NABH HANDBOOK

VISION

To provide quality services with best medical equipment and clinical expertise

MISSION

To provide our patients with quality care through innovation, technology and compassionate care

CORE VALUES

- **Respect:** We respect the feelings and needs of our patients and give them utmost care and confidential management.

- **Patient centered**: Always guided by unique needs of our patients and clients.

- **Team work:** We seek to create interdisciplinary, synergistic and collegial relationships characterized by honesty, collaboration, inclusiveness and flexibility.

- **Social responsibility**: We recognize our responsibility to our local and world community to provide a centre of excellence.

QUALITY STATEMENT

Inodaya hospitals provide total health care to its patients, with highest level of skill, professionalism and ethical practices leading to their effective care & treatment at affordable cost.

QUALITY OBJECTIVES:

Maintain the quality patient care in accordance with premium standards

1. Effective utilization of infrastructure, including manpower

2. Ensure high level of staff satisfaction and motivation.

3. Meeting and exceeding the expectations of our patients.

4. Maintaining a team competent and professional staff.

5. Maintaining and upgrading of equipments and facility , monitor and measure the performance of each department for continual improvement of the system, maintaining a quality training program for all staff.

SCOPE OF SERVICES PROVIDED

BROAD SPECIALITIES:

1. Anesthesiology & Critical care
2. Emergency Medicine
3. General Medicine
4. General Surgery
5. Obstrectics & Gynecology

6.   Otorhinolaryngology (ENT)

7.   Orthopedics

8.   Pediatrics

9.   Pulmonology

10.   Day Care Services – Dialysis

SUPER SPECIALITIES:

1.   Cardiology

2.   Cardiothoracic

3.   Medical Gastroenterology

4.   Surgical Gastroenterology

5.   Urology

6.   Neurology

7.   Neurosurgery

8.   Nephrology

9.   hepato-Pancreato-Biliary Surgery

10.   Bariatric Surgery

11.   Plastic and Reconstructive surgery

12.   Vasucalr Surgery

DIAGNOSTIC SERVICES BEING PROVIDED BY THE HOSPITAL

1.   Radiology – CT SCAN, X-RAY

2.   Colour Doppler

3.   2D Echo

4.   USG

5.   TMT

6.   Endoscopy

7.   EEG

LABORATORY SERVICES (Out Sourced)

1.   Clinical Bio-Chemistry

2.   Clinical Pathology

3.   Hematology

4.   Clinical Microbiology and serology

5.   Histopathology

6.   Cytopathology

PHARMACY

1.   Outpatient Pharmacy

2.   Pharmacy Stores

FACILITY

1.   Lab sample room

2.   Plaster room

3.   PAC room

4.   Video counseling room

5.   Emergency Department

PROFESSIONS ALLIED TO MEDICINE

1.   Dietetics

2.   Physiotherapy

3.   Ambulance service

SUPPLEMENTARY SERVICES

1.   Central Sterile and Supplies department (CSSD)

2.   General Stores

3.   Medical Gases (Cylinders and piped medical gases)

4.   Medical Records Department

5.   Hospital Administration Department

6.   Hospital Information Management System

7.   Biomedical engineering

8.   Maintenance services

9.   Electronic Data Processing (EDP)

10.   Housekeeping services

11.   Security services

12.   Linen and Laundry (Outsourced)

13.   Biomedical waste Management Disposal (Outsourced)

CLINICAL SERVICES NOT AVAILABLE

1.   Radiation Oncology

2.   High Risk Obstetric care

3.   Chemotherapy

ABOUT NABH :

1.   What is Quality Council of India (QCI)?

A.   Quality Council of India (QCI) is an autonomous body set up jointly by the Government of India and   the Indian Industry to establish and operate national accreditation structure and promote quality through National Quality Campaign. It functions through the executive boards in the specific areas i.e. Accreditation for

a.   Conformity Assessment Bodies
b.   Healthcare Establishments
c.   Education & Vocational Training Providers.

2.   What is NABH?

A.   NABH is an acronym for National Accreditation Board for Hospitals & Healthcare Providers is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organizations. It was established in 2006.

3.   What is Accreditation?

A.   Accreditation is an evaluative, rigorous, transparent, and comprehensive process in which a healthcare organization undergoes an examination of its systems, processes, and performance by an impartial external organization (accrediting body) to ensure that it meets predetermined criteria and is consistent with national standards

4.   What is Accreditation Survey?

 A.   The evaluation process for assessing the compliance of an organization with the applicable standards for determining its accreditation status.

5.   Why do we need NABH?

 A.   It will help us to deliver organizational goals of

✓   Medical Excellence
✓   Ensure "Quality Assurance" system
✓   Risk Management with respect to Patient Care and Treatment
✓   Patient / Organizational needs
✓   Helps in Standardization

6.   What are the benefits of NABH?

A.   1) Benefits to Patients:

- Patients receive high quality of care and safety
- Patients rights are protected and respected
- Patients satisfaction is regularly evaluated
- Patients get services by credential medical staff.

