

## List of Policies

Chapter / Standard	Objective Element	Requirement
<b>AAC.2. The organization has a well-defined registration, admission and transfer process.</b>	AAC 2 a)	Written guidance governs the process for registering and admitting out-patients, day care, in-patients and emergency patients.*
<b>AAC.2. The organization has a well-defined registration, admission and transfer process.</b>	AAC 2 c)	There is written guidance for an appropriate mechanism for transfer (in and out) or referral of patients.*
<b>AAC.5. Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.</b>	AAC 5 b)	Written guidance governs requisition of tests, collection of specimens, identification, handling, safe transportation, processing and disposal of specimens.*
<b>AAC.5. Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.</b>	AAC 5 c)	Laboratory reports are available in a standardized manner within a defined time frame, with written guidance ensuring immediate intimation of critical results to concerned personnel.*
<b>AAC.5. Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.</b>	AAC 5 e)	There is written guidance for an established laboratory quality assurance programme.*
<b>AAC.5. Laboratory services are provided as per the scope of the hospital's services and laboratory safety requirements.</b>	AAC 5 f)	Laboratory tests not available in the organization are outsourced based on written guidance aligned with the quality assurance system of the referral laboratory.*
<b>AAC.6. Imaging services are provided as per the scope of the hospital's services and established radiation safety programme.</b>	AAC 6 c)	Imaging reports are available in a standardized manner within a defined time frame, with written guidance ensuring immediate intimation of critical results to concerned personnel.*

<b>COP.2. Emergency services, including ambulance, are provided in accordance with written guidance, applicable laws and regulations.</b>	COP 2 b)	Written guidance governs the management of medico-legal cases and provision of emergency care in accordance with statutory requirements.*
<b>COP.2. Emergency services, including ambulance, are provided in accordance with written guidance, applicable laws and regulations.</b>	COP 2 d)	Initiation of appropriate care is guided by written guidance through a system of triage.*
<b>COP.3. The organization provides care in intensive care and high dependency units in a systematic manner.</b>	COP 3 b)	Written guidance governs the implementation of a quality assurance programme for intensive care/high dependency units.*
<b>COP.8. Clinical procedures, as well as procedures in the operation theatre, are performed in a safe and consistent manner.</b>	COP 8 d)	Written guidance ensures prevention of adverse events such as wrong site, wrong patient and wrong procedure/surgery, and mandates documentation of the same.*
<b>COP.9. The organization identifies and manages patients who are at higher risk of morbidity and mortality.</b>	COP 9 a)	Written guidance governs identification and management of vulnerable patients.*
<b>COP.9. The organization identifies and manages patients who are at higher risk of morbidity and mortality.</b>	COP 9 b)	Written guidance governs identification and management of patients at risk of developing or worsening pressure ulcers and deep vein thrombosis.*
<b>COP.10. Pain management, rehabilitation services and nutritional therapy are provided in a safe, collaborative and consistent manner.</b>	COP 10 a)	Written guidance ensures effective management of patients in pain.*
<b>COP.10. Pain management, rehabilitation services and nutritional therapy are provided in a safe, collaborative and consistent manner.</b>	COP 10 b)	Written guidance ensures that the scope of rehabilitation services is commensurate with the services provided by the organization.*
<b>COP.10. Pain management, rehabilitation services and nutritional therapy are provided in a safe, collaborative and consistent manner.</b>	COP 10 c)	Written guidance governs screening of admitted patients for nutritional risk.*
<b>COP.10. Pain management, rehabilitation services and nutritional therapy are provided in a</b>	COP 10 d)	Written guidance ensures nutritional assessment by a dietician for all patients identified at risk during screening.*

<b>safe, collaborative and consistent manner.</b>		
<b>MOM.4. There is written guidance for the safe dispensing of medications.</b>	MOM 4 b)	Written guidance ensures that dispensed medications are appropriately labelled.*
<b>MOM.5. Medications are administered safely.</b>	MOM 5 d)	Written guidance ensures implementation of measures to avoid catheter and tubing misconnections during medication administration.*
<b>MOM.5. Medications are administered safely.</b>	MOM 5 f)	Written guidance ensures monitoring of patients after medication administration.*
<b>MOM.6. Narcotic drugs and psychotropic substances, chemotherapeutic agents and radio-pharmaceuticals are used in a safe manner.</b>	MOM 6 a)	Written guidance governs safe use of narcotic drugs, psychotropic substances, chemotherapeutic agents and radioactive agents.*
<b>PRE.2. The patient and/or family are educated to make informed decisions and are involved in the care planning and delivery process.</b>	PRE 2 e)	Written guidance ensures effective communication with patients and/or family.*
<b>PRE.2. The patient and/or family are educated to make informed decisions and are involved in the care planning and delivery process.</b>	PRE 2 f)	Written guidance governs capturing of patient feedback and redressal of complaints.*
<b>IPC.1. The hospital has an established infection prevention and control programme with adequate resources.</b>	IPC 1	Written guidance ensures adherence to safe injection and infusion practices.*
<b>ROM.4. Governance ensures sustainability by addressing environmental, social and economic factors.</b>	ROM 4 b)	Written guidance governs initiatives towards an energy-efficient and environmentally friendly hospital.*
<b>FMS.4. The organization has plans for fire and non-fire emergencies within the facilities.</b>	FMS 4 a)	Written guidance governs identification, early detection, abatement and containment of fire and non-fire emergencies.*
<b>IMS.1. Information needs of stakeholders are met.</b>	IMS 1 a)	Written guidance governs identification, capture and dissemination of information needs of patients, visitors, staff, management, external agencies and community.*
<b>IMS.3. The organization maintains</b>	IMS 3 d)	Written guidance is available for retention

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**confidentiality, integrity and security of records, data and information.**

and destruction of patient clinical records, data and information.\*

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**Note:** “Written guidance” refers to formally approved and documented instructions, including manuals, policies, procedures, and SOPs, as applicable.

## Disclaimer

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