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STANDARDS FOR
ACCREDITATION OF
***CLINICS – Practicing Modern
System of Medicine
(ALLOPATHY)***

By NABH



NATIONAL ACCREDITATION BOARD FOR HOSPITALS
AND HEALTHCARE PROVIDERS

DEFINITION OF CLINIC:

A standalone healthcare facility that provides allopathic services by Doctors registered with Medical Council of India or State Medical Council.

The Clinic may be located in the community or in the premises of an organization, such as school, factory, etc.

and includes healthcare facilities:

Sl.no.	Healthcare facility	Definition
1.	Clinic	A standalone healthcare facility for services (other than OPD of a hospital).
2.	Polyclinic	A Clinic which provides services in 2 or more specialties, working in cooperation and sharing the same facilities
3.	Dispensary	A Clinic, which in addition to care, provides facilities for dispensing medicines. .

In addition a “clinic” may have add on services as follows:

Diagnostic services such as:

- **Clinical examination**
- **Procedures**
- **Laboratory- pathology, imaging,etc**

Therapeutic services such as:

- **Intervention**
- **Pharmacy etc**

Support services such as:

- **Physiotherapy**
- **Nutrition**
- **Counselling etc.**

In the Standards, the Dispensary/Polyclinic/ Clinic hereinafter will be referred to as “Clinic”

Exclusions:

1. Day-care Centres:

Day Care will include facilities that have admitting beds for treating patients, other than for overnight stay.

The services may, in addition, include services, diagnostics and treatments such as ambulatory surgical procedures, dialysis, chemotherapy etc.

These Standards are NOT APPLICABLE for non allopathic systems of medicine such as Ayurvedic, AYUSH, homeopathic, wellness centres Alternative medicine streams etc

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Chapters & Standard

CHAPTER 1 : Access, Assessment and Continuity of Care (AAC)	
AAC.1.	The Clinic defines and displays the services that it can provide.
AAC.2.	The Clinic has a well defined patient registration process and appropriate mechanism for referral of patients who do not match the Clinic's resources.
AAC.3.	Patient's initial and continuing healthcare needs are identified through an established assessment process.
AAC 4:	The Clinic has a process to identify those patients who may need additional care that is beyond the scope and mission of the Clinic and advises those patients to seek additional care , treatment or follow-up
AAC 5:	The Clinic has a process to identify the transportation needs of the patients and facilitate the same as applicable.
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COP 2	Policies and procedures guide the care & treatment of patients with special identified needs
COP 3:	Medication use is organized to meet patient needs and complies with applicable laws and regulations
COP 4	The medications available are organized efficiently and effectively and the use is guided by policies and procedures
COP.5.	Medication prescription, dispensing and administration follow standardized processes to ensure patient safety.
COP.6	Medications are monitored for patient compliance, clinical appropriateness and adverse effects and the medication errors are appropriately addressed.
COP.7.	Policies and procedures guide all research activities.
CHAPTER 3 : Patient Rights and Education (PRE)	
PRE.1	The Clinic protects patient and family rights and informs them about their responsibilities during care.
PRE.2	Patient rights support individual beliefs, values and involve the patient and family in decision making processes.
PRE.3	A documented process for obtaining patient and / or families consent exists for informed decision making about their care.
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IC 2:	The Clinic ensures a staff is trained in infection control and occupational safety practices.

IC.3	The Clinic complies with Bio Medical Waste regulations as applicable
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CQI.1	There is a structured quality improvement and continuous monitoring programme.
CQI.2.	The clinic identifies key indicators to monitor the Clinical structures, processes and outcomes which are used as tools for continual improvement
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CHAPTER6:Responsibilities of Management (ROM)	
ROM.1	The responsibilities of the management are defined.
ROM.2.	The Clinic is managed by the leaders in an ethical manner.
ROM 3:	Those responsible for management have addressed all applicable aspects of human resource management.
CHAPTER 7: Facility Management and Safety	
FMS.1	. The Clinic's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
FMS.2	The Clinic has a programme for equipment management, safe water, electricity, medical gases and vacuum system as applicable.
FMS.3	The Clinic has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.
CHAPTER 8: Community Participation and Integration	
CPI.1	The clinic cooperates and collaborates with community partners, agencies and groups to identify the healthcare problems and services needed within the community
CPI.2.	The commitment of the Clinic to Health promotion and disease prevention is evident in its mission statement, value statement, collaborative arrangements with local, regional and national agencies and relevant policies and community participation
CPI. 3	There is a defined mechanism and process for community linkages and outreach activities, if applicable
CPI. 4	There is a process and mechanism in place to ensure proper and timely communication
CPI. 5	The clinic collects, analyze and disseminate public health data
CPI. 6	In conjunction with community planning, clinic defines and measures its achievements in meeting community goals of care

Standards & Objective elements

CHAPTER 1 : Access, Assessment and Continuity of Care (AAC)	
AAC.1.	The Clinic defines and displays the services that it can provide.
a)	The services provided are clearly defined and are in consonance with the needs of the community it intends to serve and its mission, resource and scope of services.
b)	Clinic identifies barriers to access and implements processes to reduce those barriers that have potential to limit access to the Clinic and its services.
c)	The services provided are displayed.
AAC.2.	The Clinic has a well defined patient registration process and appropriate mechanism for referral of patients who do not match the Clinic's resources.
a)	Standardized policies and procedures are used for registering patients.
b)	Patients are registered only if their needs match the clinics mission and resources.
c)	If the patients needs do not match the clinics mission and resources, the clinic will assist the patient in identifying and/or obtaining appropriate sources of care.
AAC.3.	Patient's initial and continuing healthcare needs are identified through an established assessment process.
a)	The clinic defines the scope and content of the initial assessments through policy and procedure.
b)	The Clinic defines the scope and content of initial assessment conducted by different specialities / providers / disciplines based on applicable laws and regulations.
c)	The Clinic defines criteria when additional, specialized, or more in depth special needs assessments are required for some patients.
d)	Initial assessment may use screening criteria or other mechanisms to identify patients who may need additional care.
e)	The Clinic has a policy and procedure which defines the process for how the outside assessments are incorporated into the assessment process.
f)	There is an established process for meeting patient care needs requiring continuing care.
g)	The assessment findings result in a documented plan of care.
h)	The plan of care also includes preventive aspects of the care as applicable.
AAC 4:	The Clinic has a process to identify those patients who may need additional care that is beyond the scope and mission of the Clinic and advises those patients to seek additional care , treatment or follow-up
a)	Defined Policies and procedures are used to identify the additional care needs of the patients and to appropriately refer them to outside healthcare

	providers
b)	Written summaries are provided to the patients and referring provider
c)	The Clinic attempts to facilitate and coordinate sharing of information and plans of care between referral agencies to ensure proper coordination of care between multiple providers, if applicable.
AAC 5:	The Clinic has a process to identify the transportation needs of the patients and facilitate the same as applicable.
a)	Documented policies and procedures address identification of transportation needs and their facilitation
b)	Ambulance or patient transport services, if provided, are organised through defined policies and procedures for efficient and effective services and comply with the legal and regulatory requirements.
AAC.6.	Laboratory services if provided are as per the mission and scope of the Clinic.
a)	Lab services, if provided on site are commensurate with the scope of services and comply with applicable local and national standards, law and regulations.
b)	Lab services if provided on site will have a quality control and laboratory safety programme.
c)	Adequately qualified and trained personnel perform and/or supervise the investigations.
d)	Policies and procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.
e)	Laboratory results are available within a defined time frame.
f)	Critical results are intimated immediately to the concerned personnel.
g)	Laboratory tests not available in the Clinic are outsourced or referred to outside sources to meet patient needs.
AAC.7.	Imaging services if provided are as per the mission and scope of the Clinic.
a)	Imaging services if provided are as per applicable local and national standards, law and regulations
b)	Imaging services if provided on site will have a quality control and Radiation safety programme
c)	Adequately qualified and trained personnel perform and/or supervise the imaging.
d)	Written policies and procedures guide the handling and disposal of radioactive and hazardous materials.
e)	Imaging results are available within a defined time frame.
f)	Critical results are intimated immediately to the concerned personnel.
g)	Imaging services if not available in the Clinic are outsourced or referred to outside resources to meet patient needs.

