



An e-Mitra initiative
**NABH QUALITY CONNECT
BEST PRACTICES
CLUB 2024**

Contribute. Collaborate.

Champion Healthcare Excellence.

**Calling all NABH Accredited &
Certified Hospitals!**



Join us on an exciting mission to lead the transformation of healthcare across the globe! Share your hospital's expertise by contributing to the **NABH Knowledge Repository** and empower new hospitals to master NABH standards through your **best practices**.

This is your moment to create a lasting impact that will be celebrated for years to come!

What Do You Need to Do?

01

Scan the QR Code to access the list of topics and guidelines provided by NABH.

02

Create engaging videos on these topics, sharing your hospital's insights, processes, and best practices.

03

Submit your videos to bpc@nabh.co by 25th November 2024

What's in it for you?

Contribute to Viksit Bharat

Help shape a healthier, safer India and inspire healthcare worldwide.

Branding Opportunity

Winning videos with your logo will be featured on our website and e-Mitra chatbot, guiding hospitals globally and positioning your hospital as a benchmark in healthcare excellence.



Exciting Prize

The Top 100 hospitals will win exclusive prizes and recognition from NABH. All participant hospitals will receive an exclusive certificate from NABH.

Last Date to Participate: **25th November 2024**

Submit your entries today and be part of contributing towards Viksit Bharat.
Inspire the next generation of hospitals to achieve excellence!



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NABH QUALITY CONNECT BEST PRACTICES CLUB 2024

Guidelines

1. **Topics:** Create videos from the list provided in the annexure below.
2. **Time Duration:** Around 90 - 120 seconds.
3.
 - **Clarity and Simplicity:** Use simple, clear language. Avoid jargon unless necessary. Ensure that every step is broken down logically.
 - **Visual Demonstrations:** Show rather than tell whenever possible. Use close-up shots for details and wide shots for context.
 - **Format:** Decide between live-action, animation, or a mix of both. For practical demonstrations, live-action is usually best.
 - **Graphics:** Incorporate infographics, charts, or captions to enhance understanding. Use screen captures for software or technical tutorials.
 - **Repetition of Key Points:** Emphasize key points by repeating them or using on-screen text.
 - **Use Scenarios or Case Studies:** Showcase real-world examples to make the practices relatable and easier to understand.
 - **Pace:** Don't rush through the video. Allow time for viewers to absorb the information. However, avoid long, drawn-out segments that may lose their interest.
 - **Don't endorse any product in the video,** nor use any image, clips or music that is copyrighted.
4. **Ratio and Size:** The videos should be shot in horizontal frame with an aspect ratio of 16:9 (1920 wide by 1080 high). The size of the video should be less than 10MB.
5. **Technical Considerations**
 - **High-Quality Equipment:** Use high-definition cameras, proper lighting, and external microphones for clear audio and visuals.
 - **Lighting:** Ensure the scene is well-lit. Natural lighting is ideal but use additional lighting for indoor shoots to avoid shadows or dim shots.
 - **Audio Clarity:** Ensure the narrator's voice is clear and avoid background noise. Use a lapel mic or boom mic for better sound capture.
- **Framing and Composition:** Keep the subject centered unless you are showcasing something in the background.
- **Steady Shots:** Use tripods or stabilizers for smooth, professional shots. Avoid handheld shaking.
6. **Watermark and Logo:** No watermarks or logos should be used throughout the video. However, the hospital's logo should be submitted along with the video, and it will be placed in the video along with the NABH logo.
7. **Judging Criteria:** Videos will be judged based on creativity, educational value, clarity of message, and overall impact.
8. **Originality:** Videos should be original creations of the participants and should not infringe upon any copyright or intellectual property rights.
9. **Terms and Conditions:** Participants must agree to the terms and conditions of the competition, including granting permission for their videos to be used on the NABH platform if selected.
10. **Disqualification:** Videos that do not comply with the rules and guidelines may be disqualified from the competition.
11. **Video Format:** .mp4 format only
12. **Submission:** Participants are requested to mail their submissions to bpc@nabh.co with subject '**Submission for NABH Quality Connect Best Practices Club 2024**'
13. **Mail format:** Please include the following in E-mail body while submitting
 - Name:
 - Designation
 - Organization name:
 - Detailed address:
 - E-mail ID:
 - Contact no:
14. **Deadline:** 25th Nov 2024

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Access, Assessment and Continuity of Care (AAC)

| O.E | Objective Element | Video Title | Video Concept Note |
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| AAC.1.a | The healthcare services being provided are defined and are in consonance with the needs of the community. | Aligning Services with Community Needs | Explain the importance of community considerations while planning new services. Emphasize that community feedback is essential for understanding needs. Mention various ways to collect feedback, like surveys and community meetings. |
| AAC.1.c | Scope of the clinical services of each department is defined | Defining Scope for Clinical Services | Explain that each department's scope of services must be clearly defined, outlining what is to be included and excluded. Explain that this information must be available through various channels, including the website, displays, and printed materials |
| AAC.2.b | A unique identification number is generated at the end of the registration. | Generation of Unique Identification Number | Explain that every patient will have a unique number when they register in the Hospital. Clarify that this number will be used to identify them throughout the hospital. Mention that all hospital patient medical records will have this unique number. |
| AAC.3.c | During transfer or referral, accompanying staff are appropriate to the clinical condition of the patient. | Safe Patient Transfers | The video should explain that staff accompanying patients during transfers can include trained trauma technologists, emergency technologists, or nurses. These individuals must be trained in basic or advanced CPR to ensure patient safety. Additionally, it should emphasize that a doctor will accompany all unstable patients during transfers to provide necessary medical support. |
| AAC.3.d | The organisation gives a summary of the patient's condition and the treatment given. | Transfer Summary | The video should explain that the transfer summary must include important findings and treatments provided to the patient during their admission. Importance of Transfer Summary. |
| AAC.4.d | Initial assessment of daycare and in-patients includes nursing assessment, which is done at the time of admission and documented. | Comprehensive Nursing Assessment | The video should begin by explaining that the nursing assessment is essential for identifying both general nursing needs and any special requirements of the patient. It should emphasize that the healthcare organization (HCO) must establish clear timelines for conducting these assessments to ensure timely care. Additionally, it should outline how to monitor the turnaround time (TAT) for nursing assessments. Include daycare or short-term stays, abridged nursing assessment methodology. |

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| AAC.4.e | The initial assessment for in-patients results in a documented care plan. | Care Plan | <p>Start by stating that the care plan must be documented by the treating doctor or a member of the treatment team.</p> <p>Point out that it should include provisional or differential diagnoses, relevant diagnosis, and specific care instructions.</p> <p>Also mention that the care plan is meant to outline the desired outcomes of the treatment. Include for modification of care plan too.</p> |
| AAC.4.g | The care plan includes the identification of special needs regarding care following discharge. | Special discharge needs | <p>Video may include that the care plan must outline any special needs for patients in extreme age groups, such as infants and the elderly, as well as those with mobility restrictions, rehabilitation services, continuous nursing care, or patients needing assistance with daily living activities.</p> <p>Mention that these needs must be identified during the assessment time.</p> |
| AAC.5.a | Patients are re-assessed at appropriate intervals to determine their response to treatment and to plan further treatment or discharge. | Re-assessment of Patients | <p>The video should include details on how often reassessments should be conducted and documented, emphasizing that the frequency depends on various factors, including the specific areas of the hospital and the patient's clinical condition. It should explain that reassessment periodicity must be tailored to the individual needs of each patient. Additionally, it must be highlighted that reassessments should be performed by caregivers within their scope of practice</p> |
| AAC.6.a | Scope of the laboratory services is commensurate to the services provided by the organisation. | Scope of Laboratory Services | <p>Mention that HCO must ensure availability of laboratory services for clinical services it offers include example a cardiac care HCO must have facilities for Cardiac enzymes. The organisation shall ensure these services round the clock, and patient care is not disrupted. Include that infrastructure and Human Resource must be adequate.</p> |
| AAC.7.c | Laboratory participates in proficiency testing / external quality assurance scheme. | External Quality Assurance for Laboratory | <p>Highlight the requirement for laboratories to participate in external quality assessments. Discuss the steps to take when formal EQA is unavailable. Mention the option for HCOs to exchange samples with other accredited labs for internal comparison.</p> |
| AAC.7.f | Laboratory personnel are appropriately trained in safe practices. | Laboratory Safe Practices | <p>Introduce the topic of safe practices in the laboratory and their critical importance for staff safety. Discuss the importance of wearing appropriate PPE, including gloves, and eye protection. Include about MSDS also.</p> |

