chart. Flowcharts help identify gaps in the process, its bottlenecks, wasteful/unnecessary processes, delays, duplication,

breakdowns in communication, and also how to improve the process. Improvement work can be focused on these steps. An example of the same is given below-

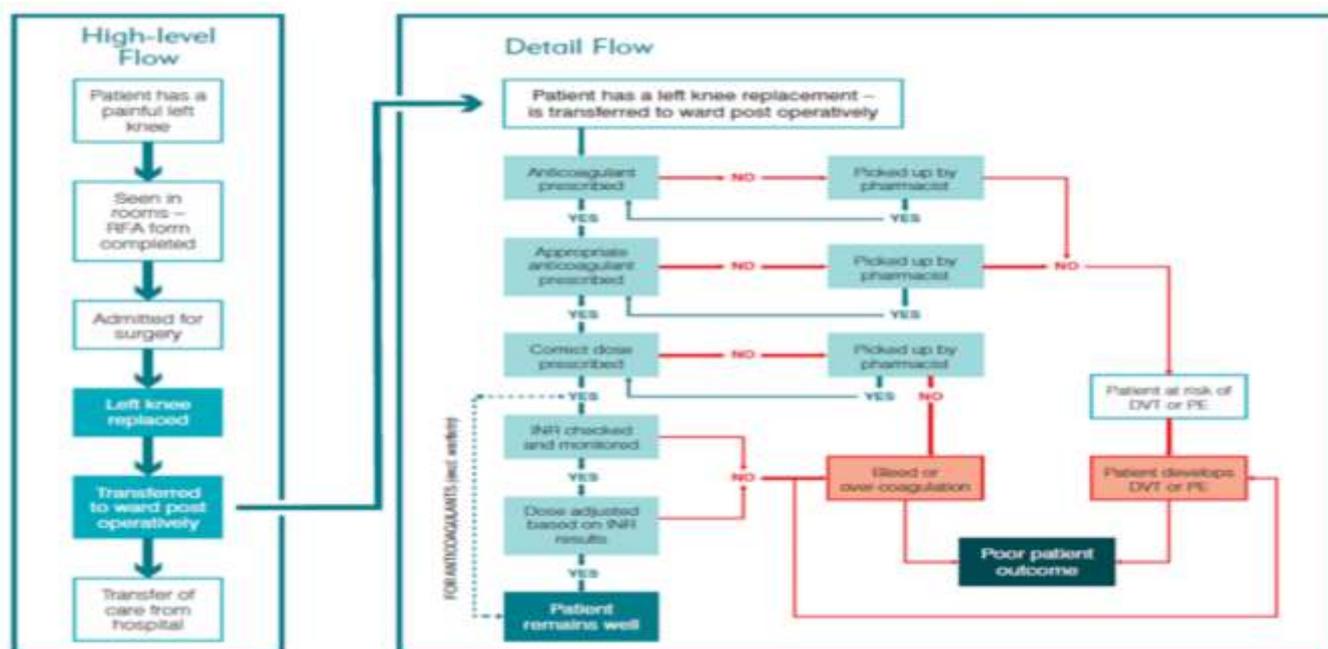


Figure 5: Flow chart of a patient's journey within the hospital(<https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/flow-charts> accessed on April 30, 2022)

Pareto Chart: The “Pareto Principle” is the “80/20 rule” and works on the theory that roughly 80% of the effect comes from 20% (“the vital few”) of the causes. The “vital few” are easily distinguished from the “useful many” by plotting them as a bar diagram. Teams can prioritize and focus improvement efforts on the vital few. The example given below shows a Pareto Chart of types of medication errors. An audit of 430 medication errors was conducted to determine the categories (types) of errors and their frequency. The results were collected initially in a tally sheet (a simple sheet which collects data in real time and indicates the frequency of occurrence of events) then the data was placed in descending order of frequency in a Pareto Chart Template in Excel. The types of errors that fall under the 80% cutoff line indicate the “vital few” types of medication error that should be addressed as a priority as they contribute most to the problem i. e.

- Dose missed
- Wrong time
- Wrong drug
- Overdose

The types of medication errors that fall above the 80% cut off line are known as the 'trivial many' and are generally seen as not a high priority to address when compared to the 'vital few' factors.