CHAPTER 2 : Care of Patients and (COP)	
COP.1	Care and treatment is provided in a uniform manner to ensure high level of patient care.
a)	Policies and procedures guide the uniform level of care for all patients, which reflect applicable laws and regulations.
b)	Care of patients should be in consonance with the defined scope
c)	Evidence based medicine and Clinical practice guidelines are adopted to guide patient care wherever possible.
COP 2	Policies and procedures guide the care & treatment of patients with special identified needs
a)	Policies and procedures guide the care & treatment of high-risk patients identified by the Clinic.
b)	Policies and procedures guide the provision of high-risk services.
c)	Policies and procedure guide basic and first responder emergency care.
d)	Policies also address handling of medico-legal cases.
e)	Policies and procedures guide the care & treatment of vulnerable patients and are in accordance with the prevailing laws and the national and international guidelines.
f)	The policies and procedures guide the care of patients undergoing minor procedures (e.g. stitching of wound, removal of stitches etc).
g)	Documented policies and procedures guide the provision of rehabilitative services and commensurate with the clinical requirements
h)	Documented policies and procedures guide the management of pain
i)	Policies and procedures guide patients undergoing sedation.
COP 3:	Medication use is organized to meet patient needs and complies with applicable laws and regulations
a)	Policies and procedures guide how the Clinic will meet medication needs of the patient.
b)	The medication use meets applicable laws & regulations.
COP 4	The medications available are organized efficiently and effectively and the use is guided by policies and procedures
a)	The medications available are appropriate to the Clinic's mission, scope of services and patient needs.
b)	Policies and procedures guide the procurement process, storage labelling and management of Samples
COP.5.	Medication prescription, dispensing and administration follow standardized processes to ensure patient safety.
a)	Those prescribing medications must be familiar with the details of the drugs
b)	Medications are prescribed in a clear legible manner, dated and timed
c)	In case medications are dispensed at the Clinic, standardized policies and procedures are used for safe dispensing
d)	Medication administration is guided by standardized policies and procedures
COP.6	Medications are monitored for patient compliance, clinical appropriateness and adverse effects and the medication errors are

	appropriately addressed.
a)	Medication use is monitored for patient compliance, clinical effectiveness and adverse medication effects; and the same is noted in patient's record.
b)	Adverse medication effects are defined, analyzed, documented and reported to the collaborating centre as applicable.
c)	Patients and family members are educated about safe and effective use of medication and food-drug interactions.
d)	Policies and procedures will define reporting, analyzing and corrective and preventive actions for medication error and adverse drug events.
COP.7.	Policies and procedures guide all research activities.
a)	Documented policies and procedures guide all research activities in compliance with the applicable law and national and international guidelines.
b)	Documented policies and procedures address Patient's informed consent, their right to withdraw, their refusal to participate in the research activities.

CHAPTER 3 : Patient Rights and Education (PRE)

PRE.1	The Clinic protects patient and family rights and informs them about their responsibilities during care.
a)	Patient and family rights and responsibilities are documented.
b)	Patients and families are informed of their rights and responsibilities in a format and language that they can understand.
c)	The Clinic's leaders protect patient's rights.
d)	A staff is aware of their responsibility in protecting patient's rights.
e)	Violation of patient rights is reviewed and corrective/preventive measures taken.
PRE.2	Patient rights support individual beliefs, values and involve the patient and family in decision making processes.
a)	Patient and family rights address any special preferences, spiritual and cultural needs.
b)	Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.
c)	Patient rights include protection from physical abuse or neglect.
d)	Patient rights include treating patient information as confidential.
e)	Patient has the right to make an informed choice including the option of refusal.
f)	Patient rights include informed consent for any invasive / high risk procedures / treatment.
g)	Patient rights include information and consent before any research protocol is initiated.
h)	Patient rights include information on how to voice a complaint.
i)	Patient rights include information on the expected cost of the treatment.
j)	Patient has a right to have an access to his / her Clinical records.
PRE.3	A documented process for obtaining patient and / or families consent exists for informed decision making about their care.
a)	The Clinic has listed those procedures and treatment where informed consent is required.
b)	Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.
c)	The policy describes who can give consent when patient is incapable of independent decision making.
PRE.4	Patient and families have a right to information and education about their healthcare needs.
a)	When appropriate, patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.
b)	Patient and families are educated about diet and nutrition.
c)	Patient and families are educated about immunizations.

d)	Patient and families are educated about their specific disease process, prognosis, complications and prevention strategies.
e)	Patient and families are educated about preventing infections
PRE.5	Patient and families have a right to information on expected costs.
a)	The tariff list is available to patients.
b)	Patients are educated about the estimated costs of treatment.
c)	Patients are informed about the estimated costs when there is a change in the patient condition or treatment setting.

CHAPTER 4: Infection Control (IC)	
IC.1.	The Clinic has a well-designed, comprehensive and coordinated Infection Control programme aimed at reducing / eliminating risks to patients, visitors and providers of care.
a)	The Clinic has documented policies and procedures for infection control as applicable to its scope.
b)	It focuses on adherence to standard precautions at all times.
c)	Cleaning, Disinfection of surfaces, equipment cleaning and sterilization practices are included.
d)	Antibiotic use is guided by evidence based guidelines.
e)	Laundry and linen management processes are also included.
f)	In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.
IC 2:	The Clinic ensures staff is trained in infection control and occupational safety practices.
a)	Staff in Clinic receive regular training in infection control practices
b)	Occupational risks are known to staff and they are trained to prevent these; and to take corrective and preventive actions in case of exposure.
IC.3	The Clinic complies with Bio Medical Waste regulations as applicable
a)	Bio Medical waste is collected, handled, segregated and disposed of as per the regulations
b)	Staff is trained to handle BMW, and follow precautions

CHAPTER 5: Continuous Quality Improvement (CQI)

CQI.1	There is a structured quality improvement and continuous monitoring programme.
a)	The quality improvement programme is documented.
b)	The quality improvement programme is comprehensive and covers all the major elements related to quality improvement and risk management.
c)	The designated programme is communicated and coordinated amongst all the employees of the Clinic through proper training mechanism.
d)	The quality improvement programme is reviewed at predefined intervals and opportunities for improvement are identified.
CQI.2.	The clinic identifies key indicators to monitor the Clinical structures, processes and outcomes which are used as tools for continual improvement
a)	Monitoring includes appropriate patient assessment.
b)	Monitoring includes safety and quality control programmes of the diagnostics services.
c)	Monitoring includes all procedures. (invasive and non invasive)
d)	Monitoring includes adverse drug events.
e)	Monitoring includes content of medical records.
f)	Monitoring includes infection control activities.
g)	Monitoring includes Clinical research.
h)	Monitoring includes data collection to support further improvements.
i)	Monitoring includes data collection to support evaluation of these improvements.
CQI.3.	The Clinic identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.
a)	Monitoring includes procurement of medication essential to meet patient needs.
b)	Monitoring includes reporting of activities as required by laws and regulations.
c)	Monitoring includes risk management.
d)	Monitoring includes patient satisfaction which also incorporates waiting time for services.
e)	Monitoring includes employee satisfaction.
f)	Monitoring includes sentinel events, adverse events and near misses.
g)	Monitoring includes data collection to support further study for improvements.
CQI.4	There is an established system for audit of patient care services.
a)	Medical and nursing staff participates in this system.
b)	The parameters to be audited are defined by the clinic.
c)	Patient and staff anonymity is maintained.
d)	All audits are documented.
e)	Remedial measures are implemented

CHAPTER 6:Responsibilities of Management (ROM)	
ROM.1	The responsibilities of the management are defined.
a)	Those responsible for governance lay down the clinic's mission statement, budget and resources
b)	Those responsible for governance establish the Clinic's organogram, as applicable.
c)	Administrative policies and procedures for each section are maintained.
d)	The organisation complies with the laid down and applicable legislations and regulations.
e)	Those responsible for governance address the organisation's social responsibility.
ROM.2.	The Clinic is managed by the leaders in an ethical manner.
a)	The Clinic functions in an ethical manner.
b)	The Clinic discloses its ownership.
c)	The Clinic honestly portrays its affiliations and accreditation.
d)	The Clinic accurately bills for its services based upon a standard billing tariff.
ROM 3:	Those responsible for management have addressed all applicable aspects of human resource management.
a)	The Clinic maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.
b)	The required job specifications and job description are well defined for each category of staff.
c)	The Clinic verifies the antecedents of the potential employee with regards to criminal/negligence background, training, education and skills.
d)	The Clinic maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.
e)	Each staff member, employee and voluntary worker is appropriately oriented to the mission of the Clinic, policies and procedures as well as relevant department / unit / service/ programme's policies and procedures
f)	Performance evaluation systems are in place
g)	Staff Health Problems are addressed

CHAPTER 7: Facility Management and Safety

FMS.1	. The Clinic's environment and facilities operate to ensure safety of patients, their families, staff and visitors.
a)	Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes.
b)	There is internal and external sign posting in the Clinic in a language understood by patient, families and community.
c)	The provision of space shall be in accordance with the available literature on good practices (Indian or International Standards)
FMS.2	The Clinic has a programme for equipment management, safe water, electricity, medical gases and vacuum system as applicable.
a)	The Clinic plans for equipment in accordance with its services and strategic plan.
b)	Potable water and electricity are available.
c)	Alternate sources are provided for in case of failure.
d)	The organisation regularly tests the alternate sources.
e)	There is a maintenance plan for piped medical gas, compressed air and vacuum installation if applicable
FMS.3	The Clinic has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.
a)	The Clinic has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.
b)	Staff is trained for their role in case of such emergencies.
c)	The Clinic has addressed identification, spill management, training of staff storage and disposal of Hazardous materials
d)	The Clinic defines and implements its policies to reduce or eliminate smoking