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| AAC.7.g | Laboratory personnel are provided with appropriate safety measures. | Laboratory Safety Measures | The video should emphasize safety measures and their critical role in protecting the health of laboratory personnel. It should discuss the essential use of personal protective equipment (PPE), such as gloves, masks, and gowns, to reduce exposure to biological and chemical hazards. Additionally, the video should specify the importance of immunization for lab personnel. |
| AAC.8.i | Imaging tests not available in the organisation are outsourced to the organisation(s) based on their quality assurance system. | Outsourced Imaging Tests | Describe the process to be followed when a HCO does not have in-house imaging capabilities and have outsource these services. Include all requirements as outlined in relevant standards, and specify the need for a MOU or agreement with the outsourced provider. Detail on the content of MOU. |
| AAC.9.c | The programme addresses periodic internal / external peer review of imaging results using appropriate sampling. | Imaging Peer Review | Provide details on conducting peer reviews for CT and MRI, include guidelines for sample size and the frequency of reviews. Specify who should perform the peer reviews. How to grade discrepancies. Include an example of a scoring tool and demonstrate how to use this tool effectively. |
| AAC.9.j | Imaging and ancillary personnel are trained in imaging safety practices and radiation-safety measures. | Training in Imaging Safety Practices | Brief on the importance of safety in imaging. Overview for radiation safety and risks. Who should do the training and at what frequency. Mention all the staff working in department (including House keeping) must be trained on safety practices. |
| AAC.10.d | The organisation implements standardised hand-over communication during each staffing shift, between shifts and during transfers between units / departments. | Hand-Over Communication | This should include the importance of handovers and how to effectively capture handover information for both nurses and doctors. Additionally, it should outline the key content that should be included in a handover and how to monitor adherence to the handover process. |
| AAC.10.e | Patient transfer within the organisation is done sa | Intra-organisation transfers | This must address how a HCO can ensure safe intra-organization transfers, highlighting the role of handovers in the process. It should outline the procedure for transferring unstable patients and specify who should accompany these patients during the transfer. |

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| AAC.10.h | The organisation has a mechanism in place to monitor whether an adequate clinical intervention has taken place in response to a critical value alert. | Critical Value Alerts | Outline the process for informing critical alerts, specifying who is responsible for this communication. Describe how documentation is recorded in the patient's medical record and how the organization ensures a review of these alerts. Additionally, include the mechanism for informing outpatient (OPD) patients and explain how the organization must measures Turnaround Time (TAT) for critical alerts. |
| AAC.11.c | Mental health screening and appropriate intervention is advised for patients wherever applicable. | Mental Health Screening | This should encompass the tools utilized for screening, as well as the criteria for identifying patients eligible for screening. |
| AAC.11.e | A multi-disciplinary approach is adopted in imparting health education on life-style modifications. | Multidisciplinary approach on Health Education | The video should explain what defines a multidisciplinary approach and describe how it can be effectively implemented in a HCO. It should also identify the personnel who should be involved in this process. |
| AAC.12.a | The patient's discharge process is planned in consultation with the patient and / or family. | Discharge Planning | Outline the process of discharge planning and its key steps. Monitoring of the Discharge Planning Data. |
| AAC.12.f | The care shall be provided by expanding access to health practices through domiciliary visits, wherever applicable. | Domiciliary visits | Define domiciliary visits and include the conditions that may necessitate such visits. |
| AAC.12.g | The organisation monitors the discharge time, sets appropriate benchmarks and makes continual improvement. | Discharge Process | Outline the various steps involved in the discharge process, along with the Turnaround Time (TAT) monitoring at each stage. Specify how TAT may vary based on the patient's payment category (e.g., TPA, cash). Additionally, discuss the monitoring of TAT and Corrective and Preventive Actions (CAPA), also state the calculation methodology. |
| AAC.13.b | Discharge summary has a standardised content. | Discharge Summary Contents | This should outline the essential components that a discharge summary must include. The HCO can provide an example of a discharge summary while ensuring patient confidentiality by anonymizing all identifiable information. |

| Care of Patients (COP) | | | |
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| O.E | Objective Element | Video Title | Video Concept Note |
| COP.1.a | Uniform care is provided to patients following written guidance . | Uniform Patient Care guideliness | The video must demonstrate what are uniform guidelines and How it can be ensured. |
| COP.1.b | The organisation has a uniform process for identification of patients and uses at least two identifiers. | Patient Identifiers | The video must Detail that the Identification of patients should be uniform across the organization i.e. imaging, diagnostics, rehabilitation, day care, nutrition/diet etc. Minimum two identifiers shall be used, of which one should be the unique identification number generated at the time of registration. |
| COP.1.c | The organisation implements evidence-based clinical practice guidelines and / or clinical protocols to guide uniform patient care. | Clinical Practice Guidelines | The video must include what is Evidence based clinical practice guidelines and /or sound clinical protocols guides. |
| COP.1.d | Clinical care pathways are developed, consistently followed across all settings of care, and reviewed periodically. | Clnical Care Pathways | The video must include what is Clinical care pathways. The HCO must include that 2 clinical care pathways to be developed every year and these should be reviewed and updated annually. Clinical Care Pathways should have details regarding diagnosis, symptoms, imaging & diagnostic tests, treatment, timelines etc. |
| COP.1.e | Multi-disciplinary and multi-speciality care, where appropriate, is planned based on best clinical practices / clinical practice guidelines and delivered in a uniform manner across the organisation. | Multi-disiplinary and Multi-Speciality Care | The video must include what is multi-diciplinary and multi-speciality care.Include that Whenever the clinical condition of the patient warrants care from multiple disciplines like doctors, nurses, rehabilitation specialists, psychologistist, dietitians, etc., a detailed multidisciplinary and multispecialist care plan should be charted as per best clinical practices/guidelines. Include examples of clinical conditions where multidisciplinary care plan is required includes care of cancer patients, transplant patients, etc. |
| COP.1.f | Telemedicine facility is provided safely and securely based on written guidance. | Telemedicine | Explain what telemedicine is.Types of Telemedicine.Privacy and Security Concerns.Regulatory and Legal Issues. |

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| COP.2.b | Prevention of patient over-crowding is planned, and crowd management measures are implemented. | Crowd Management in Emergency Department | The video must include what is Crowd management. The crowd management should include appropriate policy for patients/visitors/attendants/ relatives. Policy should include monitoring of footfall trends and a strategy to manage overcrowding and violence including anticipation and assigning adequate human resource. |
| COP.2.d | Initiation of appropriate care is guided by a system of triage. | Triage in Emergency Department | Explain what triage means in the context of an emergency department. Emphasize the goal of triage, which is to maximize the number of lives saved, prioritize critical patients, and minimize wait times. Triage Categories and Classification Systems. Introduce common triage systems used in different countries or institutions. Explain The Triage Process. |
| COP.2.e | Patients waiting in the emergency are re-assessed as appropriate for the change in status. | Re-assessment in Emergency Department | The video can include what is Re-assessment and frequency of re-assessment. Include what Re-assessment should be done based on clinical needs of the patient and/or at defined intervals. The findings of reassessment should be documented in the patient's medical records. |
| COP.2.g | In case of discharge to home or transfer to another organisation, a discharge / transfer note shall be given to the patient. | Transfer/Discharge Note for Emergency Patients | Define what is discharge / transfer and when it note shall be given to the patient. Include that the Discharge / transfer note must include salient clinical findings, investigations done, treatment given and conditions at discharge along with reason for discharge/transfer. |
| COP.2.h | The organisation shall implement a quality assurance programme. | Emergency Quality Assurance Programme | The video must detail the contents and indicators which must be part of Quality assurance Programme. |
| COP.2.i | The organisation has systems in place for the management of patients found dead on arrival and patients who die within a few minutes of arrival. | Management of patients (Dead on arrival and who died within few mins for arrival) | The video must include detail on how to manage (dead on arrival and dead patients) in Emergency Department. |
| COP.3.a | The organisation has access to ambulance services commensurate with the scope of the services provided by it. | Ambulance Services | Include that Ambulance services should be as per the scope of services of the organization, the ambulance can be outsourced or in-house. Appropriate level of ambulance should be based on National Ambulance Code AIS-125. |

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| COP.3.d | The ambulance(s) is operated by trained personnel. | Trained Personnel in Ambulance | The video must include that the Personnel in the ambulance should be trained in basic cardiopulmonary resuscitation. Ambulance driver should have a valid driving license, depending on the situation and scope technician/nurse and/or doctor should be available. |
| COP.3.e | The ambulance(s) is checked daily for medical equipment, emergency medications and consumables. | Ambulance Checklist | Include that the documented checklist for checking the functional status of the ambulance like lights, siren, fuel, tyres etc. should be available. Emergency medications should also be available in the ambulance during patient transport and are checked on daily basis and after return from every trip. Top up of medication is done based on checking within defined time duration. |
| COP.4.a | The organisation identifies potential community emergencies, epidemics and other disasters. | Community Emergencies and Epidemics | The video must demonstrate what includes community emergencies, epidemics and other disasters. |
| COP.5.a | Cardio-pulmonary resuscitation services are available and provided to patients at all times. | Cardio Pulmonary Resuscitation Guideline | Video must include that there must be Documented procedure for Cardio-pulmonary resuscitation (CPR) for adult and pediatric patients. It is developed as per standardised guidelines/accepted practices. As per scope of services it shall also include obstetric, paediatric and neonatal patients. The procedure/protocol shall be displayed in all critical care |
| COP.5.e | A multi-disciplinary committee does a post-event analysis of cardio-pulmonary resuscitations. | Multi-disciplinary committee: Cardio Pulmonary Resuscitation | Define what is Multidisciplinary committee and its composition includes one physician/cardiologist, anaesthesiologist, one member of code blue team, nurse etc. Mention that the committee should meet at least quarterly and post-event analysis of CPR events is carried out. |
| COP.6.c | The organisation implements acuity-based staffing to improve patient outcomes | Acuity Based Staffing | The Video must detail what is acuity based staffing and how it can be done. |
| COP.6.f | Nurses are empowered to make patient care decisions within their scope of practice. | Nursing Empowerment | The video must include what is nursing empowerment and how the same can be implemented in the hospital setting. Nurses should be aware of the same and should take appropriate decisions in a timely manner. Eg. Initiation of cardio-pulmonary resuscitation |