A Pareto chart can also be used to study the occurrence of incidents/care management events (medication errors, pressure ulcers, IV complications etc.). Data for a Pareto Chart can also be collected after a brainstorming session by putting together the number of votes cast for the proposed reasons for incidents, adverse trends of indicator data etc.

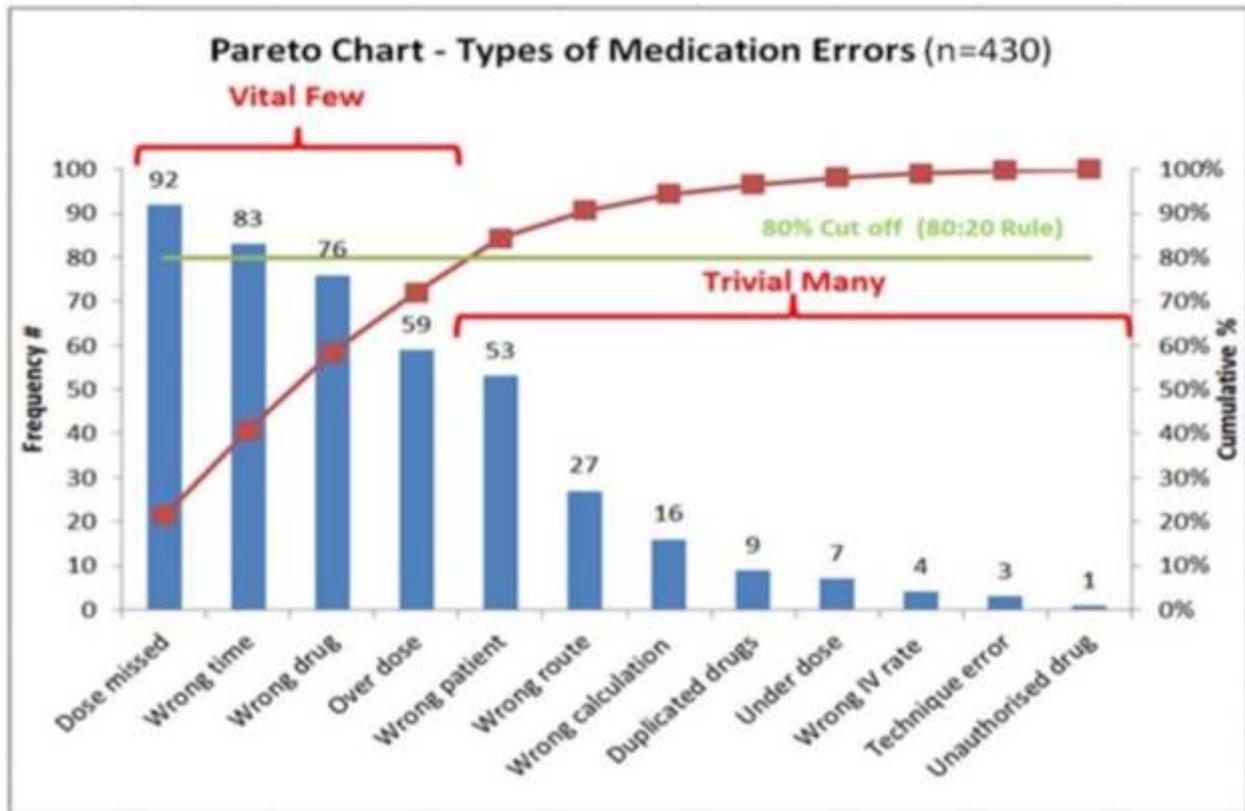


Figure 6: Pareto Analysis of Medication Error in a hospital

Run Chart & Control Chart: A run chart is a graph of data over time and assess variations in performance over a period of time and indicates trends. A control chart, with an upper control limit (UCL) and a lower control limit (LCL), distinguishes between common and special causes of variation within a process.