CHAPTER 8: Community Participation and Integration

CPI.1	The clinic cooperates and collaborates with community partners, agencies and groups to identify the healthcare problems and services needed within the community
a)	The clinic fosters collaborative partnerships with community partners, agencies, groups as per its scope
b)	One or more member have defined responsibility for speaking on behalf of the clinic to its community and provide quality services to the community
CPI.2.	The commitment of the Clinic to Health promotion and disease prevention is evident in its mission statement, value statement, collaborative arrangements with local, regional and national agencies and relevant policies and community participation
a)	The clinic participates in a variety of health promotion / wellness and disease prevention / control programs and provides appropriate care and services to its community
b)	The clinic defines Policies and procedures for each program / service it will participate
c)	The clinic defines preventive and promotive services it provides
d)	Identified resources for participating in above programs
e)	Clinic provides education, counselling and information to community partners and priority population on variety of topics for health promotion, Health protection, and disease prevention and control
f)	The staff involved in counselling and IEC are well trained
g)	Clinic cooperates and collaborates with the community partners in provision of surveillance, epidemiological investigations
h)	There is an process in place for reporting notifiable diseases as per prevailing law and regulations
i)	Policy and procedures
CPI. 3	There is a defined mechanism and process for community linkages and outreach activities, if applicable
a)	There is a defined mechanism and process for community linkages and outreach activities
b)	The Identified staff is assigned specific area and specific responsibilities
c)	The staff is supervised
CPI. 4	There is a process and mechanism in place to ensure proper and timely communication
a)	The clinic has a process in place to disseminate accurate and appropriate information related to public health concerns to various audiences
b)	There is an established mechanisms to ensure changes in programs and services are communicated to relevant staff
c)	There is an established mechanism and processes to ensure that community partners and public are informed of the purposes and activities of the clinic and availability of resources, programs and services.
CPI. 5	The clinic collects, analyze and disseminate public health data
a)	There is a established process or other mechanism to collect reliable and valid health data
b)	The data is analyzed and interpreted
c)	The data and findings are disseminated to identified audience at defined frequency
CPI. 6	In conjunction with community planning, clinic defines and measures its

	achievements in meeting community goals of care
a)	The clinic defines as to how it will achieve the goals and objectives of public health and other programs and services
b)	The clinic regularly reviews its performance and revises the plan
c)	The Clinic regularly solicits community and staff inputs

GUIDEBOOK

CHAPTER 1 : Access, Assessment and Continuity of Care (AAC)

AAC.1. The Clinic defines and displays the services that it can provide.			
Sl. no	Objective Element	Interpretation	Remarks
a)	The services provided are clearly defined and are in consonance with the needs of the community it intends to serve and its mission, resource and scope of services.	A policy to be framed clearly stating the services the clinic may/may not provide.	The needs of the community should be considered especially when planning a new Clinic or adding new services. Claims of services and expertise being available should actually be available
b)	Clinic identifies barriers to access and implements processes to reduce those barriers that have potential to limit access to the Clinic and its services.	The served community may have diverse population with patients having same health needs but quite different in terms of language and cultural context. The leaders of the Clinic recognise the common barriers like physical, language, cultural and others within their patient population, and implements processes to overcome or limit these barriers to access and to the delivery of services.	
c)	The services provided are displayed	The services so defined should be displayed prominently in an area visible to all patients entering the Clinic. The display could be in the form of boards, citizen's charter, scrolling messages etc. Care should be taken to ensure that these are displayed in the language(s) the patient understands.	Display in the form of brochures only is NOT acceptable. Display should be at least bi-lingual.

AAC.2. The Clinic has a well defined patient registration process and appropriate mechanism for referral of patients who do not match the Clinic's resources.			
Sl. no	Objective Element	Interpretation	Remarks
a)	Standardized policies and procedures are used for registering patients.	Clinic has prepared document (s) detailing the policies and procedures for registration of patients which also address out- patients, / emergency patients/ unidentified patients.	.
b)	Patients are registered only if their needs match the Clinics mission and resources.	The staffs handling registration needs to be aware of the services that the Clinic can provide. It is also advisable to have a system wherein the staffs are supported with criteria to identify patients who may be in need of immediate assistance and are aware as to whom to notify and also who to contact if they need any clarification on the services provided. The Clinic establishes criteria for guiding decisions for acceptance and/or referral.	The patient registration and assessment process is designed to give priority to those who are obviously sick or those with urgent needs.
c)	If the patients needs do not match the Clinics mission and resources, the Clinic will assist the patient in identifying and/or obtaining appropriate sources of care.	Matching patients' needs and condition with the Clinic mission, resources depends on information usually gathered at the time of first contact through triage, visual evaluation, a physical examination, or the results of previously conducted physical, psychological, Clinical laboratory, or diagnostic imaging evaluations done outside the Clinic or from a referral source. There is an appropriate mechanism for referral of patients who do not match the Clinic's mission and resources. Outpatient clinic shall at the outset define such patients. The Clinic gives a summary	These patients include those who have come to the Clinic but need to be referred to another organization. .

		of patient's condition mentioning the significant findings and treatment given.	
AAC.3. Patient's initial and continuing healthcare needs are identified through an established assessment process.			
Sl. no	Objective Element	Interpretation	Remarks
a)	The Clinic defines the scope and content of the initial assessments through policy and procedure.	<p>The Clinic shall have a protocol / policy and procedure by which a standardized initial comprehensive assessment of all patients is carried out.</p> <p>These policies and procedures define the timeframe within which the initial assessment is to be completed and also identify assessment process for those patients who do not meet the criteria for treatment and care and require referral to another service/facility. Clinic</p> <p>The Clinic can have different assessment criteria for the first visit and for subsequent visits.</p> <p>The Policy and procedures determines who can do what assessment as per their qualification, experience and training and based on applicable law and regulations.</p>	<p>The initial assessment may include screening leading to plan of care or referral and records for the same shall be maintained by patient or the Clinic for continuing assessment.</p> <p>In emergency this shall include recording the vital parameters.</p>
b)	The Clinic defines the scope and content of initial assessment conducted by different specialities / providers / disciplines based on applicable laws and regulations.	The initial assessment is modified depending on the type of patient / service provided however it shall be the same in that particular area e.g. in a paediatric OPD the weight and height may be a must whereas it may not be so for orthopaedics OPD. Appropriate criteria based on EBM are used as applicable.	

		<p>Assessments are performed by each discipline within its scope of practice, licensure, applicable laws, and regulations, or certification.</p> <p>The scope and content of initial assessment conducted by different providers / disciplines may be defined in a policy and procedure or may be identified on assessment form</p>	
c)	The Clinic defines criteria when additional, specialized, or more in depth special needs assessments are required for some patients.	Some patients like elderly, pregnant women, very young children, patients with infectious disease may have special needs and require additional assessment. The assessment process for these special needs patients is appropriately modified to reflect their needs and risks.	
d)	Initial assessment may use screening criteria or other mechanisms to identify patients who may need additional care.	<p>Many patients have healthcare needs that may seemingly be unrelated to the reason they came to the Clinic. Such needs may include for e.g. screening for nutritional needs, behavioural health needs, immunization, and pain as applicable.</p> <p>The screening criteria or other mechanisms are based on guidelines / protocols developed by the relevant professional national or international bodies</p> <p>The staff is trained on the process for identification of these patients with additional needs.</p>	<p>Assessment of nutritional needs may be done by the treating doctor and/or dietician.</p> <p>Since care will include a large aspect of primary care, which includes disease prevention and promotion, immunization history and advice should be included wherever applicable.</p>
e)	The Clinic has a policy and procedure which defines the process for how the outside assessments are incorporated into the	The patient assessment process may include the relevant findings from outside assessments (referral source, laboratory etc). The policy and	For e.g. the laboratory / imaging reports are accepted only if duly signed by qualified / authorised personnel.

	assessment process.	<p>procedure will address:</p> <ul style="list-style-type: none"> ▶ Process of obtaining and using outside assessment findings. ▶ Outside assessments requiring review and verification. ▶ Situations when outside assessments are not available 	
f)	There is an established process for meeting patient care needs requiring continuing care.	The patients' visit to the Clinic may be one time or ongoing. Patients reassessed based on continuing needs, to determine their response to treatment or to plan further treatment.	
g)	The assessment findings result in a documented plan of care.	The assessment findings are documented in a uniform manner and uniform location in a patient's record and the patient's record is readily available to those responsible for the patients care.	<p>Assessments findings of all providers are integrated eg assessments of nurses, doctors and physiotherapist.</p> <p>It is preferable to have a unique personal health record that is used by multiple providers for documentation.</p> <p>For definition of "plan of care" refer to glossary.</p>
h)	The plan of care also includes preventive aspects of the care as applicable.	The documented plan of care should cover preventive actions as necessary in the case and should include diet, drugs etc.	This could also be done through counselling, booklets/patient information leaflets etc. e.g. diabetes, hypertension.
AAC 4:	The Clinic has a process to identify those patients who may need additional care that is beyond the scope and mission of the Clinic and advises those patients to seek additional care , treatment or follow-up		
Sl. no	Objective Element	Interpretation	Remarks
a)	Defined Policies and procedures are used to identify the additional care needs of the patients and to appropriately refer them to outside healthcare providers	These additional needs may be identified at the time of assessment or reassessment	<p>Referral is based on the patient's health status and need for additional / continuing care or services.</p> <p>Referral may be for</p>

