

Application form for NHB Accreditation for Hospitals/ Nursing Home

IMA TAMILNADU STATE BRANCH NURSING HOME BOARD

Application No: _____

1.)

| General Information | 24Hrs. Indoor | YES/NO |
|---|---|---|
| Name of Healthcare Unit | | |
| NHB Registration Number (If Registered) | | |
| Address | | |
| City / Taulk | | |
| District | | |
| State | | |
| Pin | | |
| Telephone(s) with STD Codes | | |
| Fax Numbers (s) | | |
| Mobile Phone/s | | |
| Email Id | | |
| Website | | |
| Other Details | | |
| Whether your organization is a Non Profit Organization? | | YES / NO |
| Are you registered with Income Tax Dept. for IT Exemption? | | |
| PAN No. | | |
| Bank Details: | | |
| Name of the Bank | | |
| Branch & Address | | |
| Account Number | | |
| Account in the Name of | | |
| Hospital Details: | | |
| Types of ownership | <input type="checkbox"/> Proprietary <input type="checkbox"/> Charitable Trust <input type="checkbox"/> Private Limited <input type="checkbox"/> Public Limited | |
| | <input type="checkbox"/> Leased <input type="checkbox"/> Partnership <input type="checkbox"/> Corporate | |
| Hospital Type: <input type="checkbox"/> | Multi Speciality: <input type="checkbox"/> | Single Speciality: <input type="checkbox"/> |
| | Clinic: <input type="checkbox"/> | Other <input type="checkbox"/> |
| (Specify please tick the appropriate box) | | |
| If single specialty please mentions the specialty: _____ No. of Total Beds in the Hospital. | | |

2.) Accreditation to the specialties:

Please indicate the specialties to be accredited in your Hospital: (Please tick the appropriate box)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Oncology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Obstetrics & Gynecology |
| <input type="checkbox"/> General Medicine | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Cardio Thoracic Surgery | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Hepatology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Pulmonology | <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Dental | <input type="checkbox"/> Surgical Gastroenterology |
| <input type="checkbox"/> Urology | <input type="checkbox"/> ENT | <input type="checkbox"/> Neurology | <input type="checkbox"/> Rehabilitation medicines |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Transplant Surgery | <input type="checkbox"/> Laparoscopic Surgery | |
| <input type="checkbox"/> Primary Health care (For General Practitioners) | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> _____ | |

3.) Details of Beds:

| Type of Bed | No. of Beds | No. of Toilets | Staff |
|-----------------------|-------------|----------------|-------|
| General Ward – Male | | | |
| General Ward – Female | | | |
| A.C./ Deluxe/ Suite | | | |
| Single Bed | | | |
| Twin Sharing | | | |
| Day Care | | | |
| Dialysis | | | |
| Burns Unit | | | |

4.) Diagnostic Services:

| Lab Services | YES | NO | Description |
|--------------|-----|----|-------------|
| Hematology | | | |
| Biochemistry | | | |
| Microbiology | | | |
| Serology | | | |

| | | | |
|---------------------------|------------|-----------|--------------------|
| Histopathology | | | |
| Biomedical Department | | | |
| RADIOLOGY | YES | NO | Description |
| Digital X – ray | | | |
| Portable X –ray | | | |
| IMAGING | | | |
| Ultra Sound | | | |
| Mammogram | | | |
| Color Doppler/Duplex Scan | | | |
| MRI | | | |
| PET Scan | | | |

6.) Please indicate the equipments available in your hospital:

| Cardiology | YES | No | Description |
|-------------------|------------|-----------|--------------------|
| ECG | | | |
| ECHO | | | |
| TMT | | | |
| Holter Monitor | | | |
| Cath Lab | | | |
| Nuclear Scan | | | |
| ENT | | | |
| Audiometer | | | |
| Triple Endoscopy | | | |
| Gastroenterology | | | |
| OGD | | | |
| Colonoscopy | | | |
| ERCP | | | |

| | | | |
|----------------------------|------------|-----------|--------------------|
| Gynecology | | | |
| Labour Room | | | |
| Fetal Incubator | | | |
| Neonatal resuscitation Kit | | | |
| Fetal Monitor | | | |
| Ophthalmology | YES | No | Description |
| Phaco | | | |
| Laser | | | |
| Urology | YES | No | Description |
| ESWL | | | |
| URS | | | |
| PCNL | | | |
| Cystoscope | | | |
| Radiation Oncology | YES | No | Description |
| Telecobalt | | | |
| Laennac | | | |
| Brachy Therapy | | | |
| Others | YES | No | Description |
| PFT | | | |
| EEG | | | |
| EMG | | | |
| Others | | | |