2) Benefits to Employee:

- Staff in an accredited hospital are benefitted with continuous in-service learning
- Safe working environment
- Leadership and Ownership of Clinical Processes
- Employee safety and employee welfare
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3) Benefits to Hospital:

- It enhances quality care
- It raises community confidence in the services provided by the hospital
- It also provides opportunity to healthcare unit to benchmark with the best
- It provides an objective system for empanelment by insurance and other third parties

Focus areas for NABH in the hospital:

- Patient safety
- Care of vulnerable patients
- Patients daily assessment including plan of care and continuity of care
- End of life care
- Pain management
- Patients right and education
- Infection control
- Appropriate documentation
- Facility safety
- Policies / SOPs as per the standards, implementation on ground
- Need based training of the staff
- Quality of various service deliveries to the patients
- Staff's competencies to deliver the health care to the patient

7.   What is the content of "Accreditation Standards for Hospitals - NABH Entry level standards"?

A.   Chapters-**10**
            Standards-**100**
            Objective Elements-**651**

8.   What are the 10 chapters of NABH – Accreditation Standards for Hospitals?

A.   Patient Centered Standards:

Chapter 1	Access, Assessment and Continuity of Care (AAC)
Chapter 2	Care of Patient (COP)
Chapter 3	Management of Medication (MOM)
Chapter 4	Patient Rights and Education (PRE)
Chapter 5	Hospital Infection Control (HIC)

B.   Management Centered Standards:

Chapter 6	Continuous Quality Improvement (CQI)
Chapter 7	Responsibility of Management (ROM)
Chapter 8	Facility Management and Safety (FMS)
Chapter 9	Human Resource Management (HRM)
Chapter 10	Information Management System (IMS)

9.   What is a Standard?

A.   Standard is a document that provides requirements, structures, processes, specifications, guidelines or characteristics that can be used consistently in an organization to enhance the quality of care.

Sl. No	Name of the Chapter	No. of Standards
1	**Access, assessment, and continuty of care (AAC)**	**14**
2	**Care of patient (COP)**	**20**
3	**Management of medication (MOM)**	**11**
4	**Patient right & education (PRE)**	**8**
5	**Hospital infection control (HIC)**	**8**
6	**Patient safety & quality improvement (PSQ)**	7
7	**Responsibility of management (ROM)**	5
8	**Facility management and safety (FMS)**	7
9	**Human resource management (HRM)**	13
10	**Information management system (IMS)**	7
	Total	**100**

Quality indicators are statistical measure that gives an indication of output quality. However, some

quality indicators gives an indication of process quality**.**

10.   What is an objective element?

It is the component of the standard which can be measured objectively on a rating scale.

11.   What are Quality Indicators?

Quality indicators are statistical measure that gives an indication of output quality. However, some quality indicators gives an indication of process quality.

12.   What are the various committees existing in our organization as per NABH norms?

1. Quality Assurance Core Committee (QACC)   - every 3 months
2. Hospital Infection Control Committee (HICC)   - Monthly
3. Hospital Safety Committee (HSC)   - Monthly
4. Pharmaco Therapeutic Committee (PTC)   - every 3 months
5. Grievance Redressal Committee (GRC)   - every 3 months
6. Medical Audit Committee (MRC)   - every 3 months
7. Internal Complaint Committee(ICC)   - every 3 months
8. Code Blue Committee (CBC)   - Monthly
9. Blood Transfusion Committee (BTC)   - every 3 months
10. Condemnation Committee   - every 3 months

13.   What are Patient Rights and Responsibilities?

Rights: -

- Right to respect patient values and beliefs
- Right to respect dignity, privacy, safety and Confidentiality
- Right to seek protection from negligent or abuse.
- right to seek confidentiality regarding patient reports and diagnosis
- Right to refusal of treatment
- Right seek an additional opinion regarding clinical care
- Right to give/take consent
- Right to complaint
- Right to know the expected cost and charges
- Right to access their clinical records
- Right to know treating doctor, care plan, progress of health
- Right to decision making
- Right to information/education about their specific disease process, complications and prevention
- Right to patient and family member educated about food and drug interaction
- Right to patient and family member educated Pain management techniques
- Right to patient and family member education about preventing health care infection
- Right to patient and family member educational needs and identified and addressed

Responsibilities: -

- To provide correct and complete information to your physician
- To participate in decision making process and understand diagnosis
- To be on time for appointments, and inform the hospital staff if you cannot keep your appointment.
- Try to follow any advice given to you
- Try take any medicine which is prescribed and finish the course of treatment.
- To communicate with the health care provider if your condition worsens and doesn't follow the expected out comes
- Observe polies and procedure of the hospital
- Comply with no smoking policy
- Comply with visitor's policies to ensure right to comfort of all patients
- Be considerate of noise levels and privacy and safety weapons or prohibited in the hospital premises.
- Accept financial responsibility for health care services and settle bills promptly.
- You should be aware of your rights and seek clarification if required from hospital administrator/Resident Medical officer.

14. **Who informs patients about rights and responsibilities?**

- In-patient and Out-patient coordinators
- Patient Information Booklet
- Display Boards

15. **State three measures to ensure patients right to confidentiality**

- Refraining from discussing patient related information in a public area
- Single patient entry to Consultation room
- Controlled movement of Patient record

16. **Who identifies the patient needs and how?**

Consultants, Duty doctors and Nurses will identify patient's physical, psychological, social, cultural, and spiritual needs by interacting with them.

17. **Who deals with the patient complaints/feedbacks?**

Initially floor managers and then Chief Operating Officer deals with the patient complaints and feedback.