			<p>speciality, diagnostic, rehabilitative psychological social and support services etc which organisation is unable to provide.</p> <p>It could also be for opinion, co-management, take over</p>
b)	Written summaries are provided to the patients and referring provider	The Clinic frequently provides care and services to patients based on referral of the patient for speciality services (for e.g. cardiac evaluation / particular test). The Clinic has a process through which it communicates to patients (when appropriate patient family) about the ongoing health needs and types of care and services they should seek in future. The referred provider provides a written summary to convey the findings back to the referring provider	The information (written summary) includes as appropriate, a medication list, significant diagnosis and treatments, follow up instructions and any test results.
c)	The Clinic attempts to facilitate and coordinate sharing of information and plans of care between referral agencies to ensure proper coordination of care between multiple providers, if applicable.	The patient care can involve many care providers. The care planning and delivery needs to be integrated and coordinated amongst care providers.	
AAC 5:	The Clinic has a process to identify the transportation needs of the patients and facilitate the same as applicable.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Documented policies and procedures address identification of transportation needs and their facilitation	They should also address the methodology of safe transfer of the patient in an emergency / life threatening situation to another Facility.	Tie up with ambulance providers / referral centres Coordination / facilitation
b)	Ambulance or patient transport services, if provided, are organised through defined policies and procedures for	<ul style="list-style-type: none"> • Policies and procedures shall guide the maintenance, readiness, dispatch • There is adequate space 	It is expected that ambulance / PTV shall be equipped with at least basic life support equipment.

	efficient and effective services and comply with the legal and regulatory requirements.	<p>for parking.</p> <ul style="list-style-type: none"> • Ambulance(s) is appropriately equipped • The ambulance is manned by the trained staff • There is a Checklist of equipment/medicines • There is a proper communication system • Licensing of drivers, pollution control, registration of vehicle etc 	<p>The staff shall be trained in ACLS and / or BLS</p> <p>The Ambulance / Equipments / Emergency Medications shall be checked daily</p>
AAC.6.	Laboratory services if provided are as per the mission and scope of the Clinic.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Lab services, if provided on site are commensurate with the scope of services and comply with applicable local and national standards, law and regulations.	The Clinic may have availability of laboratory services commensurate with the health care services offered by it and the scope of the clinic services either by providing the same in house or by outsourcing/referral. See also (g) below for outsourced lab facilities.	In case the Clinic does not have a lab, or in addition to a lab, they may keep some “point of care” testing arrangements- For example the Clinic may have Glucometer testing in a Diabetic Clinic or other specific tests relating to the scope of service, to meet immediate diagnostic need.
b)	Lab services if provided on site will have a quality control and laboratory safety programme.	<p>The laboratory quality assurance and safety programme:</p> <ul style="list-style-type: none"> • Is documented. • Addresses verification and validation of test methods. • Addresses surveillance of test results. • Includes periodic calibration and maintenance of all equipments. • Includes the documentation of corrective and preventive actions. 	Forms and formats & adequate record keeping are addressed.

		<ul style="list-style-type: none"> Addresses handling and disposal of infectious and hazardous materials and protective equipment training of staff integrates with other Clinical safety program 	
c)	Adequately qualified and trained personnel perform and/or supervise the investigations.	The staff employed in the lab should be suitably qualified) and trained to carry out the tests.	For adequacy of qualification refer to NABL 112 (Annexure).
d)	Policies and procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.	The Clinic has documented procedures for collection, identification, handling, safe transportation, processing and disposal of specimens, to ensure safety of the specimen till the tests and retests (if required) are completed.	The policy should be in line with standard precautions. The disposal of waste shall be as per the statutory requirements (Bio-medical waste management and handling rules, 1998.)
e)	Laboratory results are available within a defined time frame.	The Clinic shall define the turnaround time for all tests. The Clinic should ensure availability of adequate staff, materials and equipment to make the laboratory results available within the defined time frame.	The turnaround time could be different for different tests and could be decided based on the nature of test and criticality of test.
f)	Critical results are intimated immediately to the concerned personnel.	The laboratory shall establish its biological reference intervals for different tests. The laboratory shall establish critical limits for tests which require immediate attention for patient management. The test results in the critical limits shall be communicated to the concerned after proper documentation.	If it is not practical to establish the biological reference interval for a particular analyte the laboratory should carefully evaluate the published data for its own reference intervals.
g)	Laboratory tests not available in the Clinic are outsourced or referred to outside sources to meet patient needs.	If services are outsourced adequate Quality Assurance criteria for selection and monitoring of the of the outsourced lab, will be applied	
AAC.7. Imaging services if provided are as per the mission and scope of the Clinic.			
Sl. no	Objective Element	Interpretation	Remarks
a)	Imaging services if	The Clinic may have	In case the Clinic

	provided are as per applicable local and national standards, law and regulations	availability of Imaging services commensurate with the health care services offered by it either by providing the same in house or by outsourcing/referral. See also (g) below for outsourced lab facilities. The Clinic is aware of the legal and other requirements of imaging services and the same are documented for information and compliance by all concerned in the Clinic. The Clinic maintains and updates its compliance status of legal and other requirements in a regular manner.	does not have an imaging service they may keep some "point of care" testing arrangements- For example USG in a cardiac Clinic, to meet immediate diagnostic need. All the statutory requirements are met with, like BARC clearance, dosimeters, lead sheets, lead aprons, signages, display as per PNDT act, reports to competent authority, etc
b)	Imaging services if provided on site will have a quality control and Radiation safety programme	The Imaging quality assurance and Radiation safety programme: <ul style="list-style-type: none"> • Is documented. • Addresses patient and staff safety • Addresses verification and validation of test methods. • Addresses surveillance of test results. • Includes periodic calibration and maintenance of all equipments. • Includes the documentation of corrective and preventive actions. • Addresses handling and disposal of infectious, radioactive and hazardous materials and protective equipment • Imaging personnel are provided with appropriate radiation safety devices • training of staff integrates with other Clinical safety program 	Refer AERB guidelines and NABH Accreditation standard for Medical Imaging services wherever applicable
c)	Adequately qualified and trained personnel perform	The staff employed in the imaging should be suitably	

	and/or supervise the imaging.	qualified and trained to carry out the procedure.	
d)	Written policies and procedures guide the handling and disposal of radio-active and hazardous materials.	Radioactive and hazardous materials shall be disposed off as per bio-medical waste management and handling rules, 1998.	
e)	Imaging results are available within a defined time frame.	The Clinic shall define the turnaround time for all procedures. The Clinic should ensure availability of adequate staff, materials and equipment to make the Imaging results available within the defined time frame.	The turnaround time could be different for different tests and could be decided based on the nature of test and criticality of test.
f)	Critical results are intimated immediately to the concerned personnel.	The Imaging shall establish critical limits for the results which require immediate attention for patient management. The results in the critical limits shall be communicated to the concerned after proper documentation.	
g)	Imaging services if not available in the Clinic are outsourced or referred to outside resources to meet patient needs.	If services are outsourced adequate Quality Assurance criteria for selection and monitoring of the of the outsourced imaging centre, will be applied	

CHAPTER 2 : Care of Patients and (COP)			
COP.1	Care and treatment is provided in a uniform manner to ensure high level of patient care.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Policies and procedures guide the uniform level of care for all patients,	Self explanatory. Same quality of services (diagnostics and treatment)	The access and appropriateness of the care do not vary

	which reflect applicable laws and regulations.	for patients having same health needs / problems	by the ability to pay / source of payment / time of the day etc
b)	Care of patients should be in consonance with the defined scope	The clinic shall have appropriate Staff, facilities, protocols and procedures in consonance with the scope of service.	For example an obstetric clinic shall have examination room along with appropriate staff but will not perform procedures giving deep sedation when there is not adequate backup staff & facilities etc
c)	Evidence based medicine and Clinical practice guidelines are adopted to guide patient care wherever possible.	The Clinic could develop Clinical protocols based on these and the same could be followed in management of patients. These could then be used as parameters for audit of patient care.	e.g. Standardized protocols for care of malaria, diabetes, asthma etc (eg standard treatment guidelines) For definitions of evidence based medicine and Clinical practice guidelines, refer to glossary.
COP 2	Policies and procedures guide the care & treatment of patients with special identified needs		
Sl. no	Objective Element	Interpretation	Remarks
a)	Policies and procedures guide the care & treatment of high-risk patients identified by the Clinic.	The Clinic identifies & clearly defines high-risk patients, such as neonates, elderly, patients with psychiatric disorders, HIV, patients of infectious or communicable disease etc. The policies and procedures defines the scope of services to be rendered to these high risk patients and includes the mechanism of referral to identified sources for further management, in a coordinated and safe manner. The centre should have a list of specialised services available in the community or beyond as per the patient needs. The persons caring for high risk patients are competent.	Eg: a cardiac Clinic with TMT facilities may screen patients who are not fit for TMT at this centre and may refer to higher centre.