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| COP.7.d | Care is taken to prevent adverse events like a wrong patient, wrong procedure and wrong site. | Proper Usage of Surgical Safety Checklist | The video must include Sign-in, Time-out and Sign-out in detail. |
| COP.7.e | Informed consent is taken by the personnel performing the procedure, where applicable. | Informed Consent | The video must detail what is Informed consent. Include contents which must be part of informed consent. |
| COP.7.f | Patients are appropriately monitored during and after the procedure. | Procedural Monitoring | Introduction to Procedural Monitoring. Types of Procedures that Require Monitoring. Key Parameters Monitored During Procedures Who Performs Procedural Monitoring? Potential Complications and How Monitoring Helps Prevent Them |
| COP.8.c | Blood and components are stored safely from the time of collection till transfusion. | Blood and Components Storage | The video must include the temperature of whole blood and its components must be maintained as per guidelines. Labelling of blood components should be done after TTI screening. Untested blood should be stored in separate area. |
| COP.9.b | The defined admission and discharge criteria for intensive care and high dependency units are implemented. | Admission and discharge Criteria Intensive Care | Define what are admission and criteria. Mention it must be different for different types of ICUs example Medical and Surgical. Training of staff on the same. |
| COP.9.d | Defined procedures for the situation of bed shortages are followed. | Bed Shortages in ICU | The video must detail what can be done in case of Bed Shortages in ICU. |
| COP.9.g | The organisation has a mechanism to counsel the patient and / or family periodically. | Patient and Family Counselling In Intensive Care | The video must include what is Patient and family counselling. Include that the Counselling should be done based on current clinical condition, expected outcomes, queries of the family, etc. Counselling should be documented and acknowledged by the patient and/or family members. |
| COP.10.a | Obstetric services are organised and provided safely. | Obstetric Services and High Risk Obstetrics Care | The video must include that the High-risk obstetric cases should be identified early during ante-natal examinations. In case high-risk pregnancies are not in scope of organization pro-active referral to appropriate organization should be done. Include that there should be availability of NICU (Level I, II or III) with appropriate equipment and qualified and/or trained staff. |

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| COP.10.h | Obstetric patient's assessment also includes maternal nutrition. | Obstetric Patient's Nutritional Assessment | The video must include for Maternal nutrition should be included during nutritional assessment of obstetrics patient and is documented in ante-natal card or patient's medical records. |
| COP.10.k | Organization shall adhere to legal and defined Assisted Reproductive Technology (ART) practices. | Assisted Reproductive Technology | The video must include that if the Organizations has IVF in scope then it should adhere to Assisted Reproductive Technology Act and there should be availability of infrastructure, ART Lab, ART team along with qualified doctors. |
| COP.11.a | Paediatric services are organised and provided safely. | Pediatric Services | The video must include an overview of Pediatric Services. |
| COP.11.b | Neonatal care is in consonance with the national / international guidelines. | Neonatal Care | The Video must include what includes Neonatal Care Services. What includes Neonatal Care. |
| COP.11.c | Those who care for children have age-specific competency. | Age-specific Competency | The video must include what is age specific Competency and how it can be done. Include that the doctors and nursing staff should have age-specific competency ie. Based on qualification, experience and/or training which staff will be competent to handle which age group of children. |
| COP.11.e | Paediatric assessment includes growth, developmental, immunisation and nutritional assessment. | Pediatric Assessment | The video must include what all includes in Pediatric assessment. The video can also demonstrate for Pediatric assessment tool and growth chart. |
| COP.11.f | The organisation has measures in place to prevent child / neonate abduction and abuse. | Child abduction and Abuse | The video must include how a HCO must ensure child protecting and how the same can be implemented. Include Staff Training and Mock drill. |
| COP.11.g | The child's family members are educated about nutrition, immunisation and safe parenting. | Safe Parenting | The video must outline that Child's family members are educated about nutrition, immunisation and safe parenting like importance of breastfeeding, childhood obesity etc. using educational materials in a language that the family understands. |

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| COP.11.h | The organisation provides for adolescent friendly health care services. | Adolscent Healthcare Services | The video must include for Preventive, curative and counselling services for adolscents by giving Examples of adolscent healthcare services like management of physical and mental disorders, premarital counselling, HPV immunization etc. Confidentiality shall be maintained. |
| COP.12.a | Procedural sedation is administered in a consistent manner. | Procedural Sedation | Introduction to Procedural Sedation.Discuss the types of medical procedures that may involve procedural sedation. Monitoring and Safety During Sedation. Consent for the same.Emphasize who can give sedation. |
| COP.12.b | Informed consent for administration of procedural sedation is obtained. | Informed Consent for sedation | The video must include what includes Informed consent, who should obtained consent. The risks, benefits and alternatives should be explained and education should be provided regarding post-procedural analgesia. |
| COP.12.d | The person monitoring sedation is different from the person performing the procedure. | Sedation Monitoring | The video must include details on what is involved in monitoring patients under sedation, as well as who is responsible for this monitoring. |
| COP.12.g | Criteria are used to determine the appropriateness of discharge from the observation / recovery area. | Discharge Criteria form Observation/recovery | The video must detail the criteria for discharge from the Observation Recovery area, specifying who will be responsible for the discharge process. |
| COP.13.a | Anaesthesia services are provided in a consistent manner. | Anesthesia Services | Definition and importance of anesthesia in surgical procedures,Preoperative Assessment,Intraoperative Monitoring and Post-Anesthesia Care. |
| COP.13.b | The pre-anaesthesia assessment results in the formulation of an anaesthesia plan which is documented | Pre-anesthsesia Assessment | The video must define Pre-anesthesia and that Qualified anaesthesiologist performs pre-anaesthesia assessment using standardised format. Include that it should be done for all emergency and routine cases. |

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| COP.13.c | A pre-induction assessment is performed and documented. | Pre-induction Assessment | The video must state that the Anaesthesiologist should perform pre-induction assessment to re-evaluate patients immediately before the induction of anaesthesia. Any changes should be documented and necessary actions should be taken. |
| COP.13.d | The anaesthesiologist obtains informed consent for administration of anaesthesia. | Anesthesia Consent | The video must detail that the Informed consent should be obtained by the anaesthesiologist and it should be separate from surgery consent. The risks, benefits and alternatives should be explained. |
| COP.13.e | During anaesthesia, monitoring includes a regular recording of temperature, heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation and end-tidal carbon dioxide. | Anesthesia Monitoring | The video must outline that during anaesthesia, monitoring includes a regular recording of temperature, heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation and end-tidal carbon dioxide and it should be documented. |
| COP.13.g | The anaesthesiologist applies defined criteria to transfer the patient from the recovery area. | Criteria to transfer Patient from Recovery area | The video must include what can include in criteria for transfer of patient from Recovery area. |
| COP.13.j | Intra-operative adverse anaesthesia events are recorded and monitored. | Adverse Anesthesia Events | The video must include a definition of intra-operative adverse anesthesia events, outlining the types of events that should be documented. It should also emphasize the importance of taking appropriate corrective and preventive actions for any such incidents. |
| COP.14.c | Informed consent is obtained by a surgeon before the procedure. | Informed consent for Surgery | The video should emphasize that informed consent must be obtained by the operating surgeon or a member of the surgical team. It is essential to explain the risks, benefits, and alternatives associated with the procedure. If there are any changes or modifications to the surgery before it begins, a revised consent should be obtained. |

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| COP.14.e | An operative note is documented before transfer out of patient from recovery. | Operation Note Contents | The operation note should include detailed information such as the type of surgery performed, names of the surgeon(s) and anesthesiologist(s), post-operative diagnosis, any peri-operative complications, amount of blood loss, salient steps of the procedure, and key intra-operative findings. |
| COP.14.f | Postoperative care is guided by a documented plan. | Post-operative care Plan | Mention that the Post-operative care plan must include advise on IV fluids, medication, care of wound, nursing care, observing for any complications and it should be documented in the patient medical record by the operating surgeon or member of the operating team. |
| COP.14.i | The organisation shall implement a quality assurance programme. | Quality Improvement for OT | The video must provide detailed information on the Operation Theater Program, highlighting various indicators and key details that can be included in the program. |
| COP.14.j | The quality assurance programme includes surveillance of the operation theatre environment. | Surveillance of Operation Theater | Briefly introduce the concept of operating theaters and their critical role in patient care.Explain the various forms of surveillance . |
| COP.15.a | The organ transplant programme shall be in consonance with the legal requirements and shall be conducted ethically. | Organ Transplant Programme | The video must detail that the programme must include documentation of the programme. The program must adhere to Human Organs Act. |
| COP.15.d | The organisation shall take measures to create awareness regarding organ donation. | Awareness on Organ Donation | The video must include how a HCO can do awareness regarding organ donation. Who can do counseling of family for the same. |
| COP.16.a | The organisation identifies and manages vulnerable patients. | Vulnerable Patients identification and Management | The video must define what is Vulnerable patients and how an organisation can ensure the identification and management of vulnerable patients. |

