

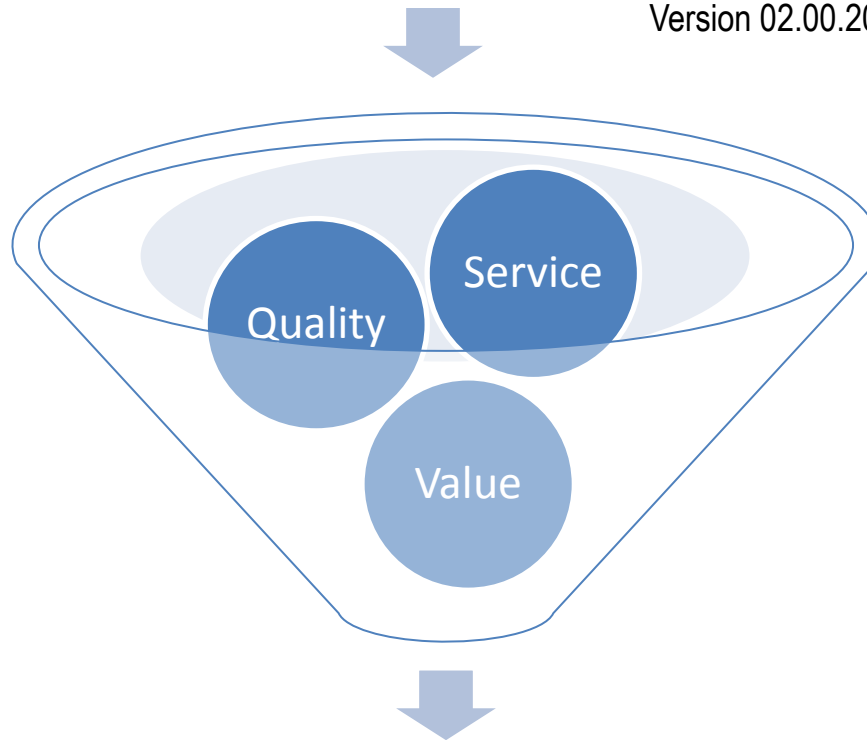
Date started:

Current date:

Time elapsed:

*Audit Tool*

Version 02.00.2016



*Self-sustenance*

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Help

Date started:

Current date:

Time elapsed:

## *Audit Tool*

- **Purpose**
- This tool is an add-on that can help an organization perform gap analysis for Quality Assurance and thus manage and mitigate associated risks.
- This tool will be offered independently or as a solution accelerator with Gestalt's Hospital Information Systems.
- This version of the tool currently focuses on conformity assessments based on the NABH Accreditation process.

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Date started:

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## *Audit Tool*

- **NABH (Areas of healthcare services)**
- As per the latest edition of NABH, the areas that are assessed by this tool are as follows:
- 
- 1. Access, Assessment and Continuity of Care
- 2. Care of Patients
- 3. Management of Medication
- 4. Patient Rights and Education
- 5. Hospital Infection Control
- 6. Continuous Quality Improvement for Standardization
- 7. Responsibility of Management
- 8. Facility Management and Safety
- 9. Human Resource Management
- 10. Information Management System

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Date started:

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## *Audit Tool*

- **Objective of assessment?**
- The objective of this tool's assessment is to obtain evidence on compliance with respect to NABH standards, applicable laws and regulations and guidelines.
- Depending upon the version of the tool, the results of an assessment may or may not be integrated with Gestalt's Hospital Information Systems.
- Since any NABH accreditation requires compliance with NABH Standards, the tool guides an assessment team by systematically highlighting conformances that need to be considered against these standards.
- Notwithstanding the strength of the NABH system, the success of the accreditation scheme depends on the assessment team who perform on-site assessment and, thus, play a vital role in determining the credibility and value of the accreditation.
- Thus, the members of the assessment team would be required to exercise their scientific judgmental skill and form their opinion regarding extent of conformance with respect to accreditation criteria.