b)	Policies and procedures guide the provision of high-risk services.	The Clinic identifies & clearly defines high risk services which includes handling use and administration of IV medications, blood products etc	
c)	Policies and procedure guide basic and first responder emergency care.	<p>The policies and procedures are based on the scope of services and patient needs and particularly address</p> <ul style="list-style-type: none"> • The availability of Clinic of basic first aid facilities and resuscitative equipment, • Clinical guidelines / protocols to provide first aid, resuscitation and management of specific conditions like hypoglycaemia, allergic reaction and other conditions common in the served patients etc. • Training of staff to use the resuscitative equipment and provide resuscitative services. 	<p>The centre must have the names and contact details of ambulance providers</p> <p>The centre must be aware of emergency facilities in surrounding nearby areas.</p> <p>The staff needs to be trained in BCLS</p>
d)	Policies also address handling of medico-legal cases.	If medico-legal cases are handled in the clinic the policy shall be in line with statutory requirements	
e)	Policies and procedures guide the care & treatment of vulnerable patients and are in accordance with the prevailing laws and the national and international guidelines.	<p>Self explanatory.</p> <p>The vulnerable patients include children, elderly, physically and/or mentally challenged.</p> <p>The Clinic provides for a safe and secure environment for this vulnerable group.</p> <p>Staffs are trained to care for this vulnerable group</p>	<p>Refer to disability act, mental act.</p> <p>The Clinic shall provide proper environment taking into account the requirement of the vulnerable group.</p>
f)	The policies and procedures guide the care of patients undergoing minor procedures (e.g. stitching of wound, removal of stitches etc).	<p>This shall include the list of surgical procedures as well as competency level, qualifications for performing these Procedures.</p> <p>An informed consent is obtained prior to the procedure. Persons</p>	

		permitted to perform procedure are competent and in consonance with the law	
g)	Documented policies and procedures guide the provision of rehabilitative services and commensurate with the clinical requirements	The scope of the departments is in consonance with the scope of the Clinic	For example, provision of ante natal and post natal exercises could form a part of obstetric rehabilitation programme
h)	Documented policies and procedures guide the management of pain	The Clinic shall define the group of patients for whom this is applicable. A good reference point for defining these patients could be those having pain as the predominant debilitating symptom. Patient and family are educated on various pain management techniques	For example, cancer pain, neuralgias and arthralgia.
i)	Policies and procedures guide patients undergoing sedation.	Competent person will administer the sedation and <ul style="list-style-type: none"> • monitoring facilities will be available • recovery criteria will be used to send the patient home after period of monitoring facility to rescue the patient in case of deeper level of sedation will be available 	
COP 3: Medication use is organized to meet patient needs and complies with applicable laws and regulations			
Sl. no	Objective Element	Interpretation	Remarks
a)	Policies and procedures guide how the Clinic will meet medication needs of the patient.	The Clinic may give prescription to obtain medication at community pharmacy or may dispense from the pharmacy operated by Clinic. The Clinic can also provide on-site pharmacy services through contracted agencies.	
b)	The medication use meets applicable laws & regulations.	Applicable laws & regulations such as Pharmacy act, Drug & cosmetic act, narcotic and psychotropic substances act	

		etc (as in annexure 1)	
COP 4	The medications available are organized efficiently and effectively and the use is guided by policies and procedures		
Sl. no	Objective Element	Interpretation	Remarks
a)	The medications available are appropriate to the Clinic's mission, scope of services and patient needs.	Self explanatory	
b)	Policies and procedures guide the procurement process, storage labelling and management of Samples		Inventory management of Medicine / consumables may follow first expiry first out principle
COP.5.	Medication prescription, dispensing and administration follow standardized processes to ensure patient safety.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Those prescribing medications must be familiar with the details of the drugs		
b)	Medications are prescribed in a clear legible manner, dated and timed		
c)	In case medications are dispensed at the Clinic, standardized policies and procedures are used for safe dispensing	These should address identification, storage, expiry dates, sound alike look alike segregation, licensing requirements etc	
d)	Medication administration is guided by standardized policies and procedures	<p>The Clinic shall ensure:</p> <ul style="list-style-type: none"> • Only authorized staff administer medications • Staff is familiar with the composition, strengths, dilution requirements and broad indications, drug - drug interactions, side effects etc. Verification of indications, contraindications, and obtaining history of allergy/adverse reaction • Proper identification of patient, and medication including route, dose, expiry dates, physical verification etc. • Special precautions for high risk medications such as narcotics, 	

		chemotherapy, radioactive drugs. <ul style="list-style-type: none"> • Knowledge of allergy test if required. Proper infection control practices including gloves as applicable	
COP.6	Medications are monitored for patient compliance, clinical appropriateness and adverse effects and the medication errors are appropriately addressed.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Medication use is monitored for patient compliance, clinical effectiveness and adverse medication effects; and the same is noted in patient's record.	Proper follow up advice to patient.	
b)	Adverse medication effects are defined, analyzed, documented and reported to the collaborating centre as applicable.	The adverse drug effects that are to be recorded in the patient's record and those that must be reported are defined.	
c)	Patients and family members are educated about safe and effective use of medication and food-drug interactions.	Methodology of patient education may include patient education pamphlets etc. They are advised to report any adverse drug reactions.	
d)	Policies and procedures will define reporting, analyzing and corrective and preventive actions for medication error and adverse drug events.	Prescription audit, Medication errors, near misses, patient reported outcomes, to be carried out. Corrective and preventive actions to be recorded. The medication errors and adverse drug events shall be defined and reported using a standardized format. The staff shall be educated to report	Attempts are made as per recall mechanisms. Policies are modified to reduce adverse drug events when unacceptable trends occur
COP.7.	Policies and procedures guide all research activities.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Documented policies and procedures guide all research activities in compliance with the applicable law and national and international guidelines.	Self explanatory	For example: International conference on harmonization (ICH) of Good Clinical practices (GCP) and Declaration of Helsinki Somerset (1996) and Ethical Guidelines for

			Biomedical Researchon Human Subjects (ICMR-2006). Also refer Schedule Y Drugs and Cosmetics Act.
b)	Documented policies and procedures address Patient's informed consent, their right to withdraw, their refusal to participate in the research activities.	Patients are informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal. Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the Clinic's services.	

CHAPTER 3 : Patient Rights and Education (PRE)

PRE.1	The Clinic protects patient and family rights and informs them about their responsibilities during care.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Patient and family rights and responsibilities are documented.	The Clinic should respect patient's rights and inform them of their responsibilities. All the rights of the patients should be displayed in the form of a Citizens' Charter which should also give information of the charges and grievance redress mechanism.	For an example of "patient responsibility" refer to glossary.
b)	Patients and families are informed of their rights and responsibilities in a format and language that they can understand.	Self explanatory.	
c)	The Clinic's leaders protect patient's rights.	Protection also includes addressing patient's grievances w.r.t rights.	
d)	Staff is aware of their responsibility in protecting patient's rights.	Training and sensitisation programmes shall be conducted to create awareness among the staff.	
e)	Violation of patient rights is reviewed and corrective/preventive measures taken.	Where patients' rights have been infringed upon, management must keep records of such violations, as also a record of the consequences, e.g. corrective actions to prevent recurrences.	
PRE.2	Patient rights support individual beliefs, values and involve the patient and family in decision making processes.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Patient and family rights address any special preferences, spiritual and cultural needs.		
b)	Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.	During all stages of patient care, be it in examination or carrying out a procedure, staff shall ensure that patient's privacy and dignity is maintained. The Clinic shall develop the necessary guidelines for the same.	