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| COP.16.b | The organisation identifies and manages patients who are at a risk of fall. | Fall Prevention | Definition of Fall.Statistics and Impact of Falls.Patient assessments upon admission. Financial and Emotional Costs.Risk Factors for Falls.Fall Prevention Strategies.Staff Training.Patient and Family Education |
| COP.16.c | The organisation identifies and manages patients who are at risk of developing / worsening of pressure ulcers. | Preventing Pressure Ulcers | Defination and Importance of Prevention.Risk Factors for Pressure Ulcers.Stages of Pressure Ulcers.Prevention Strategies.Using Pressure-Relieving Devices and Equipment Specialized Beds, Heel Protectors. Assessment and Monitoring. |
| COP.16.d | The organisation identifies and manages patients who are at risk of developing deep vein thrombosis. | Preventing Deep Vein Thrombosis | Explain what DVT is.Risk Factors for DVT. Preventing DVT. Assessment of patient for DVT. |
| COP.16.e | The organisation identifies and manages patients who need restraints. | Restrain of Patients | The video must include restrain types, Consent and documenation of the same. |
| COP.17.a | Patients in pain are effectively managed. | Pain Management | Video must include Pain assessment and its Management. Various tools used for pain assessment (Pead, Adult etc) |
| COP.18.a | Scope of the rehabilitation services at a minimum is commensurate to the services provided by the organisation. | Rehabilitation Services Care Pathway | Rehabilitation services should be available as per scope of services like organization having Neurology services should have neuro-rehabilitation services. |
| COP.18.g | Care pathways are developed, implemented, and reviewed periodically. | Care Pathways | The video must outline what are care pathways. It shoud inlcude that the carepathways must be Evidence based/ sound clinical practices based. The care pathways are developed, implemented and reviewed at least annually. Care pathways should provide detailed guidance at various stages of rehabilitation. |
| COP.19.a | Patients admitted to the organisation are screened for nutritional risk. | Nutrional screening of Patients | The video must inlcude diffrene between Nutrtrionl screening and assessment. When The HCO can do nutrion screening and who can do it. |

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| COP.19.b | Nutritional assessment is done for patients found at risk during nutritional screening. | Nutritional Assessment | The video must include what is Nutritional screening and who should do it. Detail for validated tools like Nutritional Risk Screening etc. |
| COP.20.a | End-of-life care is provided in a consistent manner in the organisation. | End-of-Life Care | Begin by defining end-of-life care. Key Components of End-of-Life Care: Pain and Symptom Management, Palliative Care. Emotional and Psychological Support. Support for Families. |
| COP.20.b | A multi-professional approach is used to provide end-of-life care. | Multi-professional approach in end-of-life care | The video can include what a multi-professional approach is in end of life care. It can include a professional trained in palliative care heads the team which provides end of life care. The team can also include doctors, nurses, clinical psychologists, rehabilitation experts, dieticians etc. |
| COP.20.d | End-of-life care also addresses the identification of the unique needs of such patient and family. | Identification of unique needs patient and family (End of Life Care) | The video must detail for the psychological, emotional, cultural, religious and socio-cultural beliefs of patients/ family. Staff should be educated regarding the same. |

Management of Medication (MOM)

| O.E | Objective Element | Video Title | Video Concept Note |
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| MOM.1.a | Pharmacy services and medication management are implemented following written guidance. | Pharmacy Services and Medication Management | Video of Pharmacies (OP, IP, Warehouse) along with Medication Management Manual and Medication safety officer |
| MOM.1.b | A multi-disciplinary committee guides the formulation and implementation of pharmacy services and medication management. | Multi-disciplinary Committee for Medication Management | Video must include 1. Multi-disciplinary committee meeting composition 2. Medication management system review frequency 3. TOR |
| MOM.2.c | The current formulary is available for clinicians to refer to. | Hospital Formulary | Must include the content of hospital formulary its availability and access to formulary. |
| MOM.3.a | Medications are stored in a clean, safe and secure environment while incorporating the manufacturer's recommendation(s). | Medication Storage | Video of storage of medicines in all areas where medications are stored (Including medicine storage protected from loss or theft, limiting access, locking mechanism, cleanliness, inventory control practices, temperature monitoring of the area) |
| MOM.3.b | Sound inventory control practices guide the storage of medications throughout the organisation. | Sound Inventory Control Practices | Storage of medications according to inventory control practices like ABC, VED, FSN, First Expiry First Out, lead time analysis etc. |
| MOM.3.d | High-risk medications are stored in areas of the organisation where it is clinically necessary. | Storage of High Risk Medications | Video of high risk medications storage and its list in all areas where medications are stored |
| MOM.3.e | High-risk medications including look-alike, sound-alike medications and different concentrations of the same medication are stored physically apart from each other. | Look-alike, and Sound-alike medications | Video of high risk medications storage including look alike and sound alike medications are stored physically apart from each other |
| MOM.3.f | The list of emergency medications is defined and is stored uniformly. | Emergency Medication (Crash Cart) | Video of emergency medications storage and its list in all areas where emergency medications are stored |
| MOM.4.b | The organisation adheres to the determined minimum requirements of a prescription. | Minimum Requirement of a Prescription | Video must include what must be ensured while writing a prescription. |

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| MOM.4.e | Reconciliation of medications occurs at transition points of patient care. | Reconciliation of Medications | Video must detail what is Medication Reconciliation and how it can be done. Also, include reconciliation events example when Patient is shifted from ICT to ward etc. |
| MOM.4.h | Corrective and / or preventive action(s) is taken based on the audit, where appropriate. | Prescription Audits | Video presentation of 1. Prescription Audit, 2. Root cause system, 3. CAPA analysis |
| MOM.6.d | Dispensed medications are labelled. | Labelling of Dispensed Medications | Labelling of out patient medications, when medicines are dispensed either as cut strips or bulk containers. |
| MOM.7.d | Medication is verified from the medication order and physically inspected before administration. | Medication Order Audit Tool | Video must include how medication is verified before administration (including checking of UHID of patient, name, strength, route, frequency, expiry date and general appearance of the medication). The audit tool can be explained in detail. |
| MOM.7.h | Measures to avoid catheter and tubing mis-connections during medication administration are implemented. | Catheter and Tubing Mis-connections | Explain what a catheter is, what types exist (e.g., urinary catheters, intravenous (IV) catheters, enteral feeding tubes), and the types of tubing that may be involved. Define what mis-connections are, e.g., when tubing or catheters are connected to the wrong ports, leading to potentially dangerous consequences. Include example for common Types of Mis-connections. Discuss the importance of standardizing connectors and color-coded systems for different types of tubing. |
| MOM.8.f | Corrective and / or preventive action(s) are taken based on the analysis. | Adverse Drug Reactions and Medications Errors | The video must define what an adverse drug reaction is and types of medication errors with example. |
| MOM.9.c | Narcotic drugs and psychotropic substances, chemotherapeutic agents and radio-pharmaceuticals drugs shall be stored securely. | Narcotic drugs and psychotropic substances, chemotherapeutic agents | Video of secure storage of narcotic drugs and psychotropic substances, chemotherapeutic agents and radio-pharmaceutical drugs |
| MOM.11.c | Medical supplies and consumables are stored in a clean, safe and secure environment; incorporating the manufacturer's recommendation(s). | Hazardous Material Management | Video must include how the Hazardous material can be stored. |

Patient Rights and Education (PRE)

| O.E | Objective Element | Video Title | Video Concept Note |
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| PRE.1.a | Patient and family rights and responsibilities are documented, displayed, and they are made aware of the same. | Patient and Family Rights & Responsibilities | 1. Rights and responsibilities of the patients - displayed in the hospital where it is prominently visible to patients, families and visitors 2. Pamphlets bilingual.for Information, education and communication |
| PRE.1.d | The organisation has a mechanism to report a violation of patient and family rights. | Violation of Patient and Family Rights | Video must include Staff Training on Processes,Examples of Violations: Include a list of specific instances that constitute violations, such as: Sharing confidential information, Compromising the Privacy.Outline the reporting process and tool to be used for violation. |
| PRE.2.a | Patients and family rights include respecting values and beliefs, any special preferences, cultural needs, and responding to requests for spiritual needs. | Cultural and Spiritula Needs of Patient | The video should address how to respect patients' values and beliefs within the healthcare setting. For instance, it could highlight a scenario where a patient or their family from a specific religious background needs designated space for prayer during their hospital stay. Additionally, it should include other spiritual needs, such as keeping the spiritual books beside the |
| PRE.2.b | Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment. | Dignity and Privacy of Patients | Highlight how the hospital safeguards patients' privacy and dignity during examinations and procedures.Explain about the explicit informed consent which must be obtained before any photographs or recordings are made, ensuring that the patient's identity remains confidential. |
| PRE.2.c | Patient and family rights include protection from neglect or abuse. | 1. Protection of Patient form neglect or abuse 2. Vulnerable Patients | Discuss scenarios such as patients falling from beds or trolleys due to negligence, emphasizing the importance of proper monitoring and safety measures. Explain the seriousness of any form of assault or manhandling, highlighting the need for respectful and compassionate patient interactions. Highlight the hospital's responsibility to ensure processes are in place for identifying vulnerable patients, such as neonates, elderly patients, and comatose individuals. |

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| PRE.2.d | Patient and family rights include treating patient information as confidential. | Confidentiality of Patients | Include effective measures to maintain the confidentiality of all patient-related information. Mention that staff must avoid having patient related discussion in Public Places. Include examples such as HIV Status shall not be revealed without patient's permission. |
| PRE.2.e | Patient and family rights include the refusal of treatment. | Refusal of Treatment | In the video, include that patients have the right to refuse treatment at any time; in the event of a refusal, the doctor must explain the consequences of not proceeding with treatment, and this information must be documented in the patient's medical record, ensuring that the patient's decision is always respected. |
| PRE.2.f | Patient and family rights include a right to seek an additional opinion regarding clinical care. | Second Opinion | Include in the video the mechanism for patients and families to seek a second opinion if they wish, either from within or outside the organization, emphasizing that the organization will respect their decision. Additionally, include that the hospital should also provide information regarding the qualifications and experience of physicians if requested by the patient or family. |
| PRE.2.h | Patient and family rights include a right to complain and information on how to voice a complaint. | Voicing Complaint by Patient | Display of patient rights shall include the right to make a complaint and also mention the methodology to voice the same. Complaint mechanism must be accessible, and redressal of complaint must be fair and transparent. |
| PRE.2.j | Patient and family rights include access to their clinical records. | Patient right to access records | Include in the video that every patient has the right to access their medical records. Demonstrate the process which can be followed for obtaining these records, including who is authorized to access them and any necessary steps or documentation required. |
| PRE.2.i | Patient rights include determining what information regarding their care would be provided to self and family. | Information Regarding Patient Care | The video must include the mechanism for providing sensitive and/or confidential information to the patient and their next of kin if the patient desires. This should outline the process for ensuring that such information is shared appropriately and securely, respecting the patient's wishes and confidentiality. |