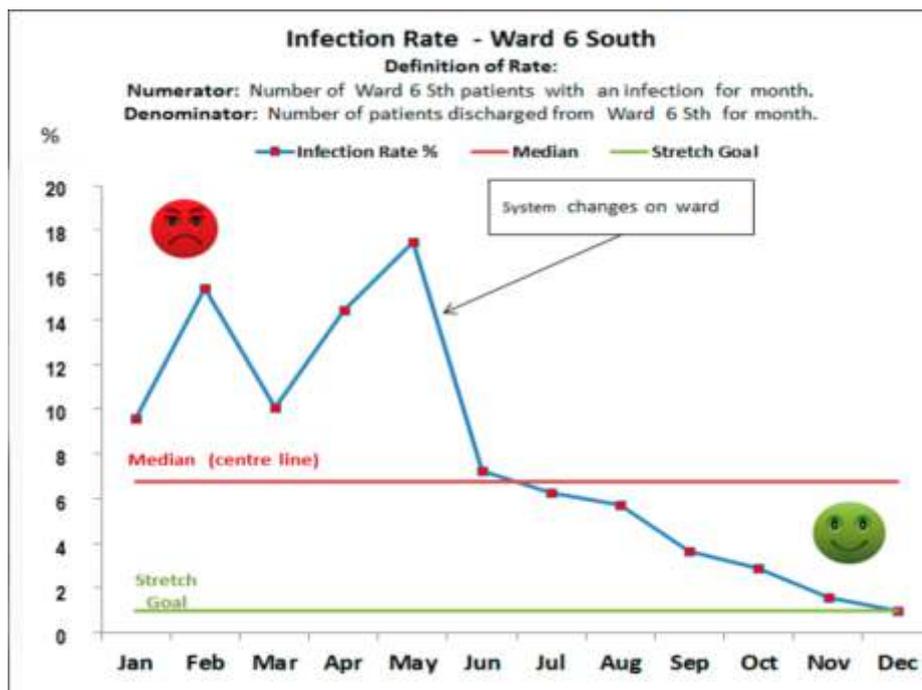


Figure 7: Simple Annotated Run chart with UCL and LCL of an infection rate over time
 (https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/run-charts accessed on April 30, 2022)

Driver Diagram: A driver diagram is a visual display of what “drives,” or contributes to, the achievement of a project aim. A driver diagram organises information on proposed activities so the relationships between the aim of the improvement project and the changes to be tested and implemented are made clear. **The primary drivers** (sometimes called “key drivers”) contribute directly to achieving the aim. The **secondary drivers** are components of the primary drivers, and **specific change ideas** to test for each secondary driver.

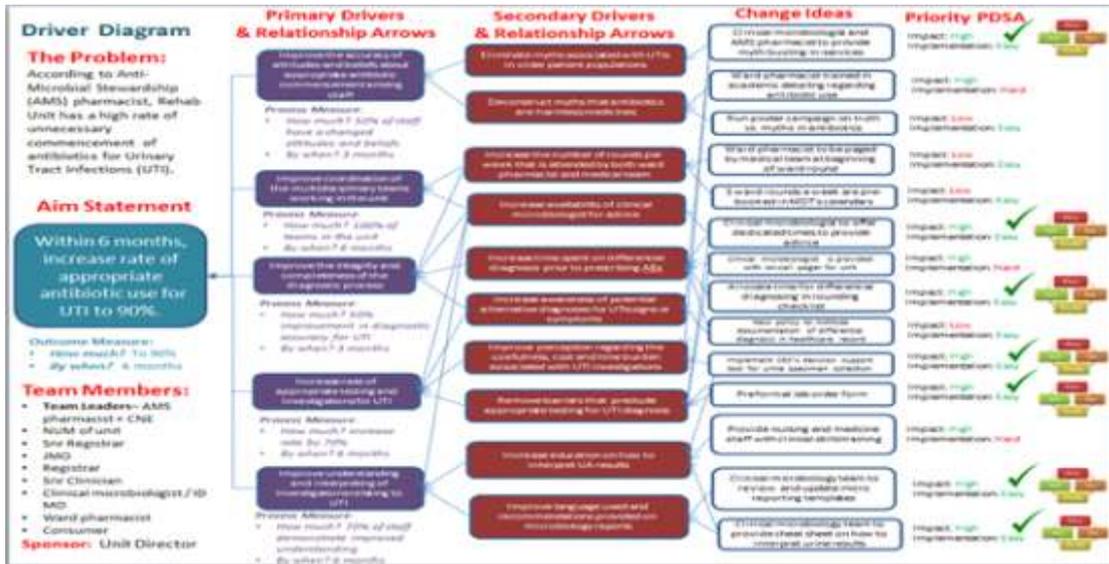


Figure 8: Driver Diagram (<https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/driver-diagrams> accessed on April 30, 2022)

Scatter Diagram/Plot: Scatter diagrams are used to identify cause-and-effect relationships between two variables. A scatter diagram does not prove causation.

