

## SELF ASSESSMENT TOOLKIT

		FINDINGS	Suggestions
<b>Chapter 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)</b>			
<b>AAC.1: The organization defines and displays the services that it can provide.</b>			
	a.	The services being provided are clearly defined.	
	b.	The defined services are prominently displayed.	
	c.	The staff is oriented to these services.	
<b>AAC.2: The organization has a documented registration, admission and transfer process.</b>			
	a.	Process addresses registering and admitting out-patients, in-patients and emergency patients.	
	b.	Process addresses managing patients during non availability of beds.	
	c.	Patients are accepted only if the organization can provide the required service.	
	d.	Process addresses mechanism for transfer or referral of patients who do not match the organizational resources.	
<b>AAC.3 Patients cared for by the organization undergo an established initial assessment.</b>			
	a.	The organization defines the content of the assessments for the out-patients, in-patients and emergency patients.	
	b.	The organization determines who can perform the assessments.	
	c.	The organization defines the time frame within which the initial assessment is completed.	
	d.	The initial assessment for in-patients is documented within 24 hours or earlier.	
<b>AAC.4 Patient care is continuous and all patients cared for by the organization undergo a regular reassessment.</b>			
	a.	During all phases of care, there is a qualified individual identified as responsible for the patient's care who coordinates the care in all the settings within the organization.	
	b.	All patients are reassessed at appropriate intervals.	

	c.	Staff involved in direct clinical care document reassessments.		
	d.	Patients are reassessed to determine their response to treatment and to plan further treatment or discharge.		
<b>AAC.5 Laboratory services are provided as per the scope of the hospital's services and adhering to best practices.</b>				
	a.	Scope of the laboratory services are commensurate to the services provided by the organization.		
	b.	Adequately qualified and trained personnel perform and/ or supervise the investigations.		
	c.	Procedures guide collection, identification, handling, safe transportation, processing and disposal of specimens.		
	d.	Laboratory results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.		
	e.	Laboratory tests not available in the organization are outsourced to organization(s) based on their quality assurance system.		
	f.	Laboratory personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.		
	g.	Quality assurance for laboratory should be as per accepted practices and also include periodic calibration and maintenance of all equipments.		
<b>AAC.6 Imaging services are provided as per the scope of the hospital's services and adhering to best practices.</b>				
	a.	Imaging services comply with legal and other requirements.		
	b.	Scope of the imaging services are commensurate to the services provided by the organization.		
	c.	Adequately qualified and trained personnel perform, supervise and interpret the investigations.		
	d.	Imaging results are available within a defined time frame and critical results are intimated immediately to the concerned personnel.		
	e.	Imaging tests not available in the organization are outsourced to organization(s) based on their quality assurance system.		
	f.	Imaging personnel are trained in safe practices and are provided with appropriate safety equipment/ devices.		
	g.	Quality assurance for Radiology services should be as per accepted practices and also include periodic calibration and maintenance of all equipments.		
<b>AAC.7 The organisation has a defined discharge process.</b>				

	a.	Process addresses discharge of all patients including Medico-legal cases and patients leaving against medical advice.		
	b.	A discharge summary is given to all the patients leaving the organization (including patients leaving against medical advice).		
	c.	Discharge summary contains the reasons for admission, significant findings, investigation results, diagnosis, procedure performed (if any), treatment given and the patient's condition at the time of discharge.		
	d.	Discharge summary contains follow up advice, medication and other instructions in an understandable manner.		
	e.	Discharge summary incorporates instructions about when and how to obtain urgent care.		
	f.	In case of death the summary of the case also includes the cause of death.		

## Chapter 2: CARE OF PATIENTS (COP)

### **COP.1: Care of patients is uniform and is guided by established standards & guidelines**

	a	Care delivery is uniform when similar care is provided in more than one setting.		
	b	Care delivery includes special needs of vulnerable patients (elderly, children, physically and/ or mentally challenged).		
	c	The care and treatment orders are signed, named, timed and dated by the concerned doctor.		
	d	The care plan is countersigned by the clinician in-charge of the patient within 24 hours.		
	e	Evidence based medicine and clinical practice guidelines are adopted to guide patient care whenever possible.		