18. **Name two standard patient identifiers?**

- UMR Number / IP Number
- Patient identification band
- **Blue patient band** –adult patient
- **Pink color patient band- all** pediatrics
- **Yellow color for vulnerable patients**

19. **What protocol is followed for identification of patient in case of an emergency admission?**

If no proof of identity is found and patient is unconscious and no attendants available, the care provider should tag the patient as "Unknown" and two permanent identification marks on body noted. If more unknown patients are there then they should name as Unknown-1, Unknown-2

20. **Name a few high-risk medicines?**

- Insulin
- Narcotics (Fentanyl, Morphine etc.)
- Potassium chloride concentrate
- Heparin (and other anticoagulants)
- Sodium bicarbonate

- Calcium gluconate
- Adenosine
- Clonidine
- Magnisium Sulphate
  Inotropes

21. **What is ADR? How is it reported?**

The World Health Organization defines an adverse drug reaction (ADR) as any noxious, unintentional, and undesired effect of a drug, which occurs at doses used in humans for prophylaxis, diagnosis, or therapy.

22. **What is a medication error? How is it reported?**

A medication error is defined as an error during ordering, transcription, dispensing, and administration. It is reported in a standard format

23. **How can we ensure for prevention of adverse events like wrong site, wrong patient and wrong surgery?**

A. Double check is done at three levels by using the surgical safety check list
- OT staff nurse
- Anesthesiologist
- Surgeon

24. **What is a drug recall?**

A. Action taken to remove a product / medication by pharmacy if it is

- Damaged / contaminated / near expiry as reported by the medical staff
- Banned by Regulatory authorities
- Company recalls
- If extra stock is kept with any clinical department

25.   What are the Types of medication error?

A.   MEDICATION ERROR INDEX FOR CATEGORIZING ERRORS

NO ERROR

Category A   Circumstances or events that have the capacity to cause error

ERROR, NO HARM

Category B   An error occurred but the medication did not reach the patient

Category C   An error occurred that reached the patient but did not cause patient harm

Category D   An error occurred that resulted in the need for increased patient monitoring but no patient harm

ERROR, HARM

Category E   An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm

Category F   An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm

Category G   An error occurred that resulted in permanent patient harm

Category H   An error occurred that resulted in a near-death event (e.g., anaphylaxis, cardiac arrest)

ERROR, DEATH

Category I   An error occurred that resulted in patient death

26.   Whom to report for the adverse drug reaction and medication errors?

- Doctor on duty
- Nursing In charge
- Consultant
- Medical Director
- Director
- Clinical pharmacist
  Entering into pharmacopeia web site

27.   How do we dispose Expired Drugs?

A.   All the expired drugs throughout the hospital are sent back to the pharmacy in a black bag labelled as expired medicine.

28.   What are the Ten- R's of drug administration?

- Right patient
- Right drug
- Right dose
- Right time
- Right route
- Right documentation
- Right compatibility
- Right assessment
- Right evaluation
- Right education

29.   How to add a new drug in the formulary?

A.   The form named "Add to Formulary" is to be filled by the Consultant and sent to the Pharmaco therapeutic committee for approval.

30.   What is the policy for self-medication?

A.   The hospital does not allow any kind of self-medication by the patients.

31.   What are Blanket Orders? Do we accept them?

A   Medication orders such as "continue medications from home" or "continue medications as previously ordered" are not acceptable.
In the event that the physician writes such orders, the nurse must call the respective physician and obtain written orders for each individual medication ordered.

32.   What is the protocol for IV fluids / Opened vials?

A.   Life of open IV Fluid/bottle is 24 hours from the date of opening.

Life of reconstituted vial is for 24 hours from the time of reconstitution. Life of opened vial is 28 days with date and time of opening and dose has to be clearly labeled on it.

33.   What is the policy on use of multidose vial?

One Multidose vial to be used only for one patient. Multi dose vials to be labeled with patient name, date of opening & expiry and can be stored maximum 28 days

34.   What is the validity period of a signed consent?

   a.   **General consent** - During the period of hospitalization.

   b.   **Informed Consent/Surgery consent/Procedure consent** – 24 hrs (A fresh consent has to take if the case is rescheduled or in case the procedure is changed intra-operatively)

   c.   **Blood Transfusion consent** - consent should be taken for every transfusion. However, with the same consent you can give multiple transfusions in the same sitting.

   Eg: Two pints of blood may be transfused serially using the same consent. However, if the same is given over two days or hours apart, then need separate consent is required

35.   What is surrogate consent?

A.   Consent signed by a spouse/family member of the patient in a situation when patient is not in a condition to give his/her own signature or in case the patient is < 18 years of age

36.   What is the protocol for sentinel event or an untoward incident?

On recognition of a sentinel event report to
- ✓ immediate in-charge
- ✓ Participate in filling of incident reporting form and send the form to respective office.
- ✓ The Root Cause Analysis (RCA) is then initiated.
- ✓ Provide evidenced based information during investigation.

37.   What is MSDS? What does it contain?

A. Material Safety Data Sheet.
It contains the list of chemicals which are hazardous, their potential risk and preventive measures.
Such as:
- Sodium Hypochlorite
- Betadine (Povidone Solution)
- Tincture benzoin
- Ethyl Ether
- Formalin Solution
- Hand rubs
- Povidone iodine
- Hydrogen peroxide
- Bacillocid
- Cidex
- 3 M Enzymatic solution

38.   What is PPE?

A.   **PPE -** Personal protective equipment is anything used by a person to minimize risk to the person's health or safety.

Eg: Cap, Goggles, mask, Gloves, gown, lead apron, shoe cover and Gum boots.

