

3. Excellence in Hospital Operations (Clinical)

Assessment criteria for Excellence in Hospital Operations (Clinical)

1. Clinical Governance

- a) The organization identifies those responsible for clinical governance and their roles are defined

2. Legal compliances

- a) All the legal compliances in clinical areas are in place and any pending compliances to be highlighted with evidence (date of application for renewal)

3. Clinical effectiveness: any treatment must provide the best outcomes

- a) Clinical care pathways are developed, consistently followed across all settings of care, and reviewed periodically.
- b) Multidisciplinary and multispecialty care, where appropriate, is planned based on best clinical practices/clinical practice guidelines and delivered in a uniform manner across the organization.

4. Emergency Care

- a) Emergency protocols in place for care of patients – Access to emergency, understandable signages leading to emergency department, availability of adequate and appropriate equipment and trained manpower, availability of emergency drugs and consumables, availability of fully equipped ambulance with trained manpower and availability of emergency drugs.
- b) Protocols on management of community emergencies like trauma, cardiac, stroke etc. and disaster is in place and staff are made aware of the same

5. Critical Care (ICU/HDU)

- a) Availability of adequate and trained manpower and equipments as per defined scope is ensured by the organization at all time.
- b) Admission and discharge criterion to ICU/HDU is defined and implemented.
- c) Where appropriate, multi-disciplinary and multi-specialty care is planned and delivered based on best clinical practice guidelines and same is evidenced.

6. Safety, Risk Assessment and Management

- a) Established & documented Patient Safety program in place which is comprehensive and covers all major elements related to patient safety and risks affecting clinical services (equipment risk, medication safety, adherence to surgical safety checklist, needle stick injury, Healthcare associated infection, hazardous spill management, disaster management) and support services including lab safety and safety in imaging services

7. Cardiopulmonary Resuscitation

- a) Cardio-pulmonary resuscitation services as available to patients at all times and staff are periodically trained in CPR protocols.

8. Clinical Documentation

- a) The patients cared for by the organization has complete and accurate medical record which reflects the continuity of care
- b) Initial assessment and re assessment are done and documented in OPD, Emergency and IPD
- c) There is documented plan for all patients after assessment and revised plan after reassessment
- d) Consent is taken by the treating doctor/team member for surgery and procedures where ever necessary
- e) Medications are prescribed safely and rationally
- f) Discharge Summary signed by treating doctor is given to all patients with follow up advise on discharge

9. Clinical Audits

- a) Facility conducts periodic clinical audits including medical and death audit
- b) Methodology of clinical audit – Sample size, explicit criteria used and implementation of change to improve patient care and outcome is in place

10. Monitoring of clinical indicators

- a) Monitoring of clinical outcome of OPD, Day Care, IPD including surgery patients are periodically done based on documented procedure and root cause analysis done and action taken for deviations accordingly