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| PRE.3.d | The patient and / or family members are explained about any change in the patient's condition in a timely manner. | Patient and Family Counselling | The video must cover the frequency of counseling, emphasizing that it will vary between the ICU and other areas of the hospital and will also depend on the patient's clinical condition. Additionally, the counseling should include discussions about the patient's improvement or deterioration, as well as the occurrence of complications. |
| PRE.3.e | The patient and / or family members are provided multi disciplinary counselling when appropriate. | Multidiciplinary Counselling of Patient and Family | The video must include situations where multidisciplinary counseling is required, providing examples such as critically ill patients, potential organ donors, and long-stay patients. It should highlight that the multidisciplinary team involved in providing care—such as doctors from different specialties, nurses, and physiotherapists—will be part of the counseling process. The video can also include the methods and frequency of counseling, detailing how this can be done. |
| PRE.5.e | Patient and / or family are educated about immunisations. | Patient and Famiy education on Immunisation | The video must include that patients and their families are educated about immunization, covering key groups such as pediatrics, the elderly, pregnant women, and others. It should emphasize the importance of vaccinations for each group and provide information on recommended immunization and benefits. |
| PRE.5.f | Patient and / or family are educated on various pain management techniques, when appropriate. | Patient and Famiy education on Pain Management | The video can include education on pain management techniques for patients, detailing various methods for pain management. |
| PRE.5.h | Patient and / or family are educated about preventing healthcare associated infections. | Patient and Famiy education on HAIs | The video must include the Importance of hand hygiene. To include examples such as Safe practices for wound care and catheter management. Recognizing signs of infection and when to seek medical help. |
| PRE.5.i | The patients and / or family members' special educational needs are identified and addressed. | Special Education Needs of Patient/Family | The video should explain how special needs are identified during treatment. It shall also highlight that families receive education through various methods, including counseling sessions, printed materials, and audiovisual aids. |
| PRE.6.c | The patient and / or family members are explained about the expected costs. | Patient Right on information about expected cost of treatment | Explain that patients have the right to know about the financial aspects of their treatment, including expected costs, out-of-pocket expenses, and insurance coverage.Highlight the importance of pre-treatment cost estimates, especially for surgeries, long-term care, or complex treatments. |

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| PRE.7.a | The organisation has a mechanism to capture feedback from patients, which includes patient satisfaction. | Patient Feedback and satisfaction | The video should include that feedback can be captured either physically or electronically. Highlight that separate data is obtained from outpatients and inpatients |
| PRE.7.b | The organisation has a mechanism to capture the patient experience. | Patient Reported Experience Measures (PREMs) | The video can include the mechanism for capturing Patient Reported Experience Measures (PREMs), detailing how it is must be collected. Additionally, the video can demonstrate PREMs tool, showing how it is used to gather and analyze patient experince. |
| PRE.7.d | Patient and / or family members are made aware of the procedure for giving feedback and / or lodging complaints. | Patient Complaint Mechanism | Awareness - display or providing written information for procedure for giving feedback and / or lodging complaints. |
| PRE.7.e | Feedback and complaints are reviewed and / or analysed within a defined time frame. | Review of Patient feedback and Complaints | The video should outline the process of review. It should highlight that patients and/or their families are actively involved in discussions related to their care and are informed about the outcomes of these reviews, fostering a collaborative approach to healthcare. |
| PRE.8.a | Communication with the patients and / or families is done effectively. | Communication with Patient /Families | The video should include - Highlight the importance of recognizing potential communication barriers, such as language differences, hearing impairments, or cultural differences, and discuss strategies to overcome these challenges. Present the Seven C's model. |
| PRE.8.b | The organisation shall identify special situations where enhanced communication with patients and / or families would be required. | Enhanced Communication with Patients/Families in Special Situation | The video can include the communication methodology during challenging situations, including breaking bad news, handling adverse events, managing aggressive patients or families, talking to the families of deceased patients, and counseling for complicated interventions. |
| PRE.8.d | The organisation ensures that there is no unacceptable communication. | Unacceptable Communications | The video can include a definition of unacceptable communication, providing examples such as abuse, hurting the religious or cultural ssentiments, etc. It should emphasize that the staff are trained on this. |

Infection Prevention and Control (IPC)

| O.E | Objective Element | Video Title | Video Concept Note |
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| IPC.1.a | The infection prevention and control programme is documented, which aims at preventing and reducing the risk of healthcare associated infections in the hospital. | Infection Prevention and Control Programme | Explain what Infection Prevention and Control Programme is, mention for Key Components of an IPC Programme |
| IPC.1.b | The infection prevention and control programme identifies high-risk activities and has written guidance to prevent and manage infections for these activities. | Highrisk activites/areas for infection Control | The video should focus on high-risk activities and the potential for infection transmission to both patients and healthcare providers. It must highlight specific high-risk areas and procedures within the hospital, such as aerosol-generating procedures, managing spills of blood and body fluids, and handling specimens and sharps. |
| IPC.1.d | The infection prevention and control programme is reviewed based on infection control assessment tool. | Infection control assessment tool | The video should include specific examples of tools that can be used. |
| IPC.1.e | The organisation has a multi-disciplinary infection control committee, which co-ordinates all infection prevention and control activities. | Infection Control Committee | The video must include the composition of the committee, its terms of reference (TOR), the frequency of committee meetings, documentation of minutes of meetings (MoM), and any actions taken as a result. |
| IPC.1.f | The organisation has an infection control team, which coordinates the implementation of all infection prevention and control activities. | Infection control team composition | This must include the composition of the Infection Control Team and outline the team's responsibilities for all infection control and prevention activities. |
| IPC.1.g | The organisation has designated infection control officer as part of the infection control team. | Infection Control Officer | The video must specify who can serve as the Infection Control Officer and outline the officer's responsibilities. |
| IPC.1.h | The organisation has designated infection control nurse(s) as part of the infection control team. | Infection control nurse | The video can outline who can serve as the Infection Control Nurse, detailing the qualifications and experience required for this role. Additionally, it should feature the Infection Control Nurse discussing their responsibilities in monitoring hand hygiene, bundle care, and transmission-related precautions. |

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| IPC.1.i | The organisation implements information, education and communication programme for infection prevention and control activities for the community. | Education and Communication programme for infection prevention | The video should emphasize creating awareness and educating the community about infection prevention and control activities. It should cover topics such as hand hygiene, appropriate use of antimicrobials, and the proper use of personal protective equipment (PPE). Additionally, the video must include examples of how the hospital can effectively educate the community on these important topics. |
| IPC.1.j | The organisation participates in managing community outbreaks. | Managing Community Outbreaks | Briefly explain what a community outbreak is and its significance in public health. Provide a clear definition of a community outbreak, emphasizing that it involves multiple cases of the same disease in a specific area exceeding normal expectations. Use visuals or infographics to illustrate the concept. Discuss common indicators of an outbreak, such as: Sudden increase in cases, Clusters of infections in specific locations or populations. Outline the steps involved in investigating a community outbreak. |
| IPC.2.d | Isolation / barrier nursing facilities are available. | Isolation and Barrier Facilities | Briefly introduce the topic of isolation and barrier facilities in healthcare settings. Explain their importance in preventing the spread of infections and protecting patients and staff. Explain barrier facilities as physical structures (like negative pressure rooms) designed to prevent the spread of infections. Discuss the different types of isolation based on transmission modes. Describe the essential features of barrier facilities, including: Negative Pressure Rooms, Ventilation Systems: Proper air exchange rates to ensure safety and Barrier facilities. |
| IPC.3.b | The organisation adheres to hand-hygiene guidelines. | Hand-hygiene guidelines | Video on hand washing steps as per international/national guidelines |

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| IPC.3.c | The organisation adheres to transmission-based precautions. | Transmission-based precautions | <p>Briefly explain the concept of transmission-based precautions , types and their role in infection control.Discuss the use of PPE such as gloves and gowns. Provide examples of diseases requiring contact precautions (e.g., MRSA, C. difficile).Explain droplet precautions for infections transmitted via respiratory droplets.</p> <p>Discuss the importance of wearing masks and maintaining distance. Provide examples (e.g., influenza, COVID-19).Describe airborne precautions for diseases that spread through small airborne particles.</p> <p>Discuss the need for N95 respirators or higher-level protection and the use of negative pressure rooms. Provide examples (e.g., tuberculosis, measles).Discuss the steps healthcare facilities should take to implement these precautions effectively example: signage in isolation areas to inform staff and visitors, Staff training.</p> |
| IPC.3.d | The organisation adheres to safe injection and infusion practices. | Safe Injection Practices | Video on one needle, one syringe, only one time as per CDC |
| IPC.3.e | Appropriate antimicrobial usage policy is established and documented | Anti-microbial Stewardship Programme | <p>Briefly introduce what Antimicrobial Stewardship Programs are. Explain their importance in combating antibiotic resistance. Describe the roles of various team members, including infectious disease specialists, pharmacists, microbiologists, and nursing staff.</p> <p>Discuss the importance of developing evidence-based guidelines for appropriate antimicrobial use.</p> <p>Highlight ongoing education for healthcare providers on appropriate prescribing practices and resistance issues. Explain the need for regular monitoring of antimicrobial usage and resistance patterns, as well as providing feedback to prescribers.</p> |
| IPC.4.a | The organisation has appropriate engineering controls to prevent infections. | Engineering Control to Prevent Infections | Include the factors which can be implemnted to prevent infections example design of patient care areas (Spacing between beds) , Operating Theatre (OT)including zoning to limit cross-contamination air quality, water quality, cleaning of air-conditioning ducts, air handling units etc |
| IPC.4.b | The organisation designs and implements a plan to reduce the risk of infection during construction and renovation. | Infection Prevention and Control risk assessment (Construction and | The video should cover the process of Infection Control Risk Assessment (ICRA), demonstrating the checklist contents, outlining responsibilities for who will conduct it, and explaining the monitoring of these activities. |