39.   How to handle a major (> 30ml) blood spill using Spill kit?

- Cover the spill with tissue paper /gauze piece,
- Pour freshly prepared 1% sodium hypochlorite solution on the spill,
- Leave it for at least 20 minutes for disinfection,
- Wipe the spill and put it in yellow cover,
- Remove the gloves, cut it and throw it in the red cover,
- Tag the covers duly labeled,
- Wash the hands with soap and water.

40.   How to handle chemical spill on a health care worker?

A. In case of spill on a Health Care Worker (HCW) following steps are to be followed:

- Gently remove chemical/solvent with tissue paper.
- Wash the affected area under running water for at least 15 minutes.
- Call for medical attention.

41.   What to do in case of blood spill on a patient file?

Disinfect the affected area with tissue paper/absorbent pad dipped in 1% hypochlorite   solution keep the file in a yellow color bag, sealed, labeled and send it to MRD. The photocopy of the total file is duly attested by the medical director and sent to ward and the original file is discarded.

42.   How to handle Mercury Spill?

- Evacuate the area
- Turn off the fan and inward ventilation
- Put up a caution board
- Wear face mask
- Get and open the spill kit.
- Wear complete PPE
- If there are any glass pieces pick them up using forceps and place them in a paper towel, fold the paper towel and put in a zip lock bag and label it as mercury contained material**.**
- Place the container in a zip lock bag and label as items contaminated with mercury.
- Hard to draw up beads can be picked up by using a sticky tape
- Place the sticky tape in a zip lock bag, label and secure.
- Place your gloves and used material in a leak proof bag.
- Send the mercury container to bio-medical department.
- Ventilate the area

43.   What are the emergency codes?

Code Blue: Cardiac Arrest
Code Red: Fire
Code Pink: Child Abduction
Code Yellow: Missing Patient   **Call Extn - 9**
Code Orange: Disaster/ Mass casualty
Code Brown: Any major Spill
Code Green : Recall

44.   What is Code Blue & CPR?

Code Blue
It is a situation when there is a cardio pulmonary arrest within hospital premises.

Cardio Pulmonary Resuscitation (CPR)
It is a procedure to support and maintain breathing and circulation for a person who has stopped breathing (respiratory arrest) and / or whose heart has stopped (cardiac arrest)

45.   What is DNR? What is the policy?

Do Not Resuscitate. We do not follow DNR as it is against Indian Laws.

46.   What would you do in case of fire?

Remember RACE

- **R-**rescue who are in immediate danger
- **A-**Activate the alarm/evacuate, call at Extension: 10001
- **C-** control the fire
- **E-**Extinguish

47.   How to use a fire Extinguisher?

   Remember PASS

- **P –** Pull the pin to release the lock
- **A –** Aim low at the base of the fire
- **S –** Squeeze the handle to release extinguishing agent
- **S –** Sweep from side to side

48.   How many types of fire extinguishers are there?

   A.   Two types of fire extinguishers exist. They are:

ABC fire Extinguisher used for
- Solid (Wood, Paper, Cloth, etc)
- Flammable and combustible liquids
- Flammable gas
- Electrical equipment
- Cooking oil and fats

CO_2 Extinguisher used for
- Flammable and combustible liquids
- Electrical equipment
- Cooking oil and fats

49.   What is A-class, B-class and C-class fire?

- **A-class fire:** The things which burn and turns into coal and ash. Eg: wood, paper.
- **B-class fire:** Oil. Eg: petrol, diesel, kerosene and all cooking oils.
- **C-class fire:** Gas (Eg: LPG gas, CNG) , Electrical fires

50.   Do's and Don'ts for Electrical fire

   Do's:

- Main power supply should be switched off.
- Co_2 or ABC extinguisher should be used.

   Don'ts
- Do not use water for electrical fire.

51.   Can you use lift in case of fire?

   A.   No.

52.   What is Triage?

   A.   Triage is a process of prioritizing the 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.

53.   When is Triage performed?

   A.   Only in case of a disaster.

54. What is the different color coding used during triage?

- Red   -High priority
- Yellow -Medium priority
- Green   -Minor injuries
- Black   -Deceased

55. In case of an External disaster where would the casualty Triage be set?
A. Casualty Triage shall be immediately established in the Emergency waiting area / cellar and all the designated beds and supplies shall be moved to the area.

56. In case of fire in Emergency area where would the triage be set?
A. In case there is a fire in the Emergency Area, Emergency Triage shall be set up in the outside of the hospital.

57. What is Bio-Medical waste (BMW) & how to dispose?
A. Bio-Medical Waste is the waste generated during the diagnosis, treatment or immunization of human beings or animals, or in research activities pertaining thereto, or in the production or testing of biological matter.
Must be disposed within 48 hours of collection and must be segregated as per category. 2016 guidelines

58. How do we dispose the waste generated in the hospital?
A. Biomedical waste is transported off-site to **EVB Technologies,** which is authorized By Andhra Pradesh Pollution Control Board (APPCB) for safe disposal.

59. What are BMW category & Bin Colors used for disposal?
A. BMW color code is:-

Yellow Bag: Anatomical & Pathological Waste Cotton or Gauze soaked with body fluids (blood, Blood bags, pus, vomitus etc.,) septum. Linen contaminated with body fluids (blood, pus, vomitus etc).

Blue Bag: Multi dose glass vials, unbroken glasses, and metallic body implants.