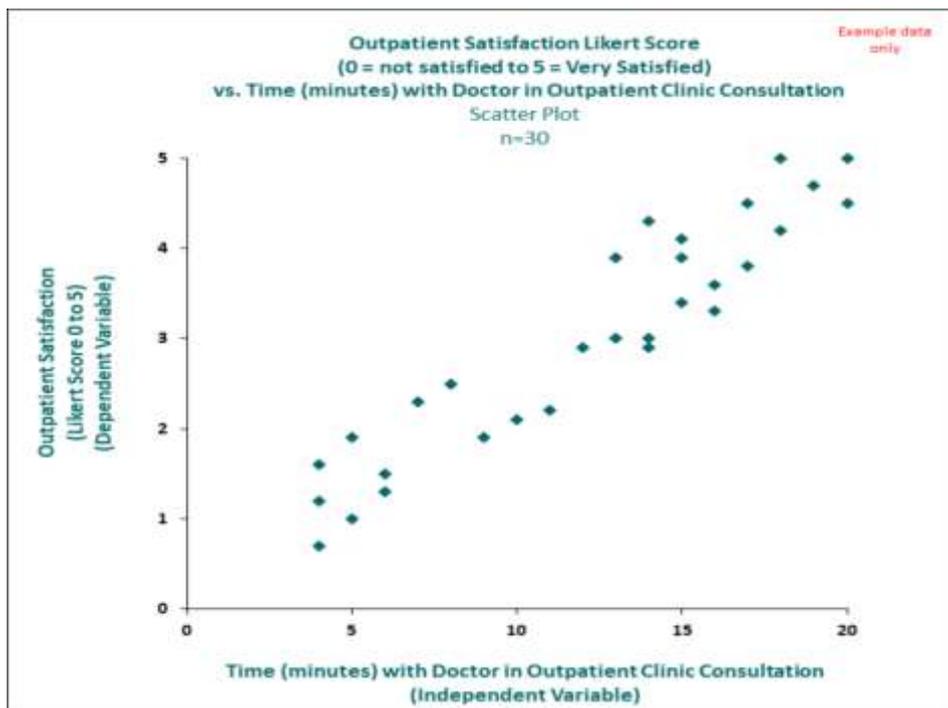


Figure 9: Scatter diagram showing patient satisfaction using likert's score v/s time with doctor consultation (<https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/scatter-plot> accessed on April 30, 2022)

Project Planning Form: This tool helps teams think systematically about their improvement project. It tracks various elements like Plan-Do-Study-Act (PDSA) cycles.

Quality improvement technique/tool	Decisions	Describe problem	Cause analysis	Develop action plan	Monitor progress
Histogram		Yes		Yes	Yes
Pareto Chart	Yes	Yes		Yes	Yes
Driver Diagram	Yes	Yes		Yes	
Flow chart/					
Process Map		Yes		Yes	
Run chart	Yes				Yes
Scatter Diagram/Plot	Yes	Yes			
Fishbone diagram		Yes	Yes		

Continuous Quality Improvement(CQI): CQI is a progressive incremental improvement of processes, safety, and patient care. Introduced by Shewhart and propagated by Deming, CQI is an analytical decision making tool which allows one to see when a process is working predictably and when it is not.

The Model for Improvement(MFI): The MFI asks three fundamental questions before embarking on a quality improvement project, which can be addressed in any order.

- What are we trying to achieve?
- What changes can we make that will result in an improvement?
- How will we know that the change is an improvement?

This is followed by PDSA cycles to test changes in real work settings to determine if the change is an improvement.