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Date started:

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## *Audit Tool*

- **The Principal Assessor, during such holistic assessment shall**
  - i. Assess the implementation and effectiveness of the Quality System as documented in the Quality Manual. All non-conformities should be reported.
  - ii. Assess the implementation and effectiveness of the Hospital Information System as per documented scope of software. All non-conformities should be reported.
  - iii. Depending upon the scope of accreditation, collect, compile and consolidate reports from all the assessors assigned to the various fields, departments and services, testing areas. All non-conformities should be reported **(This tool helps do this)**.
  - iv. The assessors should assess to verify that the documented SOPs, HIS interfaces, test methods and records are indeed implemented & effective as described in the Quality System and record observations. This report should be made available to the Principal Assessor.

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Help

Date started:

Current date:

Time elapsed:

- Assessment Schedule for the Quality System**

<b>Name of organization:</b>	
<b>Assessment done by:</b>	
<b>Date(s) of assessment:</b>	
<b>Nature of assessment</b>	<input type="checkbox"/> For Gap Assessment <input type="checkbox"/> Surveillance <input type="checkbox"/> Re-Assessment <input type="checkbox"/> Verification

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Cancel

Help

Date started:

Current date:

Time elapsed:

- Observations Template for the Quality System**

<b>Name of organization:</b>	
<b>Date(s):</b>	
<b>Area/Department:</b>	
<b>Activities assessed:</b>	
<b>Scope of NABH assessed:</b>	<input type="checkbox"/> NABH Edition 3 <input type="checkbox"/> NABH Edition 4

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Date started:

Current date:

Time elapsed:

- Observations Template for the Quality System**

SI No.	Observations	Remarks

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Help



Date started:

Current date:

Time elapsed:

- **Non-conformity Template for the Quality System**

<b>Name of organization:</b>	
<b>Date(s):</b>	
<b>Nature of assessment</b>	<input type="checkbox"/> Gap Assessment <input type="checkbox"/> Surveillance <input type="checkbox"/> Re-Assessment <input type="checkbox"/> Verification
<b>Non-conformity (NC) raised:</b>	
<b>Classification of NC:</b>	<b>MAJOR / MINOR</b>

Date started:

Current date:

Time elapsed:

- **Non-conformity Template for the Quality System**

<b>Reference to NABH Std. (for HCO) Clause No.</b>	
<b>Correction Action taken/proposed by HCO</b>	
<b>Remarks by Assessor if any</b>	

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Date started:

Current date:

Time elapsed:

- **Non-conformity Template for the Quality System**

<b>Any specific recommendations</b>			
<b>Any other details</b>			
<b>Name of authorized person from organization</b> <div><div></div><div></div></div> <div>(Drop down list)</div> <b>Date:</b> <div></div>		<b>Name of Principal Assessor</b> <div><div></div><div></div></div> <div>(Drop down list)</div> <b>Date:</b> <div></div>	

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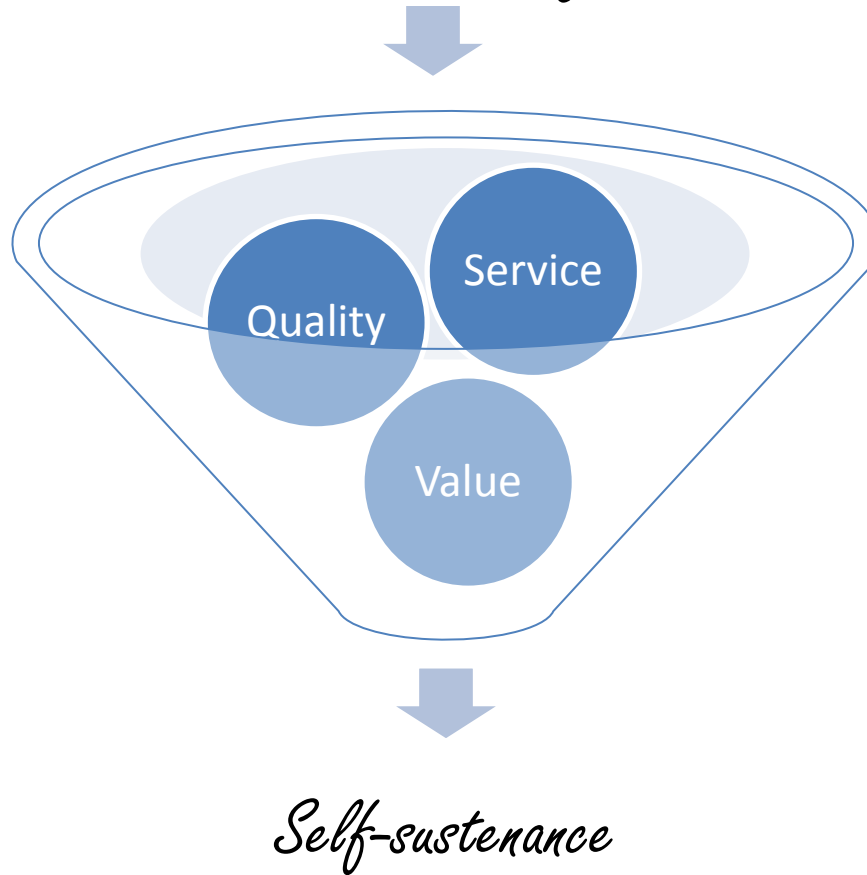
Date started:

Current date:

Time elapsed:

# *Assessment of Quality Assurance*

NABH Edition 3



Date started:

Current date:

Time elapsed:

- **Weightage for assessment ( H – High importance, M – Medium importance, L – Low importance)**
- 1. Access, Assessment and Continuity of Care ☐ Weightage ☐ Not a main focus
- 2. Care of Patients ☐ Weightage ☐ Not a main focus
- 3. Management of Medication ☐ Weightage ☐ Not a main focus
- 4. Patient Rights and Education ☐ Weightage ☐ Not a main focus
- 5. Hospital Infection Control ☒ H Weightage ☐ Not a main focus
- 6. Continuous Quality Improvement for Standardization ☐ Weightage ☐ Not a main focus
- 7. Responsibility of Management ☐ Weightage ☐ Not a main focus
- 8. Facility Management and Safety ☐ Weightage ☐ Not a main focus
- 9. Human Resource Management ☐ Weightage ☐ Not a main focus
- 10. Information Management System ☐ Weightage ☐ Not a main focus

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Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Access, Assessment and Continuity of Care (AAC)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non-conformities	No. of minor non-conformities
AAC. 1.	The organization defines and displays the healthcare services that it can provide.		
AAC. 2.	The organization has a well-defined registration and admission process.		
AAC. 3.	There is an appropriate mechanism for transfer (in and out) or referral of patients.		
AAC. 4.	Patients cared for by the organization undergo an established initial assessment.		
AAC. 5.	Patients cared for by the organization undergo a regular reassessment.		
AAC. 6.	Laboratory services are provided as per the scope of services of the organization.		

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Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Access, Assessment and Continuity of Care (AAC)**

<b>Name of organization</b>		<b>Date(s):</b> 	
<b>NABH Std Clause No</b>	<b>NABH Standard Requirements</b>	<b>No. of major non- conformities</b>	<b>No. of minor non- conformities</b>
AAC. 7.	There is an established laboratory quality assurance programme.		
AAC. 8.	There is an established laboratory-safety programme.		
AAC. 9.	Imaging services are provided as per the scope of services of the organization.		
AAC. 10.	There is an established quality assurance programme for imaging services.		
AAC. 11.	There is an established safety programme in Imaging services.		
AAC. 12.	Patient care is continuous and multidisciplinary in nature.		

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Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Access, Assessment and Continuity of Care (AAC)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
AAC. 13.	The organization has a documented discharge process.		
AAC. 14.	The organization defines the content of the discharge summary.		

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Save

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Attach Report...

Help



Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Care Of Patients (COP)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
COP. 1.	Uniform care to patients is provided in all settings of the organization and is guided by the applicable laws, regulations and guidelines.		
COP. 2.	Emergency services are guided by documented policies, procedures and applicable laws and regulations.		
COP. 3.	The ambulance services are commensurate with the scope of the services provided by the organization.		
COP. 4.	Documented policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation.		
COP. 5.	Documented policies and procedures guide nursing care.		
COP. 6.	Documented procedures guide the performance of various procedures.		

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Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Care Of Patients (COP)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
COP. 7.	Documented policies and procedures define rational use of blood and blood products.		
COP. 8.	Documented policies and procedures guide the care of patients in the Intensive care and high dependency units.		
COP. 9.	Documented policies and procedures guide the care of vulnerable patients (elderly, children, physically and/or mentally challenged comatosed, patients under sedation and anaesthesia).		
COP. 10.	Documented policies and procedures guide obstetric care.		
COP. 11.	Documented policies and procedures guide paediatric services.		