Red Bag: Mutilated plastic disposable, IV sets, Gloves, Catheters, Urine/stool containers, Urobags, Vacutainers syringes, discarded medicines.

Black Bag: General waste, Paper, card Board, Kitchen waste etc,

White Puncture Proof container:
Scalpels, Lancets, Blades, Broken ampoules, Glass pieces, syringes with fixed Needles.
No need to add sodium hypochlorite solution in the PPC as per 2018 BMW Rules

60. How are sharps disposed ?
A. Sharps are disposed in the sharps container / Puncture proof container.

61. **What is needle stick & what to do in case of Needle Stick Injuries?**

A. A **needle stick injury** is a percutaneous piercing wound typically set by a needle point, but possibly also by other sharp instruments or objects.

Steps to be followed in case if needle stick injury occurs:

- Do not panic.
- Do not put the injured part in mouth as a reflex.
- If possible, put the injured area low to the ground to stop bleeding.
- Wash the area with soap and running water.
- Report to the immediate in charge and infection control nurse.
- Report to the emergency department for post prophylactic treatment.
- Record details of exposure and source.
- Complete and submit incident form to quality department.

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62. **What is difference between cleaning, Disinfection and Sterilization?**

Cleaning:-
Removal of dirt (Organic / inorganic material) from objects and surfaces and is normally accomplished by wiping and or using water with detergent or enzymatic products.
Example: Soap & Water,

Disinfection:-
Process that eliminates many or all pathogenic microorganisms on inanimate objects with the exception of bacterial spores.
E.g. Sodium Hypochlorite/ Baccilocid/ Eco shield.

Sterilization:-
Sterilization is a term referring to any process that eliminates or kills all forms of life, in order to prevent the spread of infection. This is usually done by using heat, radiation, or chemical agents..
Eg: Autoclave/ETO.

63. **What is the definition of restraint? What are the different types of restraint?**

A. Any method of restricting the patient's freedom of movement – physical or normal activity.
    1. Physical Restraint.
    2. Chemical Restraint.

64. **How often patient restrain written order to be revised?**

A. 12 hours

65. **What are the standard International Patient Safety Goals (IPSG) ?**
    Goal 1: Identify Patient Correctly (Before administrating any procedure especially through patient identification band)
    Goal 2: Improve Effective Communication (Care givers)
    Goal 3: Improve the Safety of High Alert Medication
    Goal 4: Ensure correct site, correct procedure and correct patient surgery.
    Goal 5: Reduce the risk of Health Care Associated Infections
    Goal 6: Reduce the risk of Patient harm resulting from falls (Patient is protected against falls by safety belts on wheel chairs, trolleys etc;)

66. What do you mean by facility safety?
- Equipment's are periodically inspected.
- Potable water and electricity are available round the clock.
- Fire safety training and proper availability of fire extinguisher.
- Keeping the corridors clean.
- Strictly enforcing "no smoking policy".

67 . soiled or dirty linen infectious linen segregated from other linen and how?

A. Soiled linen should be treated in ward with hypochlorite 1% solution and put it in yellow cover. Soiled linen transported to the Laundry in covered, linen-carrying trolleys Infectious linen is kept in double yellow color bags duly labeled and sent to laundry.

68. How many times the patient's room are cleaned in a day?

A. The housekeeping personnel are available 24 hours on call.
The patient rooms are cleaned 3 times a day (Morning, Afternoon & Night).

69. What are the various Notifiable diseases?
- Acute Gastroenteritis (Diarrhea)
- HIV / AIDS
- Tuberculosis
- Diphtheria
- Malaria
- Swine Flu
- Dengue
- Chicken pox
- Cholera
- Poliomyelitis
- Rabies
- Jaundice
- Zika Virus
- Whooping Cough
- Leprosy
- Encephalitis
- Gonorrhea
- Measles
- Plague
- Rubella
- Small Pox
- Tetanus
- Typhoid fever, Yellow fever

70. How to report notifiable diseases?

A. Communicable / Notifiable diseases information form has to be filled by the nurse incharge and is sent to the MRD which is further sent to the DMHO office.

71. Name the regulatory control for radiation safety?

A. Atomic Energy Regulatory Board (AERB).

72. What personnel shielding is used in case of radiation exposure?

A. Lead aprons
Thyroid collor
TLD Badges

73. What are the key Aspects of Patient Transportation?
- When patient is transferred wheels of - Stretchers, wheelchairs and beds are to be locked.
- Side rails of the stretchers are to be raised. In case side rails are absent, safety belts are to be fastened.
- Patients must always be accompanied by a nurse/doctor.

74. What is the protocol to move patients in and out of various units within the hospital. ?

- Doctor's written order with date, time, diagnosis and reason for transfer.
- Prior to transfer ensure receiving area is ready to provide appropriate care.
- Escort the patient according to the patient condition.
- Before shifting – update nursing notes, document recent treatment, check IV Fluids, drugs, cannula site, if chest tube and Ryle's tube exist ensure close system is maintained.
- Fill the Intra transfer form.

75. What is the retention period for an MLC file, Inpatient file and a Death file?

A.   Retention period
- Medico-Legal file- Life Long (Files will not be destroyed till the case is finally   disposed off)
- In Patients   For 7 years
- Death file   10 years
- Pediatric -   up to 18 years of the child
- Neonates   up to 18 years of the child

76. What is the hospital policy on smoking?
A. Our Hospital has a "No Smoking & No Alcohol policy"

77. What do we do for pain management in the hospital?

 A. In the Post-OP - Opioids.
   In the wards / ER / Trauma generally - NSAIDS / Tramadol.
   Pain management is taken care by Anesthesiologists, pain score is recorded as per format.