		<p>During procedures the Clinic shall ensure that the patient is exposed just before the actual procedure is undertaken.</p> <p>With regards to photographs/recording procedures; the Clinic shall ensure that consent is taken and that the patient's identity is not revealed.</p>	
c)	Patient rights include protection from physical abuse or neglect.	Special precautions shall be taken especially w.r.t vulnerable patients e.g. elderly, neonates etc.	Examples of this include falling from the bed/trolley due to negligence, assault, repeated internal examinations, manhandling etc.
d)	Patient rights include treating patient information as confidential.	The clinic shall keep the records in a secure manner and will release only under authorisation of the patient except under statutory obligation.	
e)	Patient has the right to make an informed choice including the option of refusal.	During management the patients should be given the choice of treatment. The treating doctor shall discuss all the available options and allow.	In case of refusal the treating doctor shall explain the consequences of refusal of treatment and document the same.
f)	Patient rights include informed consent for any invasive / high risk procedures / treatment.	Self explanatory.	Informed consent of the patient is mandatory for doing HIV test/TMT test etc
g)	Patient rights include information and consent before any research protocol is initiated.	The Clinic shall ensure that International conference on harmonization (ICH) of Good Clinical practice (GCP) and Declaration of Helsinki Somerset (1996) and ICMR requirements are followed.	
h)	Patient rights include information on how to voice a complaint.	Grievance redressal mechanism must be accessible and transparent.	
i)	Patient rights include information on the expected cost of the treatment.		

j)	Patient has a right to have an access to his / her Clinical records.	The Clinic shall ensure that every patient has access to his/her record. This shall be in consonance with The code of medical ethics and statutory requirements.	
PRE.3	A documented process for obtaining patient and / or families consent exists for informed decision making about their care.		
Sl. no	Objective Element	Interpretation	Remarks
a)	The Clinic has listed those procedures and treatment where informed consent is required.	A list of procedures should be made for which informed consent should be taken.	The policy for HIV testing should follow the national policy on HIV testing (NACO).
b)	Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.	The consent shall have the name of the doctor performing the procedure. Consent form shall be in the language that the patient understands.	
c)	The policy describes who can give consent when patient is incapable of independent decision making.	The Clinic shall take into consideration the statutory norms. This would include next of kin/legal guardian. However in case of unconscious/ unaccompanied patients the treating doctor can take a decision in life saving circumstances.	
PRE.4	Patient and families have a right to information and education about their healthcare needs.		
Sl. no	Objective Element	Interpretation	Remarks
a)	When appropriate, patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.	<i>Self explanatory.</i>	
b)	Patient and families are educated about diet and nutrition.	Self explanatory.	
c)	Patient and families are educated about immunizations.	Self explanatory.	
d)	Patient and families are educated about their specific disease	Self explanatory.	

	process, prognosis, complications and prevention strategies.	This could also be done through patient education booklets/videos/leaflets etc.	
e)	Patient and families are educated about preventing infections	Self explanatory.	For example, hand washing and avoiding overcrowding near the patient.
PRE.5	Patient and families have a right to information on expected costs.		
Sl. no	Objective Element	Interpretation	Remarks
a)	The tariff list is available to patients.	Ethical billing practices are ensured. The Clinic shall ensure that there is an updated tariff list and that this list is available to patients. The Clinic shall charge as per the tariff list. Additional charges should also be enumerated in the tariff and the same communicated to the patients. The tariff rates should be uniform and transparent.	
b)	Patients are educated about the estimated costs of treatment.		
c)	Patients are informed about the estimated costs when there is a change in the patient condition or treatment setting.		

CHAPTER 4: Infection Control (IC)

IC.1.	The Clinic has a well-designed, comprehensive and coordinated Infection Control programme aimed at reducing / eliminating risks to patients, visitors and providers of care.		
Sl. no	Objective Element	Interpretation	Remarks
a)	The Clinic has documented policies and procedures for infection control as applicable to its scope.	Self explanatory	
b)	It focuses on adherence to standard precautions at all times.	<ul style="list-style-type: none"> • Hand washing facilities in all patient care areas are accessible to health care providers. • Adequate gloves, masks, soaps, and disinfectants are available and used correctly. 	Refer to glossary For “standard precautions”.
c)	Cleaning, Disinfection of surfaces, equipment cleaning and sterilization practices are included.	As applicable to the type of Clinic and services, the policies and practices will address all relevant aspects.	
d)	Antibiotic use is guided by evidence based guidelines.	Indiscriminate antibiotic usage is to be avoided /discouraged.	
e)	Laundry and linen management processes are also included.	Clean, linen and laundry service as applicable In case of minor procedures where sterile precautions are needed, these should be addressed	
f)	In cases of notifiable diseases, information (in relevant format) is sent to appropriate authorities.	The Clinic shall identify all notifiable diseases after taking into consideration the local laws, rules, regulations and notifications thereof. The Clinic shall ensure that this is sent at the specified	Refer to glossary for notifiable diseases.

		frequency and in the format as required by statutory authorities.	
IC 2:	The Clinic ensures staff is trained in infection control and occupational safety practices.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Staff in Clinic receive regular training in infection control practices	Example Training on Hand hygiene, BMW, personal protective equipment, cleaning disinfection and sterilization etc	
b)	Occupational risks are known to staff and they are trained to prevent these; and to take corrective and preventive actions in case of exposure.	<ul style="list-style-type: none"> • Pre exposure prophylaxis is arranged. • Hepatitis B immunizations • Staff is trained to handle spills • Needle sticks injury prevention, and first aid to be given in case of an accident. • Appropriate post exposure prophylaxis is quickly facilitated at nearest healthcare facility. 	
IC.3	The Clinic complies with Bio Medical Waste regulations as applicable		
Sl. no	Objective Element	Interpretation	Remarks
a)	Bio Medical waste is collected, handled, segregated and disposed of as per the regulations	Self explanatory. The rules for services apply.	
b)	Staff is trained to handle BMW, and follow precautions		

CHAPTER 5: Continuous Quality Improvement (CQI)

CQI.1	There is a structured quality improvement and continuous monitoring programme.		
<i>Sl. no</i>	<i>Objective Element</i>	<i>Interpretation</i>	<i>Remarks</i>
a)	The quality improvement programme is documented.	This should be documented as a manual. The manual shall incorporate the mission, vision, quality policy, quality objectives, service standards, important indicators as identified etc. The manual could be stand alone and should have cross linkages with other manuals.	
b)	The quality improvement programme is comprehensive and covers all the major elements related to quality improvement and risk management.	This shall preferably cover all aspects including documentation of the programme, monitoring it, data collection, review of policy and corrective action.	Refer to glossary for definition of "Risk management" and "Quality improvement".
c)	The designated programme is communicated and coordinated amongst all the employees of	The clinic staff shall be familiarised with the tools & techniques	This could be done through regular training programme or

	the Clinic through proper training mechanism.	of quality management in healthcare including accreditation. Self explanatory.	printed materials.
d)	The quality improvement programme is reviewed at predefined intervals and opportunities for improvement are identified.	As quality improvement is a dynamic process, it needs to be reviewed at regular pre-defined intervals (as defined by the Clinic in the quality improvement manual but at least once in a year) by conducting internal audits. The Clinic, if not having a full team, can organize an assessment using external peers. This audit shall be done by a multi-disciplinary team (preferably trained in NABH standards) including all the applicable standards and objective elements. At the end of the audit there shall be a formal meeting to summarise the findings and identify areas for improvement. During this meeting there shall be an analysis of key indicators as identified and determined by the organisation including the mandatory indicators as laid down in CQI 2 and 3. The minutes of the review meetings should be recorded and maintained.	The assessors shall be either trained internally or externally in NABH standards. They shall assess areas independent of their area of work.
CQI.2.	The clinic identifies key indicators to monitor the Clinical structures, processes and outcomes which are used as tools for continual improvement		
Sl. no	Objective Element	Interpretation	Remarks
a)	Monitoring includes appropriate	The Clinic shall	

	patient assessment.	develop appropriate key performance indicators suitable to it. The following is however mandatory: i. Patient's waiting time	
b)	Monitoring includes safety and quality control programmes of the diagnostics services.	The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory: i. Number of reporting errors/1000 investigations.	Reporting errors need to be captured. It is better if the organisation captures these errors as errors picked up before dispatching the reports and errors picked after the dispatch of reports. This includes transcription errors also.
c)	Monitoring includes all procedures. (invasive and non invasive)	The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory: i. Incidence of haematoma/abscess at puncture site.	
d)	Monitoring includes adverse drug events.	The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory: i. Percentage of medication errors (Prescribing, dispensing, administration) ii. Incidence of adverse drug reactions.	
e)	Monitoring includes content of medical records.	The Clinic shall develop appropriate key performance indicators suitable to	Missing records include records within the retention time only.