### **COP2: Emergency services including ambulance are guided by documented procedures and applicable laws and regulations**

	a	Documented procedures address care of patients arriving in the emergency including handling of medico-legal cases.		
	b	Documented procedures also guides the triage of patients for initiation of appropriate care.		
	c	Staff is trained on the procedures for care of emergency patients.		

	d	Admission or discharge to home or transfer to another organization is also documented.		
	e	Ambulance is appropriately equipped and manned by trained personnel.		
	f	In the ambulance, there is a checklist of all equipment and emergency medications which is checked on a regular basis.		
<b>COP.3: Documented procedures guide the care of patients requiring cardio-pulmonary resuscitation.</b>				
	a	Documented procedures guide the uniform use of resuscitation throughout the organization.		
	b	Staff providing direct patient care is trained and periodically updated in cardio-pulmonary resuscitation.		
	c	Events during cardio-pulmonary resuscitation are recorded.		
<b>COP.4: Documented procedures define rational use of blood and blood products.</b>				
	a	The blood bank services are governed by the applicable laws and regulations.		
	b	Informed consent is obtained for donation and transfusion of blood and blood products.		
	c	Procedure addresses documenting and reporting of transfusion reactions.		
<b>COP.5: Documented procedures guide the care of patients in the Intensive care and high dependency units.</b>				
	a	The organization has documented admission and discharge criteria for its intensive care and high dependency units.		
	b	Care of patients is in consonance with the documented procedures.		
	c	Adequate staff and equipment are available.		
<b>COP.6: Documented procedures guide the care of obstetrical patients.</b>				
	a	The organization defines the scope of obstetric services.		
	b	Obstetric patient's care includes regular ante-natal check ups, maternal nutrition and post-natal care.		
	c	The organization has the facilities to take care of neonates.		
<b>COP.7: Documented procedures guide the care of pediatric patients.</b>				
	a	The organization defines the scope of its pediatric services.		
	b	Provisions are made for special care of children by competent staff.		

	c	Patient assessment includes detailed nutritional, growth, and immunization assessment.		
	d	Procedure addresses prevention of child/ neonate abduction and abuse.		
	e	The children's family members are educated about nutrition, immunization and safe parenting.		
<b>COP.8: Documented procedures guide the care of patients undergoing parenteral sedation.</b>				
	a	The person administering and monitoring sedation is different from the person performing the procedure.		
	b	Patient's vital parameters are monitored during and after sedation and are discharged/ transferred once they are stable.		
	c	Equipment and manpower are available to rescue patients from a deeper level of sedation than that intended.		
<b>COP.9: Documented procedures guide the administration of anesthesia.</b>				
	a.	There is a documented procedure for the administration of anesthesia.		
	b.	All patients for anesthesia have a pre-anesthesia assessment by a qualified individual.		
	c.	The pre-anesthesia assessment results in formulation of an anesthesia plan which is documented.		
	d.	An immediate preoperative re-evaluation is documented.		
	e.	Informed consent for administration of anesthesia is obtained by the anesthetist.		
	f.	Anesthesia monitoring includes regular and periodic recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation, airway security and patency and level of anesthesia.		
	g.	Each patient's post-anesthesia status is monitored and documented.		
	h.	A qualified individual applies defined criteria to transfer the patient from the recovery area.		
	i.	All adverse anesthesia events are recorded and monitored.		
<b>COP.10: Documented procedure guide the care of patients undergoing surgical procedures.</b>				
	a.	Surgical patients have a preoperative assessment and a provisional diagnosis documented prior to surgery.		
	b.	An informed consent is obtained by a surgeon prior to the procedure.		

	c.	The documented procedure addresses the prevention of adverse events like wrong site, wrong patient and wrong surgery.		
	d.	Persons qualified by law are permitted to perform the procedures that they are entitled to perform.		
	e.	A brief operative note is documented prior to transfer out of patient from recovery area.		
	f.	The operating surgeon documents the post-operative plan of care.		
	g.	The operation theatre is adequately spaced, equipped and monitored for infection control practices.		