7.) Contact Details:

| Contact person for | Name | Tel. No | EXT | Mobile No. |
|---------------------------|-------------|----------------|------------|-------------------|
| Head of Operation/admin | | | | |
| Accounts & Billing | | | | |
| Admission | | | | |

| | | | | |
|---------------------------------|--|--|--|--|
| Clinical Information | | | | |
| Medical Records | | | | |
| ICU | | | | |
| Casualty | | | | |
| Operation Theatre / Labour Room | | | | |

8.) OT – COMPLEX

Area in Sq. Ft:

Number of OT: Major Minor

| EQUIPMENT | DESCRIPTION WITH DATE OF MANUFACTURE |
|--|---|
| Laminar Air Flow (Yes/ No) | |
| Hepa Filter (Yes/No) Vinyl floor | |
| Type of OT Table/ Ortho attachment | |
| Light LRD/ Halogen/ Tube – Light | |
| Multiparameter Monitor with Capnography | |
| C – Arm – Specification | |
| Laparoscopy Unit (Brand & Specification) | |
| Boyle’s Apparatus | |
| Operating Microscopy/ Diathermy | |
| Radiant warmer | |
| Autoclave | |
| Others | |
| Anaesthesia Machine – Basic Model / Vaporiser / Ventilator / Gas Monitor / Co2 observer / Anaesthesia Circuits | |
| Endotracheal Tubes various sizes | |
| Laryngoscope Adult and Paediatric | |
| NIBT Monitor / ordinary BP Apparatus | |

| | |
|---|--|
| Source of Gas supply - Cylinder / Central Via Manifold | |
| Anaesthesia Drugs | |
| Emergency Medicine Tray | |
| Defibrillator | |
| Suction Apparatus | |
| Infusion Pumps | |
| Auto Clave | |
| OT Table | |
| Laundry Service | |

9.) ICU

Total No. of Beds

Man power: Doctors Staff Nurse Assistant Supporting Staff

| EQUIPMENT | DESCRIPTION WITH DATE OF MANUFACTURE |
|-------------------------|--------------------------------------|
| Central oxygen/ suction | |
| Ventilator | |
| Monitor | |
| Pulse Oxymeter | |
| Others | |

10.) Medical Records (Tick which ever is applicable)

| | | | | |
|---|----------------------------------|-------------------|----------------------------|-------------------|
| 1 | Identification of Indoor patient | By Name | Number & year of Admission | Unique Identifier |
| 2 | Medical Records Maintained for | < 1 Year | 1 to 3 year | > 3 years |
| 3 | Medical Records Management | Person | Section | Department |
| 4 | Medical Records Kept | Hospital Premises | Outside premises | |

11.) OTHER AMENITIES

| SR. NO | Amenities | Option |
|--|--|--------|
| 1 | JCI Accreditation | |
| 2 | NABL | |
| 3 | ICD Coding / MRD | |
| 4 | Blood Bank | |
| 5 | Ambulance | |
| 6 | Backup Generator | |
| 7 | Fire Safety Mechanism | |
| 8 | In House 24Hrs Pharmacy | |
| 9 | Computerized Billing with CGHS Available Billing | |
| 10 | Pantry | |
| 11 | DNB recognition | |
| 12 | CSSD | |
| 13 | IT Solutions | |
| 14 | Others | |
| (Any services existent in your organization but not mentioned above can be added in the blank spaces. Attach more sheets if required.) | | |