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Cancel

Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Care Of Patients (COP)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
COP. 12.	Documented policies and procedures guide the care of patients undergoing moderate sedation.		
COP. 13.	Documented policies and procedures guide the administration of anaesthesia.		
COP. 14.	Documented policies and procedures guide the care of patients undergoing surgical procedures.		
COP. 15.	Documented policies and procedures guide organ transplant program in the organization.		
COP. 16.	Documented policies and procedures guide the care of patients under restraints (physical and/or chemical).		
COP. 17.	Documented policies and procedures guide appropriate pain management.		

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Save

Cancel

Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Care Of Patients (COP)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
COP. 18.	Documented policies and procedures guide appropriate rehabilitative services.		
COP. 19.	Documented policies and procedures guide all research activities.		
COP. 20.	Documented policies and procedures guide nutritional therapy.		
COP. 21.	Documented policies and procedures guide the end of life care.		

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Cancel

Attach Report...

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Date started:

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Time elapsed:

- Consolidated non-conformities report for Management Of Medication (MOM)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non-conformities	No. of minor non-conformities
MOM. 1.	Documented policies and procedures guide the organization of pharmacy services and usage of medication.		
MOM. 2.	There is a hospital formulary.		
MOM. 3.	Documented policies and procedures guide the storage of medication.		
MOM. 4.	Documented policies and procedures guide the safe and rational prescription of medications.		
MOM. 5.	Documented policies and procedures guide the safe dispensing of medications.		
MOM. 6.	There are documented policies and procedures for medication administration.		

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Cancel

Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Management Of Medication (MOM)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
MOM. 7.	Patients are monitored after medication administration.		
MOM. 8.	Near misses, medication errors and adverse drug events are reported and analyzed.		
MOM. 9.	Documented procedures guide the use of narcotic drugs and psychotropic substances.		
MOM. 10.	Documented policies and procedures guide the usage of chemotherapeutic agents.		
MOM. 11.	Documented policies and procedures govern usage of radioactive drugs.		
MOM. 12.	Documented policies and procedures guide the use of implantable prosthesis and medical devices.		

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Cancel

Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Management Of Medication (MOM)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
MOM. 13.	Documented policies and procedures guide the use of medical supplies and consumables.		

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Cancel

Attach Report...

Help

Date started:

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Time elapsed:

- Consolidated non-conformities report for Patients Rights and Education (PRE)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non-conformities	No. of minor non-conformities
PRE. 1.	The organization protects patient and family rights and informs them about their responsibilities during care.		
PRE. 2.	Patient and family rights support individual beliefs, values and involve the patient and family in decision-making processes.		
PRE. 3.	The patient and/or family members are educated to make informed decisions and are involved in the care planning and delivery process.		
PRE. 4.	A documented procedure for obtaining patient and/or family's consent exists for informed decision making about their care.		
PRE. 5.	Patient and families have a right to information and education about their healthcare needs.		

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Help



Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Patients Rights and Education (PRE)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
PRE. 6.	Patient and families have a right to information on expected costs.		
PRE. 7.	Organization has a feedback capture and complaint redressal procedure.		
PRE. 8.	The organization has a system for effective communication with patients and / or families.		

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Attach Report...

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Date started:

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- Consolidated non-conformities report for Hospital Infection Control (HIC)**

Invokes another wizard that is specific to the NABH Std Clause No

Name of organization		Date(s):		
NABH Std Clause No	NABH Standard Requirements	No. of major non-conformities	No. of minor non-conformities	
HIC. 1.	The organization has a well-designed, comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care. ...			
HIC. 2.	The organization implements the policies and procedures laid down in the Infection Control Manual in all areas of the hospital. ...			
HIC. 3.	The organization performs surveillance activities to capture and monitor infection prevention and control data. ...			
HIC. 4.	The organization takes actions to prevent and control Healthcare Associated Infections (HAI) in patients. ...			
HIC. 5.	The organization provides adequate and appropriate resources for prevention and control of Healthcare Associated Infections (HAI). ...			