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| IPC.4.c | The organisation adheres to housekeeping procedures. | Housekeeping Services | Video must include cleaning at different levels of the organisation by housekeeping, usage of disinfectants, dilution protocols, Terminal cleaning and Training of housekeeping staff on the same. |
| IPC.4.d | Biomedical waste (BMW) is handled appropriately and safely. | Bio Medical Waste | Explain what biomedical waste is. Importance of Proper Management. Categories of Biomedical Waste. Risks Associated with Improper |
| IPC.4.e | The organisation adheres to laundry and linen management processes. | Laundry and Linen Management | Video on process of handling linen, transportation, storage & distribution |
| IPC.4.f | The organisation adheres to kitchen sanitation and food handling issues. | Kitchen sanitation and food handling | Video on kitchen a) food storage area b) maintenance of food storage area c) cleaning supplies d) separate dedicated food preparation areas exist e) temp control food distribution f) measures to prevent entrance of flies & insects inside kitchen |
| IPC.5.a | The organisation takes action to prevent catheter associated urinary tract Infections. | Catheter associated urinary tract Infections | Include Definition, How CAUTIs Develop, Symptoms and Diagnosis, Prevention of CAUTIs and Care bundles. Patient and Family Education |
| IPC.5.b | The organisation takes action to prevent ventilator-associated pneumonia. | Ventilator-associated pneumonia | Include Definition, How VAP Develop, Symptoms and Diagnosis, Prevention of VAP and Care bundles. Patient and Family Education |
| IPC.5.c | The organisation takes action to prevent central line associated blood stream infections. | Central Line associated blood stream infections. | Include Definition, How CLABSI Develop, Symptoms and Diagnosis, Prevention of CLABSI and Care bundles. Patient and Family Education |
| IPC.5.d | The organisation takes action to prevent surgical site infections. | Surgical site infections. | Introduction to Surgical Site Infections (SSIs), Types of Surgical Site Infections, Risk Factors for SSIs, Signs and Symptoms of SSIs, Prevention of |
| IPC.6.a | The scope of surveillance incorporates tracking and analysing of infection risks, rates and trends. | Active and Passive Surveillance :Infection Control | Briefly introduce the topic of infection control and the importance of surveillance in healthcare settings. Explain the active surveillance mechanism with example. Discuss how passive surveillance helps track infection trends over time and contributes to the overall understanding of infection rates in the facility. |
| IPC.6.b | Verification of data is done regularly by the infection control team. | Verification of Surveillance Infection Control Data | The video must include how verification of data can be done. |
| IPC.6.c | Surveillance is directed towards the identified high-risk activities. | High Risk Activities Surveillance: Infection Control | The Video must define High Risk activities, must also include examples of high-risk activities and High risk areas including areas where demolition, construction or repairs are undertaken by the hospital. |

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| IPC.6.e | Surveillance includes mechanisms to capture the occurrence of multi-drug-resistant organisms. | Mechanisms to capture multi-drug-resistant organism | The video must include that the HCO must establish routine surveillance for MDROs .Use of laboratory data to track the prevalence and incidence of MDROs. The video can include that the HCO can Implement screening protocols for high-risk patients upon admission or transfer. Regular Testing. |
| IPC.6.f | Surveillance includes monitoring the effectiveness of housekeeping services. | Monitoring effectiveness of House keeping services` | The video should focus on monitoring the effectiveness of housekeeping services, detailing the frequency of assessments, utilizing a checklist approach, and incorporating feedback from both patients and staff, along with considerations for fogging conditions. |
| IPC.6.h | The organisation identifies and takes appropriate action to control outbreaks of infections. | Outbreaks of Infections | Define what outbreak is and how a hospital can identify and take appropriate action to handle such a situation. |
| IPC.7.a | The organisation provides adequate space and appropriate zoning for sterilisation activities. | CSSD Layout and Process | Video on CSSD must demonstrate the unidirectional flow of CSSD and mst detail for zoning in CSSD. |
| IPC.7.c | Reprocessing of instruments, equipment and devices are done as per written guidance. | Re-use Policy and Procedures | The video must include the hospital's definition of reusable items, along with the specified number of times each item can be used. It should also demonstrate how a hospital can ensure proper reuse, for example, by marking items after each use. Additionally, the video should cover the procedures for discarding items and maintaining a discard register. |
| IPC.7.d | Regular validation tests for sterilisation are carried out and documented. | Validation of Test in CSSD | The video must explain how validation tests for sterilization are conducted in the Central Sterile Supply Department (CSSD) and detail the documentation process for these tests. |
| IPC.7.e | The established recall procedure is implemented when a breakdown in the sterilisation system is identified. | Recall Procedure in CSSD | The video must detail what a recall is, explaining how recalls are conducted specifically in the Central Sterile Supply Department (CSSD) and the conditions that may lead to a recall. In the event of a recall, it should outline the steps involved in the recall process and documentation of recall. |
| IPC.8.a | The organisation implements occupational health and safety practices as per written guidance to reduce the risk of transmitting microorganisms among health care providers. | Occupational Health and Safety Practices | The video must include occupational health and safety practices. Immunisation status capturing process. |

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| IPC.8.b | The organisation implements an immunisation policy for its staff. | Immunisation Policy for Staff | The video must include that the HCO must define a policy stating what immunisation will be provided to the staff. Healthcare facilities should maintain records of immunization status for all staff. |
| IPC.8.c | The organisation implements work restrictions for health care providers with transmissible infections. | Work Restrictions for Healthcare providers with transmissible infections | The video must include example of transmissible infections. Include how a hospital could limit the role and responsibilities for healthcare providers with such infections. |
| IPC.8.d | The organisation implements measures for blood and body fluid exposure prevention. | Measures for blood and body fluid exposure prevention | Brief overview of the importance of blood and body fluid exposure prevention.Explanation of standard precautions: treating all blood and body fluids as potentially infectious.Usage of Personal Protective Equipment (PPE).Staff Training on safe practices. |
| IPC.8.e | Appropriate post-exposure prophylaxis is provided to all staff members concerned. | Post Exposure Prophylaxis | Briefly explain what post-exposure prophylaxis (PEP) is and its importance in healthcare settings.Outline immediate actions staff should take following an exposure incident (e.g., washing the area, reporting the incident).Describe the process for staff to access medical evaluation after an exposure. Include Reporting Mechanism and training of staff. |

Patient Safety and Quality Improvement (PSQ)

| O.E | Objective Element | Video Title | Video Concept Note |
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| PSQ.1.a | The patient safety programme is developed, implemented and maintained by a multi-disciplinary safety committee. | Patient Safety Programme | The video should cover the following : What is a Patient Safety Program? What components can be included in the program? Composition of the Multidisciplinary Committee and its Terms of Reference (TOR). |
| PSQ.1.d | Designated patient safety officer(s) coordinates implementation of the patient safety programme. | Patient Safety Officer | Explain Who can be Patient safety officer and his/her responsibilities. |
| PSQ.1.e | The organisation performs proactive analysis of patient safety risks and makes improvements accordingly. | Patient Safety related Proactive Risk Analysis | Explain that proactive risk analysis refers to the process of identifying potential hazards or risks before they result in actual harm or adverse events to patients. Discuss for Key Concepts of Proactive Risk Analysis: Risk Identification, Risk Assessment, Risk Control and Mitigation, Tools and Techniques for Proactive Risk Analysis. Include Examples of Proactive Risk Analysis in Healthcare Settings example: Reducing Medication Errors |
| PSQ.1.g | The organisation adapts and implements national / international patient-safety goals / solutions / framework. | National/International Patient Safety Goals | Discuss how setting clear patient safety goals contributes to improved clinical practices, reduced patient harm, and a culture of safety across healthcare systems. |
| PSQ.2.a | The quality improvement programme is developed, implemented and maintained by a multi-disciplinary committee. | Quality Improvement Programme | The video should cover the following: The Role of the Multidisciplinary Committee in Maintaining the Quality Improvement Programme (QIP). What is a Quality Improvement Programme (QIP)? Examples of Topics That Can Be Addressed in a QIP. |