12.) ASSEMENT OF QUALITY OF CARE

| 01. ACCESS, ASSEMENT AND CONTINUITY OF CARE (AAC) | | |
|---|--|--------|
| AAC1 | The organization defines and displays the services that it can provide | YES/NO |
| AAC2 | The organization has a well defined registration and admission process. | YES/NO |
| AAC3 | There is an appropriate mechanism for transfer or referral of patients who do not match the organizational resources | YES/NO |
| AAC4 | During admission the patient and / or the family members are educated to make informed decisions | YES/NO |
| AAC5 | Patients cared for by the organization undergo an established initial assessment. | YES/NO |
| AAC6 | All patients cared for by the organization undergo a regular reassessment. | YES/NO |
| AAC7 | Laboratory services are provided as per the requirements of the patients. | YES/NO |
| AAC8 | There is an established laboratory quality assurance programme. | YES/NO |
| AAC9 | There is an established laboratory safety programme. | YES/NO |
| AAC10 | Imaging services are provided as per the requirements of the patients. | YES/NO |
| AAC11 | There is an established quality assurance programme for imaging services. | YES/NO |
| AAC12 | There is an established radiation safety programme. | YES/NO |
| AAC13 | Patients care is continuous and multidisciplinary in nature. | YES/NO |
| AAC14 | The organization has a documented discharge process. | YES/NO |
| AAC15 | Organization defines the content of the discharge summary. | YES/NO |

| 02. PATIENT RIGHT AND EDUCATION (PRE) | | |
|---------------------------------------|---|--------|
| PRE 1 | The organization protects patient and family rights during care. | YES/NO |
| PRE 2 | Patients and family rights support individual beliefs, values and involve the patient and family in decision making processes | YES/NO |
| PRE 3 | A documented process for obtaining patient and / or families consent exists for informed decision making about their care. | YES/NO |
| PRE 4 | Patients and families have a right to information and education about their Healthcare needs. | YES/NO |
| PRE 5 | Patient and families have a right to information on expected costs. | YES/NO |

| 03. CARE OF PATIENT (COP) | | |
|----------------------------------|---|--------|
| COP 1 | Uniform care of patients is guided by the applicable laws and regulations | YES/NO |
| COP 2 | Emergency services are guided by policies, procedures and applicable laws and regulations. | YES/NO |
| COP 3 | The ambulance services are commensurate with the scope of the services provided by the organization. | YES/NO |
| COP 4 | Policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation | YES/NO |
| COP 5 | Policies and procedures define rational use of blood and blood products | YES/NO |
| COP 6 | Policies and procedures guide the care of patients in the Intensive care and high dependency units. | YES/NO |
| COP 7 | Policies and procedures guide the care of vulnerable patients (elderly, physically and / or mentally challenged and children) | YES/NO |
| COP 8 | Policies and procedures guide the care of high risk obstetrical patients. | YES/NO |
| COP 9 | Policies and procedures guide the care of Pediatric patients. | YES/NO |
| COP10 | Policies and procedures guide the care of patients undergoing moderate sedation. | YES/NO |
| COP11 | Policies and procedures guide the administration of anesthesia. | YES/NO |
| COP12 | Policies and procedures guide the care of patients undergoing surgical procedures | YES/NO |
| COP13 | Policies and procedures guide the care of patients under restraints. | YES/NO |
| COP14 | Policies and procedures guide appropriate pain management. | YES/NO |
| COP15 | Policies and procedures guide appropriate rehabilitative services. | YES/NO |
| COP16 | Policies and procedures guide all research activities. | YES/NO |
| COP17 | Policies and procedures guide nutritional therapy. | YES/NO |
| COP18 | Policies and procedures guide the end of life care. | YES/NO |