		<p>it. The following is however mandatory:</p> <ul style="list-style-type: none"> i. Prescribing errors ii. Complete identification data on record 	
f)	Monitoring includes infection control activities.	<p>The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory:</p> <ul style="list-style-type: none"> i. Hand wash compliance 	Refer to IC
g)	Monitoring includes Clinical research.	<p>The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory:</p> <ul style="list-style-type: none"> i. Number of research activities being carried out. ii. Percentage of patients withdrawing from the study. iii. Percentage of protocol violations/deviations reported. iv. Percentage of serious adverse events (which have occurred in the Clinic) reported to the ethics committee within the defined timeframe. 	Refer to ICMR guidelines and GCP for reporting time of serious adverse events.
h)	Monitoring includes data collection to support further improvements.	<p>The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory:</p> <ul style="list-style-type: none"> iii. Percentage of medication errors (Prescribing, dispensing, administration) iv. Incidence of adverse drug reactions. 	

i)	Monitoring includes data collection to support evaluation of these improvements.	The data could be collected at pre-defined intervals e.g. monthly/quarterly. This data is analysed for improvement opportunities and the same are carried out. Also refer to CQI	
CQI.3.	The Clinic identifies key indicators to monitor the managerial structures, processes and outcomes which are used as tools for continual improvement.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Monitoring includes procurement of medication essential to meet patient needs.	The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory: <ul style="list-style-type: none"> i. Availability of emergency medications ii. Stock out 	
b)	Monitoring includes reporting of activities as required by laws and regulations.	The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory: <ul style="list-style-type: none"> i. Number of notifiable diseases. ii. Submission of report/ data/form pertaining to bio-medical waste, PNDT act and radiation safety within the defined timeframe. iii. Submission of tax returns and deduction of taxes at the specified time frame. 	For example, tax, EPF, notifiable diseases, PNDT act, AERB guidelines etc.
c)	Monitoring includes risk management.	The Clinic shall develop appropriate key performance	Refer to glossary for definition of "risk management".

		indicators suitable to it.	
d)	Monitoring includes patient satisfaction which also incorporates waiting time for services.	The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory: <ul style="list-style-type: none"> i. Out patient satisfaction index. ii. Waiting time for services including diagnostics and outpatient. 	Waiting time implies the time taken from the time that the patient registers to the time taken for assessment to be done by the doctor/ diagnostic procedure to be performed.
e)	Monitoring includes employee satisfaction.	The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory: <ul style="list-style-type: none"> i. Employee satisfaction index. ii. Employee attrition rate. iii. Employee absenteeism rate. iv. Percentage of employees who are aware of employee rights, responsibilities and welfare schemes. 	
f)	Monitoring includes sentinel events, adverse events and near misses.	The Clinic shall develop appropriate key performance indicators suitable to it. The following is however mandatory: <ul style="list-style-type: none"> i. Number of sentinel events. ii. Percentage of near misses analysed. iii. Incidences of needle stick injuries. 	
g)	Monitoring includes data collection to support further study for improvements.	The data could be collected at pre-defined intervals e.g. monthly/quarterly. This data is analysed for improvement	For example, waiting time in OPD.

		opportunities and the same are carried out.	
CQI.4	There is an established system for audit of patient care services.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Medical and nursing staff participates in this system.	The Clinic shall identify such personnel. It could be a mix of Clinicians, administrators and nurses.	These could be members of the Core committee/quality assurance committee, etc.
b)	The parameters to be audited are defined by the clinic.	These will address medical record documentation and Clinical care aspects	The audit shall encompass all aspects of care including Clinical and nursing.
c)	Patient and staff anonymity is maintained.	This means that the names of the patients and the Clinic staff who may figure in the audit documents must not be disclosed nor any reference be made to them in public discussions / conferences.	
d)	All audits are documented.	Self explanatory.	The Clinic could use a checklist with the predefined parameters and the audit findings could be recorded on this sheet.
e)	Remedial measures are implemented	All remedial measures as ascertained should be documented and implemented and improvements thereof recorded to complete the audit cycle.	This should preferably be done based on root cause analysis.

CHAPTER 6: Responsibilities of Management (ROM)

ROM.1	The responsibilities of the management are defined.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Those responsible for governance lay down the clinic's mission statement, budget and resources		
b)	Those responsible for governance establish the Clinic's organogram, as applicable.	The Clinic shall have a well defined Clinic structure/chart and this shall clearly document the hierarchy, line of control, along with the functions at various levels.	
c)	Administrative policies and procedures for each section are maintained.	This shall include administrative procedures like attendance, leave, conduct, replacement etc.	It could be common for the entire Clinic.
d)	The organisation complies with the laid down and applicable legislations and regulations.	Self explanatory. The responsibility of compliance lies with the first two level of the hierarchy.	This shall include central legislations (e.g. Drugs and Cosmetics act, PNDD Act, 1996), bio medical waste act, Air (Prevention and Control of Pollution) Act, 1981, Atomic Energy Regulatory Body

			Approvals, License under Bio-medical Management and Handling Rules, 1998, respective state legislations (Maharashtra Maintenance of Clinical Records act, Clinical establishment of West Bengal) and local regulations (e.g. building byelaws).
e)	Those responsible for governance address the organisation's social responsibility.	The leader/s of the Clinic shall willfully develop social responsibility policy and accordingly address it.	For example, free camps, outreach programmes, adoption of villages, PHCs, etc.
ROM.2. The Clinic is managed by the leaders in an ethical manner.			
Sl. no	Objective Element	Interpretation	Remarks
a)	The Clinic functions in an ethical manner.	It is mandatory to follow "Code of medical ethics".	
b)	The Clinic discloses its ownership.	The ownership of the Clinic e.g. trust, private, public has to be disclosed.	The disclosure could be in the registration certificate/quality manual, etc.
c)	The Clinic honestly portrays its affiliations and accreditation.	Here portrays implies that the Clinic convey's its affiliations, accreditations for specific services or whole centre wherever applicable.	
d)	The Clinic accurately bills for its services based upon a standard billing tariff.	Self explanatory.	Also refer to PRE 5. The tariff could be devised by a tariff committee.
ROM 3: Those responsible for management have addressed all applicable aspects of human resource management.			
Sl. no	Objective Element	Interpretation	Remarks
a)	The Clinic maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.	The staff should be commensurate with the workload	.

b)	The required job specifications and job description are well defined for each category of staff.	The content of each job should be well defined and the qualifications, skills and experience required for performing the job should be clearly laid down. The job description should be commensurate with the qualification.	Refer to glossary for definition of "job description and job specification".
c)	The Clinic verifies the antecedents of the potential employee with regards to criminal/negligence background, training, education and skills.	MCI/NCI registration, police verification as applicable. This should include Clinical privileges also.	
d)	The Clinic maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.		
e)	Each staff member, employee and voluntary worker is appropriately oriented to the mission of the Clinic, policies and procedures as well as relevant department / unit / service/ programme's policies and procedures	This includes patient rights, employee rights and all departmental policies, safety, grievance redressal etc.	
f)	Performance evaluation systems are in place	Appraisal, training needs identification, support for training, CMES etc is provided.	
g)	Staff Health Problems are addressed	This includes occupational health issues, medical checkups as applicable and preventive immunization.	

CHAPTER 7: Facility Management and Safety

FMS.1	. The Clinic's environment and facilities operate to ensure safety of patients, their families, staff and visitors.		
Sl. no	Objective Element	Interpretation	Remarks
a)	Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes.	A designated person maintains the drawings.	
b)	There is internal and external sign posting in the Clinic in a language understood by patient, families and community.	Self explanatory.	These signages shall guide patients and visitors. It is preferable that signages are bi-lingual. Statutory requirements shall be met.
c)	The provision of space shall be in accordance with the available literature on good practices (Indian or International Standards)	Self explanatory.	
FMS.2	The Clinic has a programme for equipment management, safe water, electricity, medical gases and vacuum system as applicable.		
Sl. no	Objective Element	Interpretation	Remarks
a)	The Clinic plans for equipment in accordance with its services	Self explanatory. This shall also take into	

	and strategic plan.	consideration future requirements.	
b)	Potable water and electricity are available.	The Clinic shall make arrangements for supply of adequate potable water and electricity.	For water quality refers to IS 10500.
c)	Alternate sources are provided for in case of failure.	Alternate electric supply could be from DG Sets, solar energy, UPS and any other suitable source.	
d)	The organisation regularly tests the alternate sources.	Self explanatory.	
e)	There is a maintenance plan for piped medical gas, compressed air and vacuum installation if applicable	Self explanatory.	
FMS.3	The Clinic has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.		
Sl. no	Objective Element	Interpretation	Remarks
a)	The Clinic has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.	The Clinic has conducted an exercise of hazard identification and risk analysis (HIRA) and accordingly taken all necessary steps to eliminate or reduce such hazards and associated risks. a) fire plan covering fire arising out of burning of inflammable items, explosion, electric short circuiting or acts of negligence or due to incompetence of the staff on duty. b) acquired adequate fire fighting equipment for this which records are kept up-to-date. c) Adequate training of staff. d) Exit plans well displayed. e) Emergency illumination system which comes into effect in case of a fire. Non-fire emergency situations include :	The National Building Code is a good reference guide.