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| PSQ.2.h | Audits are conducted at regular intervals as a means of continuous monitoring. | Hospital wide Internal Audit Process | <p>The video should cover the following :</p> <p>What is an Internal Audit? How often should internal audits be conducted? Who can participate in an internal audit?</p> |
| PSQ.2.i | There is an established process in the organisation to monitor and improve the quality of nursing care. | Nursing Audits | The video will include What are Nursing Audits and Examples of Nursing Audits . |
| PSQ.3.a | The organisation identifies and monitors key indicators to oversee the clinical structures, processes and outcomes. | Organisations Key Performance Indicators | The video may include an overview of important indicators for healthcare organizations (HCOs).Specific examples of key performance indicators |
| PSQ.3.e | Verification of data is done regularly by the quality team. | Verification and Validation of data | The video can include What is Verification? Steps and methods for performing data verification.Sample Size for Verification.Documentation of Verification Reports. |
| PSQ.3.f | There is a mechanism for analysis of data which results in identifying opportunities for improvement. | Benchmarking of KPIs | The video can include Steps and methods for effectively benchmarking KPIs.When to Revise Benchmarking |
| PSQ.4.a | The organisation undertakes quality improvement projects. | Quality improvement projects | Explain what are QIPs and also Give examples for QIPs. |
| PSQ.4.c | The organisation uses appropriate analytical tools for its quality improvement activities. | Analytical Tools for Quality Improvement Activities | The video can include What Are Analytical Tools for Quality Improvement Activities?Examples of Analytical Tools:Pareto Chart,Fishbone Diagrams (Ishikawa).How These Tools Support Quality Improvement. |
| PSQ.4.d | The organisation has a mechanism to capture patient reported outcome measures. | Patient Reported Outcome Measures | Explain that Patient Reported Outcome Measures (PROMs) are standardized tools or questionnaires used to capture a patient's self-reported health status or quality of life, based on their own experiences, perceptions, and symptoms.Highlight why PROMs are crucial for improving patient care. Share an example how it can be captured. |
| PSQ.5.a | Clinical audits are performed to improve the quality of patient care. | Clinical Audits | How is clinical audit different from Research. How to perform clinical audits? How clinical audits is effective in improving quality of patient care? |
| PSQ.6.a | The management creates a culture of safety. | Culture of Safety | Define what is Culture fo Safety. How it can be done. Frequency of doing it. The analysis of the data and action taken. |

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| PSQ.7.a | The organisation implements an incident management system. | Incident Management System and Analysis | Explain importance and implementation of incident management system. |
| PSQ.7.b | The organisation has a mechanism to identify sentinel events. | Sentinel Events | Definition of Sentinel Event, Examples of Sentinel Events, Root Cause Analysis (RCA) and Corrective and Preventive Actions (CAPA). |

Responsibilities of Management (ROM)

| O.E | Objective Element | Video Title | Video Concept Note |
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| ROM.1.g | Those responsible for governance shall develop clinical governance framework. | Clinical Governance Framework | The video must define what is Clinical governance framework and what consists in this frame work. |
| ROM.1.h | Those responsible for governance support the ethical management framework of the organisation. | Ethical Management Framework | <p>The video should define the ethical management framework, starting with an explanation of how governance supports it.</p> <p>It should highlight key responsibilities like resolving ethical issues within a defined timeframe, addressing conflicts of interest, and promoting transparency.</p> <p>It should conclude with a focus on how this framework ensures the ethical conduct of research, emphasizing its importance in maintaining trust and integrity in the organization.</p> |
| ROM.3.a | Those responsible for governance address the organisations sustainability programme in terms of Environment Social and Governance (ESG) responsibility. | Organisations sustainability programme | The video must define environmental sustainability, focusing on energy efficiency, climate change strategy, and waste reduction. |
| ROM.3.b | The organisation takes initiatives towards an energy efficient and environmentally friendly hospital. | Energy Efficient and Environment Friendly Initiatives | <p>Start with an explanation of what energy efficiency means and why it's critical in reducing environmental impact, conserving natural resources, and mitigating climate change. Showcase technologies like smart thermostats, LED lighting, high-efficiency HVAC systems, and better insulation materials.</p> <p>Discuss solar energy</p> |
| ROM.3.c | Those responsible for governance address the organisations social responsibility. | Organisations social responsibility | The video can explain the role of governance and leadership in creating social responsibility policies, emphasizing their importance for community welfare. |

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| ROM.3.d | Staff well-being is promoted. | Staff well-being | <p>The video should define the importance of staff well-being in an organization, highlighting how it leads to increased productivity and a positive work environment.</p> <p>The video can show visuals of organizations promoting healthy lifestyle programs, balanced work hours, and workload monitoring. Include clips of staff participating in wellness activities like yoga, fitness, and nutritional sessions.</p> |
| ROM.3.g | Management ensures financial sustainability of the hospital by balancing the financial aspects of healthcare delivery. | Financial sustainability of the hospital | This video will explore effective strategies for resource allocation, cost management, and revenue generation, highlighting their importance for long-term sustainability. |
| ROM.4.b | The leader is responsible for and complies with the laid-down and applicable legislations, regulations and notifications. | Legislations, Regulations applicable in Organisation | This video will emphasize the leader's crucial role in ensuring compliance with relevant legislation, regulations, within the organization. |
| ROM.5.a | The organisation has strategic and operational plans, including long-term and short-term goals commensurate to the organisation's vision, mission and values in consultation with the various stakeholders. | Strategic and Operational plans | This video will delve into the development of strategic and operational plans aligned with the organization's vision, mission, and values, emphasizing stakeholder consultation. Viewers will learn how leaders can utilize tools like SWOT analysis and risk management insights to define clear long-term and short-term goals effectively. |
| ROM.5.c | The organisation plans and budgets for its activities annually. | Organisation budget | This video will guide viewers through the annual planning and budgeting process of the organization, emphasizing the importance of aligning with strategic and operational plans. |
| ROM.5.d | The functioning of committees is reviewed for their effectiveness. | Functioning of committee and Review | This video will include the process of reviewing committee effectiveness within the organization, highlighting leadership's role in this assessment. It will showcase the importance of documenting each committee's scope, member responsibilities, and meeting frequency, along with maintaining detailed minutes for accountability and improvement. |

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| ROM.6.a | Top leadership ensures proactive risk-management across the organisation. | Proactive Risk-management across the organisation | Start by defining proactive risk management as the process of identifying, assessing, and mitigating risks before they lead to negative outcomes. Emphasize that it's about anticipating potential challenges and preventing them through careful planning and strategic actions. Mention Core Components of Proactive Risk Management.Explain the different methods of identification: Risk assessments, SWOT |
| ROM.6.e | Top leadership ensures that it has a documented agreement for all outsourced services that include service parameters. | Outsourced services Management | The video must include that the agreement shall specify service paraments. The agreement shall include agreed dispute resolution mechanism and Frequency of monitoring. |

Facility Management and Safety (FMS)

| O.E | Objective Element | Video Title | Video Concept Note |
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| FMS.1.a | Patient safety devices and infrastructure are installed across the organisation and inspected periodically. | Patient safety devices and infrastructure | The video should include information about Alarms System, grab bars, bed rails, sign posting, safety belts, warning signs for Patient safety. |
| FMS.1.b | The organisation has facilities for the differently-abled. | Facilities for the differently-abled | The video should cover the special requirements for differently-abled individuals, such as dedicated toilets for differently-abled individuals and wheelchair-accessible entrances. |
| FMS.1.c | Facility inspection rounds to ensure safety are conducted at least once a month. | Facility inspection rounds | The video should define what a facility safety round is, outline the frequency of these rounds, and the team members who can be involved in the inspection. It should emphasize that inspections must be conducted using a checklist. |
| FMS.2.d | Potable water and electricity are available round the clock. | Potable Water and Electricity | The video should include for the supply of adequate potable water and electricity arrangements, the monitoring of potable water quality and the documentation of findings. Detail that the testing must include biochemical and microbiological analysis, the frequency of monitoring, and sample collection methods. |
| FMS.2.e | Alternate sources for electricity and water are provided as a backup for any failure / shortage. | Alternate sources for electricity and water | The video must include the electric loads for the hospital and alternative electricity supply options such as DG sets, solar energy, and UPS systems based on load requirements and supply failures. It should also cover alternate sources of water, including bore wells, open wells, water tanker supplies, and additional storage tanks. |
| FMS.3.b | Patient safety aspects in terms of structural safety of hospitals, especially of critical areas are considered while planning, design and construction of new hospitals and replanning, assessment and retro-fitting of existing hospitals. | Structural safety of Hospital | Define what Structural Safety is and how it can be done. |

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| FMS.3.c | The organisation conducts electrical safety audits for the facility. | Electrical safety audits | Define what an electrical safety audit is, including the frequency with which it should be conducted. Additionally, discuss the use of technology such as thermal imaging equipment to detect loose connections in the system, thereby preventing fire incidents. |
| FMS.3.e | Hazardous materials are identified and used safely within the organisation. | Hazardous materials | Sorting, storage, handling, transportation and disposal of Hazardous materials |
| FMS.3.f | The plan for managing spills of hazardous materials is implemented. | Hazardous Spill Management | HAZMAT kit(s) contents and training of staff. |
| FMS.4.b | Equipment is inventoried, and proper logs are maintained as required. | Equipment Inventory | The video must include that healthcare organizations (HCOs) should maintain a list of equipment along with its identification numbers and other details. Additionally, it should emphasize the importance of traceability, calibration, and maintenance. |
| FMS.4.c | The documented operational and maintenance (preventive and breakdown) plan is implemented. | Operational and Maintenance Plan | The video must include details on utilities, engineering, electrical systems, water supply, HVAC, facilities, and furniture. It should also outline for HCO having an operational plan for daily operations. The maintenance plan must incorporate manufacturer recommendations, risk levels, and past maintenance history. Additionally, there should be a planned preventive maintenance tracker for equipment. |
| FMS.4.d | Utility equipment, are periodically inspected and calibrated (wherever applicable) for their proper functioning. | Calibration of Equipment | What is calibration. How is it done. Records of calibration. |
| FMS.4.e | Competent personnel operate, inspect, test and maintain equipment and utility systems. | Maintenance of Equipment | The video must include an explanation of what a maintenance plan is, including its frequency and record-keeping practices. It should also cover tracking maintenance of each equipment. |
| FMS.4.g | Downtime for critical equipment breakdowns is monitored from reporting to inspection and implementation of corrective actions. | Downtime for critical equipment | The video must include that healthcare organizations (HCOs) should maintain a list of critical equipment. It should specify what qualifies as critical equipment and discuss the complaint register, including its contents and the importance of capturing turnaround time (TAT). |