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Help

Date started:

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- Consolidated non-conformities report for Hospital Infection Control (HIC)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
HIC. 6.	The organization identifies and takes appropriate action to control outbreaks of infections. 		
HIC. 7.	There are documented policies and procedures for sterilization activities in the organization. 		
HIC. 8.	Biomedical waste (BMW) is handled in an appropriate and safe manner. 		
HIC. 9.	The infection control programme is supported by the management and includes training of staff. 		

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Attach Report...


Help

Date started:

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- Consolidated non-conformities report for Continual Quality Improvement (CQI)**

<b>Name of organization</b>		<b>Date(s):</b> 	
<b>NABH Std Clause No</b>	<b>NABH Standard Requirements</b>	<b>No. of major non- conformities</b>	<b>No. of minor non- conformities</b>
CQI. 1.	There is a structured quality improvement and continuous monitoring programme in the organization.		
CQI. 2.	There is a structured patient-safety programme in the organization.		
CQI. 3.	The organization identifies key indicators to monitor the clinical structures, processes and outcomes, which are used as tools for continual improvement.		
CQI. 4.	The organization identifies key indicators to monitor the managerial structures, processes and outcomes, which are used as tools for continual improvement.		
CQI. 5.	There is a mechanism for validation and analysis of quality indicators to facilitate quality improvement.		

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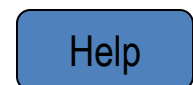
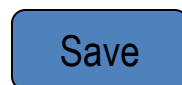
Date started:

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- Consolidated non-conformities report for Continual Quality Improvement (CQI)**

<b>Name of organization</b>		<b>Date(s):</b> 	
<b>NABH Std Clause No</b>	<b>NABH Standard Requirements</b>	<b>No. of major non- conformities</b>	<b>No. of minor non- conformities</b>
CQI. 6.	The quality improvement programme is supported by the management.		
CQI. 7.	There is an established system for clinical audit.		
CQI. 8.	Incidents are collected and analyzed to ensure continual quality improvement.		
CQI. 9.	Sentinel events are intensively analyzed.		




Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Responsibilities of Management (ROM)**

<b>Name of organization</b>		<b>Date(s):</b> 	
<b>NABH Std Clause No</b>	<b>NABH Standard Requirements</b>	<b>No. of major non- conformities</b>	<b>No. of minor non- conformities</b>
ROM. 1.	The responsibilities of those responsible for governance are defined.		
ROM. 2.	The organization is responsible for and complies with the laid-down and applicable legislations and regulations.		
ROM. 3.	The services provided by each department are documented.		
ROM. 4.	The organization is managed by the leaders in an ethical manner.		
ROM. 5.	The organization displays professionalism in management of affairs.		

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Date started:

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- Consolidated non-conformities report for Responsibilities of Management (ROM)**

<b>Name of organization</b>		<b>Date(s):</b> 	
<b>NABH Std Clause No</b>	<b>NABH Standard Requirements</b>	<b>No. of major non- conformities</b>	<b>No. of minor non- conformities</b>
ROM. 6.	Management ensures that patient-safety aspects and risk-management issues are an integral part of patient care and hospital management.		

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Facility Management and Safety (FMS)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
FMS. 1.	The organization has a system in place to provide a safe and secure environment.		
FMS. 2.	The organization's environment and facilities operate in a planned manner to ensure safety of patients, their families, staff and visitors and promotes environment friendly measures.		
FMS. 3.	The organization has a programme for engineering support services and utility system.		
FMS. 4.	The organization has a programme for bio-medical equipment management		
FMS. 5.	The organization has a programme for medical gases, vacuum and compressed air.		

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Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Facility Management and Safety (FMS)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
FMS. 6.	The organization has plans for fire and non-fire emergencies within the facilities.		
FMS. 7.	The organization plans for handling community emergencies, epidemics and other disasters.		
FMS. 8.	The organization has a plan for management of hazardous materials.		