| 04. MANAGEMENT OF MEDICATION (MOM) | | |
|---|--|--------|
| MOM1 | Policies and procedures guide the organization of pharmacy services and usage of medication. | YES/NO |
| MOM2 | There is a hospital formulary | YES/NO |
| MOM3 | Policies and procedures exist for storage of medication. | YES/NO |
| MOM4 | Policies and procedures exist for prescription of medications | YES/NO |
| MOM5 | Policies and procedures guide the safe dispensing of medications | YES/NO |
| MOM6 | There are defined procedures for medication administration. | YES/NO |
| MOM7 | Patients and family members are educated about safe medication and food drug interactions | YES/NO |
| MOM8 | Patients are monitored after medication administration | YES/NO |
| MOM9 | Policies and procedures guide the use of narcotic drugs and psychotropic substances. | YES/NO |
| MOM10 | Policies and procedures guide the usage of chemotherapeutic agents. | YES/NO |
| MOM11 | Policies and procedures govern usage of radioactive or investigational drugs. | YES/NO |
| MOM12 | Policies and procedures guide the use of implantable prosthesis. | YES/NO |
| MOM13 | Policies and procedures guide the use of medical gases. | YES/NO |

| 05. HOSPITAL INFECTION CONTROL (HIC) | | |
|---|--|--------|
| HIC1 | The organization has a well-designed, comprehensive and coordinated infection control programme aimed at reducing / eliminating risks to patients, visitors and providers of care. | YES/NO |
| HIC2 | The organization has an infection control manual, which is periodically updated. | YES/NO |
| HIC3 | The infection control team is responsible for surveillance activities in the identified areas of the organization | YES/NO |
| HIC4 | The organization takes actions to prevent or reduce the risk of Hospital Associated Infections (HAI) in patients and employees | YES/NO |
| HIC5 | Proper facilities and adequate resources are provided to support the infection control programme | YES/NO |
| HIC6 | The organization takes appropriate actions to control outbreaks of infections. | YES/NO |
| HIC7 | There are documented procedures for sterilization activities in the organization | YES/NO |
| HIC8 | Statutory provisions with regard to Bio-Medical Waste (BMW) management are complied with | YES/NO |
| HIC9 | The infection control programme is supported by the organization's management and includes training of staff and employee health. | YES/NO |

| 06. CONTINUOUS QUALITY IMPROVEMENT (CQI) | | |
|---|---|--------|
| CQI 1 | There is a structured quality assurance and continuous monitoring programme in the organization | YES/NO |
| CQI 2 | The organization identifies key indicators to monitor the clinical structures, processes and outcomes | YES/NO |
| CQI 3 | The organization identifies key indicators to monitor the managerial structures, processes and outcomes | YES/NO |
| CQI 4 | The quality improvement programme is supported by the management. | YES/NO |
| CQI 5 | There is an established system for audit of patients care services. | YES/NO |
| CQI 6 | Sentinel events are intensively analyzed. | YES/NO |

| 09. HUMAN RESOURCE MANAGEMENT (HRM) | | |
|--|---|--------|
| HRM 1 | The organization has a documented system of human resource planning. | YES/NO |
| HRM 2 | The staff joining the organization is socialized and oriented to the hospital environment. | YES/NO |
| HRM 3 | There is an ongoing programme for professional training and development of the staff | YES/NO |
| HRM 4 | Staff members, students and volunteers are adequately trained on specific job duties or responsibilities related to safety. | YES/NO |
| HRM 5 | An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process | YES/NO |
| HRM 6 | The organization has a well documented disciplinary procedure. | YES/NO |
| HRM 7 | A grievance handling mechanism exists in the organization. | YES/NO |
| HRM 8 | The organization address the health needs of the employees | YES/NO |

| | | |
|-------|--|--------|
| HRM 9 | There is a documented personal record for each staff member | YES/NO |
| HRM10 | There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of medical professionals permitted to provide patient care without supervision. | YES/NO |
| HRM11 | There is a process for authorizing all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications | YES/NO |
| HRM12 | There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of nursing staff. | YES/NO |
| HRM13 | There is a process to identify job responsibilities and make clinical work assignments to all nursing staff members commensurate with their qualifications and any other regulatory requirements. | YES/NO |

13.) Declaration:

I hereby declare that the above mentioned facts are true to the best of my knowledge & I also hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Homes Board of IMA TNSB.

Place:

Date:

Signature

Please Note:

- ✓ **Please attach a Demand Draft drawn in favour of “IMA NHB GENERAL FUND ” Rs. 1,000/- payable at **COIMBATORE****

Please send the filled up application along with DD to:

IMA NHB SECRETARY

Dr. A.K.RAVIKUMAR

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