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| FMS.5.g | There is monitoring of medical equipment and medical devices related to adverse events, and compliance hazard notices on recalls. | Medical devices related adverse events | Briefly explain what constitutes a medical device like pacemakers, infusion pumps, and diagnostic imaging tools. Define what "adverse events" are in the context of medical devices. Types of Medical Device Adverse Events. Impact of Adverse Events. |
| FMS.6.b | Medical gases are handled, stored, distributed and used in a safe manner. | Medical gases | The video must include the following topics: Color coding of cylinders and pipelines. Safety issues at the storage/source area, gas supply lines, and end-user areas, including appropriate safety measures and 24/7 monitoring of the plant. Installation of alarm units. |
| FMS.7.a | The organisation has plans and provisions for early detection, abatement, containment of fire and evacuation in the event of fire emergencies. | Fire Emergencies | The video must include details on safety measures for fire safety, including training, mock drills (such as tabletop exercises), exit plans, and evacuation procedures. |
| FMS.7.b | The organisation has plans and provisions for identification, and management of non-fire emergencies. | Non-Fire Emergencies | The video must include details on what constitutes non-fire emergencies, the training of staff, and liaison with authorities. |
| FMS.7.d | Mock drills are held at least twice a year. | Mock drills | The video must include that mock drills should be conducted in all areas of the hospital, specifying the frequency of these drills. Records of the mock drills must include the CAPA and actions taken. Include information about table top exercise. |

Human Resource Management (HRM)

| O.E | Objective Element | Video Title | Video Concept Note |
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| HRM.1.a | Human resource planning supports the organisation's current and future ability to meet the care, treatment and service needs of the patient. | Human Resource Planning | Structured Human Resource Planning for all category of staff by using recognised methods. Eg. Based on bed occupancy, hospital mission, etc |
| HRM.1.c | The organisation has contingency plans to manage long- and short-term workforce shortages, including unplanned shortages. | Contingency Plans for Manpower Shortages | The video must include that the HCO must have contingency plans for medical and support staff, the plan must address situations such as epidemics and peak occupancy. |
| HRM.1.d | The job specification and job description are defined for each category of staff. | Job specification and Job description | The video must include definition for job specification and description. HCO should have separate job specification and job description for all category staffs. |
| HRM.1.g | Exit interviews are conducted and used as a tool to improve human resource practices. | Exit interviews | The video must include that when employees leave the organization, exit interviews should be conducted to gather insights about their experiences. The information collected must be analyzed to identify areas for improvement in the organization's human resource policies, work environment, and management practices, ultimately helping to enhance employee satisfaction and retention. |
| HRM.2.b | A pre-employment medical examination is conducted on the staff. | Pre-employment Medical Examination | The video must include information about pre-employment examinations, detailing the diagnostic tests that can be included in the assessment. |
| HRM.2.c | The organisation defines and implements a code of conduct for its staff. | Code of conduct for staff | The video shall outline the do's and don'ts for staff behavior in the workplace, emphasize that the code of conduct should align with the organization's values and ethical framework. |
| HRM.3.a | Staff are provided with induction training. | Induction Training and Records | The video must cover the importance of conducting induction training for all staff, emphasizing that this training should take place within a month of joining. It should pinpoint the content of the induction training . |
| HRM.3.b | The induction training includes orientation to the organisation's vision, mission and values. | Staff Training | The video must include the list of mandatory training for all staff. The staff must also undergo refresher training on these. |

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| HRM.4.b | The organisation maintains the training record. | Maintaining Training Records for Staff | The video must detail that all the training records must be part of Personnel File of Staff. |
| HRM.4.e | Evaluation of training effectiveness is done by the organisation. | Evaluation of training effectiveness | The organization assesses how well its training programs achieve their intended goals after the training and after a defined period has lapsed. This evaluation may involve measuring participants' knowledge, skills, and performance before and after the training and analyzing the overall impact of the training on organizational objectives. |
| HRM.4.f | The organisation supports continuing professional development and learning. | Professional development and learning | The organization encourages and facilitates ongoing education and skill development for its employees. This support may include providing access to training programs, workshops, seminars, or resources that help staff enhance their knowledge and skills. The goal is to ensure employees remain competent and up-to-date in their fields, which can benefit both their professional growth and the organization as a whole. minimum mandatory hours of training should be mentioned. |
| HRM.7.c | Performance is evaluated based on the pre-determined criteria. | Performance Evaluation of staff | The video must detail the performance evaluation mechanism for each employee, ensuring that the evaluation is documented in their personnel file. |
| HRM.8.b | The disciplinary and grievance handling mechanism is known to all categories of staff of the organisation. | Disciplinary and grievance handling mechanism | The video must detail that the organization ensures that all categories of staff are informed about the disciplinary and grievance handling procedures. The HCO must constitute a committee for the same. |
| HRM.9.b | Health checks of staff dealing with direct patient care are done at least once a year and the findings / results are documented. | Health checks of staff | The video must include that all staff dealing with direct patient care should under go health check up atleast once in a year and it should be documented in the personnel file. |
| HRM.10.a | Personal files are maintained with respect to all staff, and their confidentiality is ensured. | Personal files of staff | The video must detail that every employee should have updated personal files, emphasizing the importance of restricted access and maintaining confidentiality for these files. It should also provide a checklist for personal file contents. |
| HRM.11.d | Medical professionals are granted privileges to admit and care for patients in consonance with their qualification, training, experience and registration. | Privileges | The video must include an explanation of what privileges are, who can grant them, and the process for granting privileges. It should also emphasize that granted privileges must be made available to the department. |

Information Management System (IMS)

| O.E | Objective Element | Video Title | Video Concept Note |
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| IMS.1.d | A maintenance plan for information technology and communication network is implemented. | Maintenance plan for information technology | The video must include that the HCO must schedule regular checks for servers, workstations, and IT equipment. Additionally, the IT maintenance plan should include a specific fire protection strategy for IT networks and servers. |
| IMS.1.e | Contingency plan ensures continuity of information capture, integration and dissemination. | Contingency plan for information Technology | The video must include that the HCO must establish a contingency plan to ensure that data is captured and disseminated during downtime of the electronic HIS. For example, the plan could include manual billing processes, during the downtime. Additionally, the plan might involve regular backups of critical data and a temporary manual data entry system to ensure continuity of operations. |
| IMS.2.d | The organisation stores and retrieves data according to its information needs. | Organisation data storage and Retrieval | The video must cover data storage mechanisms for both physical and electronic formats. Additionally, it should highlight safeguards for protecting data, including access controls, encryption methods, and secure storage practices. |
| IMS.3.d | Authorised staff make the entries in the medical record. | Defining Authorised Staff for Documentation in Patient Medical Record | The video must outline the HCO's definition of who is authorized to write in patient medical records. It should include a list of authorized staff, such as doctors, nurses, dieticians, physiotherapists, and other relevant personnel. |
| IMS.5.a | The organisation maintains the confidentiality of records, data and information. | Ensruing Confidentiality of Patient Medical Records | <p>The video must address access control for medical records and HIS clearly stating that access will vary for different types of personnel. For physical records, the HCO can implement tracer cards to track the movement of patient medical files.</p> <p>It should also cover authentication methods, access control measures, and automatic log-off features to enhance data protection and security. Furthermore, the video should explain how the HCO can ensure patient confidentiality when communicating lab reports and other sensitive information through secure messaging platforms.</p> |

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| IMS.5.c | The organisation maintains the security of records, data and information. | Security of Patient Medical Records | <p>The video must outline how the HCO ensures the protection of records, data, and information against loss or destruction. For physical records, it should include measures such as pest control and rodent control to prevent damage.</p> <p>For electronic data, the video should address protection against viruses, as well as the importance of regular data backups to safeguard against data loss.</p> |
| IMS.6.a | The organisation has an effective process for document control. | Document Control | Video must include what is Document control. Include several key elements that can be included in document control: Creation and Revision, Approval Process, Retention and Archiving. |
| IMS.6.d | The destruction of medical records, data and information are in accordance with the written guidance. | Destruction of Medical Records | <p>The video must include the retention periods for each category of medical records, such as Outpatient Department (OPD), Inpatient Department (IPD), and Medico-Legal Cases (MLC). It should outline the retention processes for both manual and electronic systems.</p> <p>Additionally, the video must explain the process for the destruction of medical records, emphasizing the need for approval from a competent authority and compliance with statutory provisions.</p> |
| IMS.7.a | The medical records are reviewed periodically. | Patient Medical Record Audit | <p>The video must include a checklist for patient medical records, detailing how to capture the data. It should cover aspects such as sample size, audit methodology (active or passive), and the process for data analysis.</p> <p>Additionally, it should explain how to share information with stakeholders regarding non-compliance in medical records.</p> |