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Date started:

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Time elapsed:

- Consolidated non-conformities report for Human Resource Management (HRM)**

<b>Name of organization</b>		<b>Date(s):</b> 	
<b>NABH Std Clause No</b>	<b>NABH Standard Requirements</b>	<b>No. of major non- conformities</b>	<b>No. of minor non- conformities</b>
HRM. 1.	The organization has a documented system of human resource planning.		
HRM. 2.	The organization has a documented procedure for recruiting staff and orienting them to the organization's environment.		
HRM. 3.	There is an ongoing programme for professional training and development of the staff.		
HRM. 4.	Staff are adequately trained on various safety-related aspects.		
HRM. 5.	An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.		

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Save

Cancel


Help

Date started:

Current date:

Time elapsed:

- Consolidated non-conformities report for Human Resource Management (HRM)**

<b>Name of organization</b>		<b>Date(s):</b> 	
<b>NABH Std Clause No</b>	<b>NABH Standard Requirements</b>	<b>No. of major non- conformities</b>	<b>No. of minor non- conformities</b>
HRM. 6.	The organization has documented disciplinary grievance handling policies and procedures.		
HRM. 7.	The organization addresses the health needs of the employees.		
HRM. 8.	There is a documented personal record for each staff member.		
HRM. 9.	There is a process for credentialing and privileging of medical professionals permitted to provide patient care without supervision.		
HRM. 10.	There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.		

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Date started:

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Time elapsed:

- Consolidated non-conformities report for Information Management System (IMS)**

Name of organization		Date(s):	
NABH Std Clause No	NABH Standard Requirements	No. of major non- conformities	No. of minor non- conformities
IMS. 1.	Documented policies and procedures exist to meet the information needs of the care providers, management of the organization as well as other agencies that require data and information from the organization.		
IMS. 2.	The organization has processes in place for effective control and management of data.		
IMS. 3.	The organization has a complete and accurate medical record for every patient.		
IMS. 4.	The medical record reflects continuity of care.		
IMS. 5.	Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information.		

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Date started:

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- Consolidated non-conformities report for Information Management System (IMS)**

<b>Name of organization</b>		<b>Date(s):</b> 	
<b>NABH Std Clause No</b>	<b>NABH Standard Requirements</b>	<b>No. of major non- conformities</b>	<b>No. of minor non- conformities</b>
IMS. 6.	Documented policies and procedures exist for retention time of records, data and information.		
IMS. 7.	The organization regularly carries out review of medical records.		

Date started:

Current date:

Time elapsed:

- **Quantitative analysis of assessment**

- 1. Access, Assessment and Continuity of Care

No. Assessed

No. Pending

- 2. Care of Patients

No. Assessed

No. Pending

- 3. Management of Medication

No. Assessed

No. Pending

- 4. Patient Rights and Education

No. Assessed

No. Pending

- 5. Hospital Infection Control

No. Assessed

No. Pending

- 6. Continuous Quality Improvement for Standardization

No. Assessed

No. Pending

- 7. Responsibility of Management

No. Assessed

No. Pending

- 8. Facility Management and Safety

No. Assessed

No. Pending

- 9. Human Resource Management

No. Assessed

No. Pending

- 10. Information Management System

No. Assessed

No. Pending

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Date started:

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Time elapsed:

- **Qualitative analysis of assessment**

- 1. Access, Assessment and Continuity of Care

☐ Satisfactory

☐ Foresee risks

- 2. Care of Patients

☐ Satisfactory

☐ Foresee risks

- 3. Management of Medication

☐ Satisfactory

☐ Foresee risks

- 4. Patient Rights and Education

☐ Satisfactory

☐ Foresee risks

- 5. Hospital Infection Control

☐ Satisfactory

☐ Foresee risks

- 6. Continuous Quality Improvement for Standardization

☐ Satisfactory

☐ Foresee risks

- 7. Responsibility of Management

☐ Satisfactory

☐ Foresee risks

- 8. Facility Management and Safety

☐ Satisfactory

☐ Foresee risks

- 9. Human Resource Management

☐ Satisfactory

☐ Foresee risks

- 10. Information Management System

☐ Satisfactory

☐ Foresee risks

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Save

Cancel

Help

- **Time schedule details of assessment**
- 1. Hospital name:
- 2. Hospital Id:
- 3. Date started:
- 4. Current date:
- 
- 5. Time elapsed:
- 6. Number of sessions for current assessment:
- 7. Previous schedule of assessments:

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Finish

Preview ISO 9004 report

Help