		<p>a) Spillage of hazardous (acids, mercury, etc.), infected materials (used gloves, syringes, tubing, sharps, etc.) medical wastes (blood, pus, amniotic fluid, vomits, etc.)</p> <p>b) fall or slips (from height or on floor) or collision of personnel in passageway</p> <p>c) fall of patient from bed</p> <p>d) sudden failure of supply of electricity, gas, vacuum, etc</p> <p>e) bursting of boilers and / or autoclaves</p> <p>The Clinic has established liaison with civil and police authorities and fire brigade as required by law for enlisting their help and support in case of an emergency.</p>	
b)	A staff is trained for their role in case of such emergencies.	In case of fire designated person are assigned particular work. Mock drills are also held	
c)	The Clinic has addressed identification, spill management, training of staff storage and disposal of Hazardous materials	The Clinic has identified and listed the hazardous materials and has a documented procedure for their sorting, storage, handling, transpirations, disposal mechanism, and method for managing spillages and adequate training of the personnel for these jobs.	The hazardous materials could be identified as per part II of Manufacture, Storage and Import of Hazardous Chemical (Amendment) Rules, 2000. In addition Biological materials like blood, body fluids and microbiological cultures, mercury, nuclear isotopes, medical gases, LPG gas, steam, ETO etc are some of the other common hazardous materials.

d)	The Clinic defines and implements its policies to reduce or eliminate smoking	Smoking in public places including Clinics and hospitals has been banned in this country	
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CHAPTER 8: Community Participation and Integration			
CPI.1	The clinic cooperates and collaborates with community partners, agencies and groups to identify the healthcare problems and services needed within the community.		
<i>Sl. no</i>	<i>Objective Element</i>	<i>Interpretation</i>	<i>Remarks</i>
a)	The clinic has a policy which guides collaborative partnerships with community partners, agencies, groups	The clinic participates actively as a member of its community in programs / and policies related to health promotion, health protection and disease prevention. The clinic also shall provide cooperation and assistance to	The collaborations / partnerships are particularly for the identified populations who are at risk and for which health interventions may be reasonably considered to have a substantial impact at the population level.

		<p>other sectors delivering services having impact on health status like, Engineering departments, Water agencies, Sanitation department etc</p>	<p>These can include vulnerable population like pregnant women, elderly, children, or HIV/AIDS, TB and other significant health problems in the community.</p> <p>Priority population may also include underserved and at risk populations; school and social welfare institutions within the community.</p>
b)	<p>One or member have defined responsibility for speaking on behalf of the clinic to its community and provide quality services to the community</p>	<p>For e.g. A governing body (board / committee / council or equivalent) or administrative structure (setup which manage or supervise the affairs of the clinic and which ensures the consistent implementation of all the policies, programs, services including research) or in charge of clinic can be assigned this responsibility</p>	<p>The clinic may include community participants in its governance / administrative structure as per its policies</p> <p>For e.g. this can through formation of a Rogi Kalyan Samiti and / or separate committees like, Health and sanitation committee.</p>
c)	<p>Policies and procedures define mechanism and process for community linkages and outreach activities</p>	<p>It could be through ANM, ASHA workers, Volunteers or identified workers</p> <p>The Identified staff is assigned specific area and specific responsibilities</p> <p>Supervisory mechanism and process is well defined and followed</p>	
d)	<p>Protocols for communications are</p>	<p>Protocols define whom to contact and</p>	<p>There will also be defined mechanism in</p>

	in place	how to contact in case of Notifiable diseases, regular reporting, identified urgencies and emergencies.	place to provide contact details of providers for accessing advice / care during emergency or beyond clinic timings
CPI.2.	The Clinic participates in Health promotion, Health protection, Disease prevention and Disease control activities.		
Sl. no	Objective Element	Interpretation	Remarks
a)	The clinic participates in a variety of health promotion and disease prevention / control programs / activities as per its scope of services.	The clinic, as per its scope of services, shall participate in the National or local Health Programs / activities for Health promotion and prevention and control of diseases.	The participation may include education, counselling, health advice, screening and testing, immunizations (as per universal immunization program), medications and other preventive services including consultations, assessments, referrals etc
b)	The policies and procedures defines health promotion and disease prevention / control programs / activities it provides	The clinic defines preventive and promotive services it provides. Special focus will be on Maternal and Child care, Adolescent healthcare, Elderly care, mental health, communicable and life style diseases.	These will be responsive to the physical, and social needs and ensure that programs and services are accessible to people for whom barriers (like age, race, caste, creed, sex, occupation, literacy level, geography, social factors, language, culture, education, physical or other disability or economic circumstances) may exist.
c)	Policy and procedures guide	Information Education	Staff and centres

	<p>education, counselling and information to community partners and population on variety of topics for health promotion, Health protection, disease prevention and control s per its scope of services</p>	<p>Counselling may include topics on common health issues, like breast-feeding, adolescent health, safe sex, anaemia, nutrition, vitamin A and D deficiencies, Healthy eating and life style, tobacco-free living, communicable diseases, HIV/AIDS etc.</p> <p>The clinic will spread public health messages and also give advice on sanitation, hygiene, safe and drinking water (potable). If available, it will distribute chlorine tablets to community.</p> <p>Appropriate IEC tools shall be available. .</p> <p>The staff shall maintain open channels of communication with the patients and their families</p> <p>The IEC materials will be culturally appropriate and will also be in local languages particularly addressing low reading levels through use of symbols</p> <p>Appropriate health staff will be involved and trained in IEC and counselling</p>	<p>displays / distributes the plans and programs (specific to the area and as per the scope f the clinic) of the government by using IEC tools available e.g. newsletters, emails, telephone advice lines, pamphlets, booklets, posters, , wall hangings, paintings, appropriate signage's audio-visual aids etc. clinic may organize workshops, camps, melas, health competitions</p> <p>Thrust may be given to reproductive and child health services as appropriate.</p> <p>The clinic will endeavour to mobilize community participation in health programs</p> <p>Clinic may train community on household remedies and first aid</p>
d)	Clinic cooperates in surveillance	There is a process in	The scope of health

	and, epidemiological investigations, as per its scope of services	place to cooperate the community partners / agencies in surveillance and epidemiological investigations as its scope of services The cooperation includes sharing / reporting of reliable and valid data and of trends, recognizing and reporting epidemiological alerts, cooperation in outbreak investigations and control. In case the clinic is a surveillance site reporting to the surveillance system then it will maintain documentation of regular reporting of surveillance data.	data is broad and will include data as required by prevailing laws and regulations and guidelines of local / state / national agencies or professional bodies.
e)	There is a process in place for reporting Notifiable diseases as per prevailing law and regulations	The clinic ensures timely notification of Notifiable diseases and assists the appropriate authorities. Documentation includes tracking of reporting, lab tests and / or investigations with actual timelines noted.	It is preferred to identify hot spots on the community map and do a time series analysis
f)	The clinic participates in community epidemic / out break / communicable disease management as per its Policy and procedures and as per prevailing laws, regulation and guidelines	The clinic will identify diseases requiring outbreak investigations and prepare a short list of "warning signals" and the personnel are trained to remain alert about these signals	

		and respond rapidly. Protocols are used for containment / mitigation, contact and clinical management, providing prophylaxis, use of emergency biologics.	
CPI. 3	The clinic collects, analyze and disseminate public health data as per its scope of services		
Sl. no	Objective Element	Interpretation	Remarks
a)	There is a established process or other mechanism to collect reliable and valid health data	<i>There will be a documented policy and procedure</i>	
b)	The data is analyzed and interpreted	<i>Conclusions are drawn from data to identify trends over time, community health problems, risk factors, environmental health hazards, social and economic conditions that affects public health</i>	The clinic may use data on health status of community served, including but not limited to, trends and changes. The data may include determinants of health; demography; morbidity and mortality rates; risk factor prevalence etc.
c)	The data and findings are disseminated to identified audience at defined frequency	<i>The methods of dissemination may include formal reports to the identified local / state / national governmental or professional bodies. This will serve useful for development / review of health policy / program and interventions</i>	The findings are also used in preparing action plans for the clinic.

CPI. 4 Clinic defines and measures its achievements in meeting its community goals of care, as per its scope of service			
Sl. no	Objective Element	Interpretation	Remarks
a)	The clinic defines its goals and objectives of public health programs / services and how it will achieve them	This will be defined either in policies and procedures or in plan of action for each program / service. This will include measurable health outcomes or indicators to monitor the progress.	The plan will identify – activities (implementation and monitoring); Timelines Responsibilities; Resources; and Expected Outcomes This may also include time framed targets The plan will also reflect coordination among programs / services, as appropriate.
b)	The clinic regularly reviews its performance	The person responsible for each program / service will in consultation with the staff review the performance of the clinic in meeting goals and objectives. The Dates of all review and revision will be recorded. The plan is revised in accordance with the performance and goals	This will include analysis of data to identify trends over time
c)	The Clinic regularly solicits community and staff inputs	The Clinic actively seeks community and staff inputs for the identification and assessment of community needs (including those of the priority populations). The inputs include the community / staff perceptions related to its services and clinic	The inputs can be obtained formally or informally through individual / focused group discussions and / or other management techniques / research methodologies including surveys. There will be a mechanism /

		matters. The inputs will be used in the planning and review process. The input is also incorporated into the evaluation of programs /services	processes in place to respond to community complaints and commendations
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