### **Chapter 3: MANAGEMENT OF MEDICATION (MOM)**

#### **MOM.1: Documented procedures guide the organization of pharmacy services and usage of medication.**

	a	Documented procedure shall incorporate purchase, storage, prescription and dispensation of medications.		
	b	These comply with the applicable laws and regulations.		
	c	The hospital has a list of medications appropriate for the patient's and organization's resources.		
	d	Sound alike and look alike medications are stored separately.		
	e	Beyond expiry date medications are not stored/ used.		
	f	Documented procedures address procurement and usage of implantable prostheses.		

#### **MOM.2: Documented procedure guide the prescription of medications.**

	a	The organization determines who can write orders.		
	b	Orders are written in a uniform location in the medical records.		
	c	Medication orders are clear, legible, dated, named and signed.		
	d	Procedure addresses verbal orders and is implemented.		
	e	The organization defines a list of high risk medication.		

#### **MOM.3: Policies & procedure guide the safe dispensing of medications.**

	a	This includes a procedure for medication recall.		
	b	Medications are checked prior to dispensing, including the expiry date to ensure that they are fit for use.		
	c	High risk medication orders are verified prior to dispensing.		

#### **MOM.4: There are defined procedures for medication administration.**

	a	Medications are administered by those who are permitted by law to do so.		
	b	Patient is identified prior to administration.		
	c	Prior to administration medication order including dosage, route and timing are verified.		
	d	Prepared medication is labelled prior to preparation of a second drug.		
	e	Medication administration is documented.		
	f	A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.		
	g	The procedure addresses patient's self administration of medications and medications brought from outside the organization.		

**MOM.5: Patients are monitored for adverse drug events after medication administration.**

	a	Adverse drug events are defined.		
	b	Adverse drug events are documented and reported within a specified time frame.		
	c	Adverse drug events are collected, analyzed by the treating doctor and practices are modified (if necessary) to reduce the same.		

**MOM.6: Documented procedures guide the use of medical gases.**

	a	Documented procedures govern procurement, handling, storage, distribution, usage and replenishment of medical gases.		
	b	Procedures address the safety issues at all levels.		
	c	Appropriate records are maintained in accordance with policies, procedures and legal requirements.		

**Chapter 4: PATIENT RIGHTS AND EDUCATION (PRE)**

**PRE.1: The organization protects patient and family rights during care and informs them about their responsibilities.**

	a	Patient and family rights and responsibilities are documented.		
	b	Patients and families are informed of their rights and responsibilities in a format and language that they can understand.		
	c	Staff is aware of their responsibility in protecting patients and family rights.		
	d	Violation of patient and family rights is recorded, reviewed and corrective/ preventive measures taken by the organization's leaders.		

<b>PRE.2: Patient rights support individual beliefs, values and involve the patient and family in decision making processes.</b>			
	a	Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.	
	b	Patient rights include protection from physical abuse or neglect.	
	c	Patient rights include treating patient information as confidential.	
	d	Patient rights include refusal of treatment.	
	e	Patient rights include obtaining informed consent before carrying out procedures.	
	f	Patient rights include information and consent before any research protocol is initiated.	
	g	Patient rights include information on how to voice a complaint.	
	h.	Patient rights include information on the expected cost of the treatment.	
	i.	Patient has a right to have an access to his/ her clinical records.	
<b>PRE.3: A documented policy for obtaining patient and/ or families consent exists for informed decision making about their care.</b>			
	a	General consent for treatment is obtained when the patient enters the organization.	
	b	Patient and/ or his family members are informed of the scope of such general consent.	
	c	The organization has listed those situations where informed consent is required as per national guidelines.	
	d	Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.	
	e	The policy describes who can give consent when patient is incapable of independent decision making.	
<b>PRE.4: Patient and families have a right to information and education about their healthcare needs.</b>			
	a	Patients and families are educated to make informed decisions pertaining to plan of care, preventive aspects, possible complications, the expected results and costs at the time of admission.	