78. When is discharge planned?
    All discharges to be planned one day prior to easy the discharge process & to reduce
  waiting

79. Why is patient and family education important?

  A. To facilitate patient /family in participation of care that is provided in the hospital.

80.   Name the departments/areas where conscious sedation is administered?
  A.   Endoscopy, Bronchoscopy, ICU, Emergency, Under Anesthesiologist's supervision.

81. What are the documents in medical records; those show evidence for continuity of care?

- Patient progress notes.
- CCU & ICU Charts.

82. In which medical document is the initial and functional need of the patient Assessed?
  A. Initial Assessment form and Nursing notes

83. What is command center?

A. The hospital will set up a command center for handling External & Internal Disasters. In the disaster conditions all the instructions will be passed from this command center, under the leadership of Medical Director.

84. What is "End of life Care"?

A. End of life care is support for people who are approaching death.
It helps them to die with dignity.
End of life care includes palliative care.

If they have an incurable illness, palliative care will help them to make them as comfortable as possible by <u>relieving pain</u> and other distressing symptoms, while providing psychological, social and spiritual support for them and their family .
This is called a holistic approach to care, as it deals with the 'whole' person rather than just one

(a) Who provides end of life care?

Many healthcare professionals can be involved in providing end of life care, depending on the patient   needs. Hospital doctors and nurses, counselors might be involved, as well as social services, religious ministers, physiotherapists or complementary therapists.

(b) When does end of life care begin?

End of life care begins depending upon needs of the patient.
This includes patients who are expected to die within the next few hours or days, and those with   advanced incurable conditions.

85. What is Death care?

Physical Preparation of Dead Body:
- Attach an identity card to dead body having name & IP NO
- Eyes should be closed immediately as in sleep.
- If the eyes are for donation, gently tape eyelids using transpore tape
- Body to be straightened with arms placed according to the ritual needs of the patient/ attendants
- Mouth should be closed immediately
- Remove all support equipment's
- Give through sponge bath to the patient
- Change patient cloths
- Keep head & chin in position
- Plug nose and ears with cotton
- Cover the patient with white bed sheet.
- Allow the relatives to be with the body for a while
- Nurse to follow as per discharge policy

Completion of all legal formalities of End of life care

86. What is the life of Autoclave Pack and ETO (Ethylene trioxide) Pack?
- Autoclaving is a process of steam sterilization.
- Life of autoclave pack is **3** days for dressing sets (Cloth wrapper)
- For SMS sheet **1** Months.
- ETO sets have life of **3** months

87.   What is near miss

 A.   Any potentially harmful event that could have had an adverse result but through chance or   intervention the harm was prevented.

88. What happens when a patient falls?
 A.   We call for help and then report this incident to shift in charge / Nursing Supervisor and fill up the   Incident Report form & sent to Quality control department.

89. Who is a vulnerable patient? How to handle them?
 A.   Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status, example:
- Children < 12 years.
- People > 75 years of age.
- Patient on immunosuppressive or chemotherapeutic agents.
- Pregnant women.
- Patients admitted in ICU.
- Physically and mentally challenged.
- Rape/suicide victims.
- Patient who cannot perform activity of daily living. (ADL).

 For vulnerable patient safety precautions needed
- Must be attended by family attendant / nurse.
- Provide individually scheduled toileting and scheduled turning and positioning.
- Clean urine and / or faeces promptly.
- Skin care and hygiene.
- Provide timely nutrition
  Attended for physical interventions i.e. bathing, toilet by appropriate gender.
- Restraints if required.
- Use of side rails in stretchers and beds
- Use of Belts in wheel chairs
- Use of brakes in wheel chairs and stretchers
- Careful shifting and transportation of patients from one bed to another and from one area to another

90. **What is barrier nursing & reverse barrier nursing?**

   Barrier nursing: - Following infection control protocols for prevention of the cross Infections from patient to nurses.

   Reverse barrier nursing: - Following infection control protocols for prevention of the cross infections from the health care providers to the patients and patient to patient

91. **What are measures to ensure patients right to privacy?**

   - Covering the patient during transport.
   - Knocking the door before entering patient room.
   - Refraining from discussing patient related information in public areas.
   - Ensuring curtains are drawn during all procedures.
   - Ensuring door is closed during patient consultation and examination.

92. **What is patient complaint policy?**

   A. A formal, written or verbal grievance is filed by a patient / kin when there is dissatisfaction with hospital services & reported to the Medical Director.

93. **What is Medical Audit?**
   A. A peer review carried out by analysis of medical records with a view to improve the quality of the patient care.

94. **What is an audit?**
   A. It is a process of reviewing of delivery of care to identify deficiencies so that they may be remedied.

95. **What is clinical audit?**
   A. It may be defined as peer review for evaluation of medical care through retrospective (Old Records) and concurrent (Present Records) analysis of medical records.