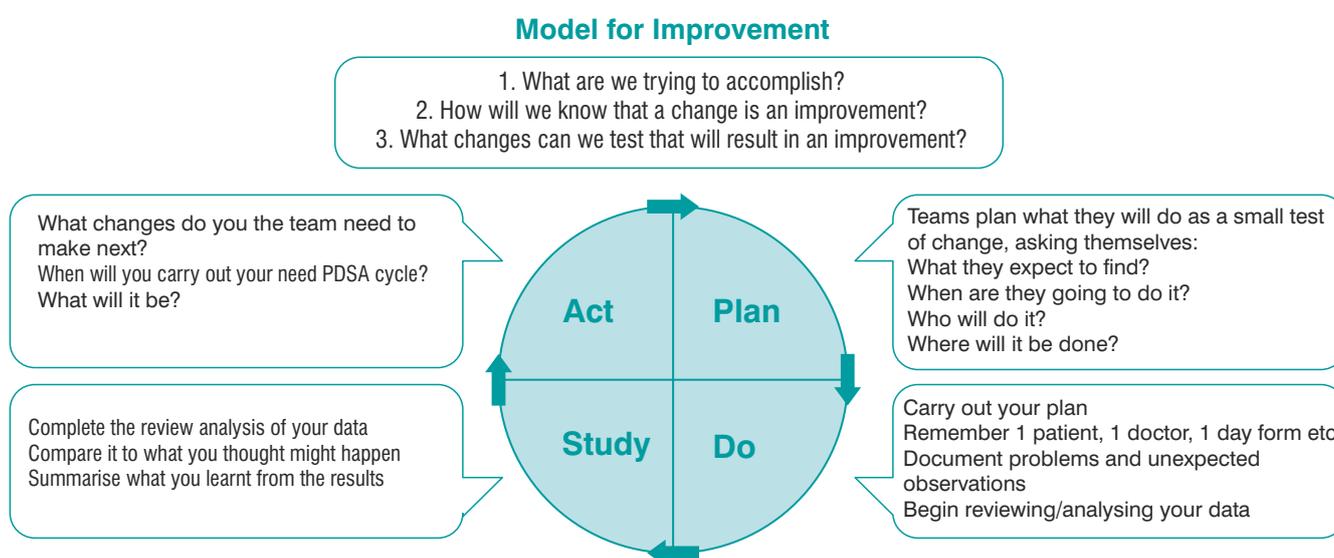


Figure 10: Model for Improvement and PDSA (<https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/model-for-improvement-and-pdsa-cycles> accessed on April 30, 2022)

Models for CQI :The most common CQI methodologies used in healthcare are the API's Model for Improvement (MFI), FOCUS, Plan-Do-Study-Act (PDSA), Six Sigma, and Lean strategies. They typically include testing of ideas and redesign of process or technology based on lessons learned. Steps involved in CQI are Plan-Do-Study-Act (PDSA) cycle. The MFI and FOCUS frameworks have been developed to precede the use of PDSA and PDCA cycles respectively.

PDSA/PDCA Cycle: Involves a sequence of 4 repetitive steps, Plan-Do-Study/Control-Act, eventually leading to exponential improvements 'Plan' phase involves detailing ideas for improvement, 'Do' phase involves implementation and defect prevention. 'Study' phase involves review and analysis of data(Adapt/Adopt/Abandon the change and repeat PDSA). 'Act' phase includes incorporation of lessons learnt into the test cycle. The cycle is repeated again and again as waves of small improvements are considered, tested, evaluated, and incorporated, if effective. This is the most commonly used tool for clinical audits.

FOCUS-PDCA: This model also has two phases. The 'FOCUS' phase focusses attention at the opportunity to improve, and the 'PDCA' phase for pursuit of improvement and assessment of effectiveness of the interventions.

- F = Find what needs to be improved on;
- O = Organize team with good knowledge in the process
- C = Clarify the present knowledge of the process
- U = Understand factors responsible for variations
- S = Select interventions that evidently might improve process

Six-sigma: Six-sigma is a widely used model that is now making steady in-roads into medicine. It seeks to improve performance through identifying causes of process defects/errors and eliminating them. At Six Sigma, error rates should be less than 3.7/million opportunities. Two methods have mainly been employed- DMAIC and DMADV. DMAIC is applicable for existing process improvement; DMADV is used for new design process optimization.

Lean and Lean-Sigma : Originated by Toyota Inc., Japan, this model is essentially geared towards improving process / product / service flow and eliminates waste by identifying and removing non-value added steps Embracing Lean in healthcare, eliminates waste throughout the entire operational system; whilst simplifying and improving the processes, resulting in low cost of production and fast through-put times. A few establishments, have combined Lean and Six Sigma concepts to obtain better quality improvement effects. Such a combination is known as Lean-Sigma.



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