96. **What are the Rights of an Employee?**
   A. Every employee, during the course of his/her tenure with the organization, shall be privileged:

   - Right to get training as per job specification or job responsibility
   - Right to be treated with respect & dignity
   - To get compensation as per the organization standards
   - Right to get leaves as per policy
   - To receive welfare benefits as per policy
   - Right to have Grievance redressal including sexual harassment
   - To get the performance feedback from HOD
   - To appeal against any disciplinary proceedings
   - To have emergency medical care and other medical benefits as per the eligibility

97. What are the responsibilities of an employee?
- To adhere to professional work practices as per organization rules & regulations

- To provide complete & accurate information to the hospital management during employment process

- To treat coworkers, patients, clients with respect and dignity

- To maintain confidentiality

- To understand and adhere to patient rights & responsibilities and to protect them

- To adhere to service standards

- To be punctual to work

- To comply with instructions given for work place health & safety

- Ensure to maintain clean and hygienic work place

98. What is staff Grievance policy?
The grievance of the employees is first handled by the concerned HOD and if not solved then it is addressed to the HR Department who with the consultation of Director will solve the issue

99. What is meant by credentialing?
A. The process of obtaining, verifying and assessing the qualification of healthcare provider.

100. What is meant by privileging?
A. It is the process for authorizing all medical professional to admit and treat patients and provide other clinical services commensurate with their qualification and skills.

Total Number of Quality Indicators (5th Edition)– 34:

101. Medical Record Department Quality indicators
- Percentage of medical records having incomplete and/or improper consent.
- Percentage of missing record.
- Percentage of medical records not having codification as per international classification of diseases.
- Average length of stay
- Bed Occupancy rate

102. Nursing Quality indicators
- Time for initial assessment for indoor patient.
- Time for initial assessment of emergency patient.
- Percentage of cases (in-patients) wherein the nursing care plan.
- Re-intubation rate.
- Return to ICU within 48 hours.
- Return to Casualty within 72 hours with similar presenting complaints.
- Nurse patient ration for ICU's and wards.
- Incidence of Bed Sore.
- Cardio-Pulmonary Resuscitation.
- Percentage of transfusion reaction.
- Predicted mortality rate.
- Bed occupancy rate
- Turnaround time blood & blood products to receive from blood bank
- Adverse drug reactions
- Critical equipment utilization

103. Laboratory/Radiology/Cath lab
- Number of reporting errors / 1000 investigation.
- Percentage of re-do's.
- Percentage of adherence to safety precautions by employees working in diagnostics.
- Percentage of reports co-relating with clinical diagnosis
- Laboratory waiting time for investigations

104. Management of Medication
- Medication errors.
- Percentage of admission with adverse Drug Reactions.
- Percentage of patients receiving high risk medication developing Adverse drug event.
- Percentage of medication charts with error prone abbreviations

105. Pharmacy
- Percentage of drugs and consumables procured by local purchase.
- Percentage of stock outs including emergency drugs.
- Percentage of variations from the procurement process.
- Percentage of drugs and consumables rejected before preparation of goods receipt note.
- High risk medication analysis
- Adverse drug reactions
- Short expiry or near expiry drugs

106. Anesthesia
- Percentage of modification of anesthesia plan.
- Percentage of unplanned ventilation following anesthesia.
- Percentage of adverse anesthesia events.
- Anesthesia related mortality.

107. Surgical
- Percentage of unplanned to OT.
- Percentage of rescheduling of surgeries.
- Percentage of cases where the organization procedure to prevent adverse events like wrong site, wrong patient and wrong surgery have been adhered to.
- Percentage of cases who received appropriate prophylactic antibiotics within defined specified time frame.
- OT utilization rate
- Electrosurgical safety check list
- Nerve injury within 48 hours
- DVT register
- Fall risk assessment

108. Human Resources
- Employee satisfaction index.
- Employee attrition rate.
- Employee absenteeism.
- Percentage of employees who are aware of employee rights, responsibilities and welfare scheme.

109. Hospital Infection Control.
- Incidence of blood and body fluids exposure.
- Percentage of employees provided pre-exposure prophylaxis.
- Urinary tract infection rate.
- Ventilator associated pneumonia (VAP).
- Central line associated blood stream infection (CLABSI).
- Surgical site infection (SSI).
- Needle stick injury.

110. Information Management System.
- ICU utilization rate.
- OT utilization
- Break down register

111. Patients' Rights and Education.
- Out patient satisfaction index.
- In-patient satisfaction index.
- Time taken for discharge.
- Waiting time for services including diagnostics and outpatient consultation.

112. Bio Medical Engineering.
- Critical equipment down time.

113. Blood bank.
- Percentage of wastage of blood and blood products.
- Percentage of blood component usage.
- Turnaround time for issue of blood and blood components.

114. Quality
- Number of variation observed in mock drills.
- Incidence of falls
- Number of sentinel events reported collected and analyzes
- Percentage of Near Misses

115. What are Sentinel Events – Describe?
A. An unexpected incident, related to system or process deficiencies, which leads to death or major and   enduring loss of function for a recipient of health care services.

SURGICAL EVENTS
- Surgery performed on the wrong body part
- Surgery performed on the wrong patient
- Wrong surgical procedure performed on the wrong patient
- Retained instruments in patient discovered after surgery/procedure
- Patient death during or immediately post-surgical procedure
- Anesthesia related event

DEVICE OR PRODUCTS EVENTS

Patient death or serious disability associated with: -
- The use of contaminated drugs, devices, products supplied by the organization
- The use or function of a device in a manner other than the device's intended use
- The failure or breakdown of a device or medical equipment
- Intravascular air embolism

PATIENT PROTECTION EVENTS
- Discharge of an infant to the wrong person
- Patient death or serious disability associated with elopement from health care facility
- Patient suicide, attempted suicide, or deliberate self-harm resulting in serious disability
- Intentional injury to a patient by a staff member, another patient, visitor, or other.
- Any incident in which a line designated for oxygen or other came to be delivered to a patient and contains the wrong gas or is contaminated by toxic substances.
- Nosocomial infection or disease causing patient death or serious disability.

ENVIRONMENTAL EVENTS

Patient death or serious disability while being cared for in health care facility associated with

- A burn incurred from any source
- A slip, trip, or fall
- An electric shock
- The use of restraints or bedrails

CARE MANAGEMENT EVENTS

Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO- incompatible blood or blood products

Maternal death or serious disability associated with labor or delivery in a low risk pregnancy

Medication error leading to the death or serious disability of patient due to incorrect administration of drugs, for example:

- Omission error
- Dosage error
- Dose preparation error

  Wrong time error
- Wrong rate of administration error
- Wrong administrative technique error
- Wrong patient error

Patient death or serious disability associated with an avoidable delay in treatment or response to abnormal test results

CRIMINAL EVENTS

- Any instance of care ordered by or provided by an individual impersonating a clinical member of staff
- Abduction of a patient
- Sexual assault on a patient within or on the grounds of the health care facility
  - Death or significant injury of a patient or staff member resulting from a physical assault or other crime that occurs within or on the grounds of the health care facility

116. How to report sentinel events?
   1. Incident report form
   2. By phone
   3. Drop box
   4. Anonymity
   5. Junior Resident on duty
   6. Nursing supervisor on duty.

117. What are all the indications for hand wash? What is the time duration for hand hygiene?

Indications

1. Before & after each patient contact.
2. Before & after performing any procedure requiring aseptic precautions.
3. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices
4. After contact with a patient's intact skin (e.g. when taking a pulse or blood pressure, and lifting a patient).
5. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
6. After removing gloves.

Time duration

❖ Hand rub: - 20-30 seconds (WHO Guidelines)
❖ Hand washing: - 40-60 seconds (WHO Guidelines)
❖ Surgical hand scrub: - 3-5 minutes

118. Vaccination Policy?

All the employee who are associated with direct patient care must be vaccinated for Hepatitis B at 0 month, 1month and 6 Month

119. What is Blood Transfusion reaction? What is the protocol to be followed in case of a Blood Transfusion reaction?

A transfusion reaction is a problem that occurs after a patient receives a transfusion of blood.

Symptoms of transfusion reaction:

(a) Chills   (b) Pain / Burning sensation at infusion site   (c) Flushing

(d) Sweating   (e) Anxiety (f) Pain in the lumbar region (g) Chest pain

(h) Abdominal (i) Fever with rigors   (j) Nausea – Vomiting

(k) Breathlessness (l) Hypotension   (m) Tachycardia (n) urticarial hives

(0) erythematous - rash which usually itch (p) wheezing thus cause

discomfort to the patient

In case of Blood Transfusion reaction:

- Stop transfusion
- Inform Consultant / Clinician
- Inform Blood Bank
  Send the following to the Blood Bank
- Collect fresh blood sample in EDTA and plain vacutainer from the opposite side of transfusion.
- Send the Transfusion Feed Back card (green)
- Transfusion reaction form duly filled along with the blood bag that is transfused to the patient & first urine sample after reaction

120. When should you perform hand hygiene?

A. 5-golden moments for hand hygiene

1. Before touching a patient
2. Before clean/aseptic procedures
3. After body fluid exposure/risk
4. After touching a patient,
5. After touching patient surrounding

121. What are all the 7 steps of Hand hygiene?

STEP 1 — Rub palms together.

STEP 2 — Rub the back of both hands.

STEP 3 — Interlace fingers and rub hands together.

STEP 4 — Interlock fingers and rub the back of fingers of both hands

STEP 5 — Rub thumb in a rotating manner followed by the area between index finger and thumb for both hands.

STEP 6 — Rub fingertips on palm for both hands.

STEP 7 — Rub both wrists in a rotating manner. Rinse and dry thoroughly.

122. What is Breaking bad news policy?

Breaking bad news is an important clinical skill that can be frequently utilized in the context of routine practice

The giver of bad news should:

- ❖ Confirm the medical facts of the case

- ❖ Create an environment in which the patient/attender is comfortable, both seated and considering privacy where possible.
- ❖ Allow adequate time and plan not to be interrupted (ie away from phones/bleeps)
- ❖ Ask the patient if they would like anyone with them (entirely the patient's choice

  e.g. next of kin, friend, confidant, clinical nurse specialist)

- ❖ Give the information clearly, in manageable pieces and in response to the patient's question and prior knowledge

- ❖ Observe the patient's reactions, both verbal and nonverbal.
- ❖ Allow the patient/attender to be still and silent and provide emotional support and act empathetically
- ❖ Give the patient time to ask questions and express their worries and concerns

123. What is an Occupational Health Hazard?

The hazards to which an individual is exposed during the course of performance of his/her job. These include physical, chemical, biological, mechanical and psychosocial hazard

124. What is the policy on Near expiry Medicines?

All medicines to be checked periodically to identify near expiry drugs ie., 3 months prior to expiry date. These drugs should be sent back to central store with proper labeling of Near expiry.