	b	When appropriate, patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.		
	c	Patient and families are educated about diet and nutrition.		
	d	Patient and families are educated about immunization.		
	e	Patient and families are educated about preventing infections.		
	f	Patients are taught in a language and format that they can understand.		
<b>PRE.5: Patient and families have a right to information on expected costs.</b>				
	a	There is uniform pricing policy in a given setting (out-patient and ward category).		
	b	The tariff list is available to patients.		
	c	Patients are educated about the estimated costs of treatment.		
	d	Patients are informed about the financial implications when there is a change in the patient condition or treatment setting.		
<b>Chapter 5: HOSPITAL INFECTION CONTROL (HIC)</b>				
<b>HIC.1: The organization has a well-designed, comprehensive and coordinated Hospital Infection Control (HIC) programme aimed at reducing/ eliminating risks to patients, visitors and providers of care.</b>				
	a	The hospital has an infection control committee.		
	b	The hospital has a designated individual for infection control activities.		
	c	The hospital infection control programme is documented.		
<b>HIC.2: The hospital has an infection control manual, which is periodically updated and conducts surveillance activities.</b>				
	a	The manual identifies the various high-risk areas.		
	b	It outlines methods of surveillance in the identified high-risk areas.		
	c	Surveillance activities are appropriately directed towards the identified high-risk areas.		
	d	It focuses on adherence to standard precautions at all times.		
	e	Equipment cleaning and sterilisation practices are included.		

	f	Laundry and linen management processes are also included.		
	g	Kitchen sanitation and food handling issues are included in the manual.		
	h	Engineering controls to prevent infections are included.		
	i	Scope of surveillance activities incorporates tracking and analyzing appropriate infection rates.		
	j	Feedbacks regarding these rates are provided on a regular basis to medical and nursing staff.		
<b>HIC.3: The hospital takes actions to prevent or reduce the risks of Hospital Associated Infections (HAI) in patients and employees.</b>				
	a	Hand washing facilities in all patient care areas are accessible to health care providers.		
	b	Compliance with proper hand washing is monitored regularly.		
	c	Isolation/ barrier nursing facilities are available.		
	d	Adequate gloves, masks, soaps, and disinfectants are available and used correctly.		
	e	Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.		
<b>HIC.4: There are documented procedures for sterilisation activities in the hospital.</b>				
	a	There is adequate space available for sterilization activities.		
	b	Regular validation tests for sterilisation are carried out and documented.		
	c	There is an established recall procedure when breakdown in the sterilisation system is identified.		
<b>HIC.5: Statutory provisions with regard to Bio-Medical Waste (BMW) management are complied with.</b>				
	a	The hospital is authorised by prescribed authority for the management and handling of Bio-Medical Waste.		
	b	Proper segregation and collection of Bio-Medical Waste from all patient care areas of the hospital is implemented and monitored.		

	c	The organization ensures that Bio-Medical Waste is stored and transported to the site of treatment and disposal in proper covered vehicles within stipulated time limits in a secure manner.		
	d	Bio-Medical Waste treatment facility is managed as per statutory provisions (if in-house) or outsourced to authorised contractor(s).		
	e	Requisite fees, documents and reports are submitted to competent authorities on stipulated dates.		
	f	Appropriate personal protective measures are used by all categories of staff handling Bio-Medical Waste.		
<b>HIC.6: The infection control programme is supported by hospital management and includes training of staff and employee health.</b>				
	a	Hospital management makes available resources required for the infection control programme.		
	b	It conducts regular pre-induction training for appropriate categories of staff before joining concerned department(s).		
	c	It also conducts regular 'in-service' training sessions for all concerned categories of staff at least once in a year.		
<b>Chapter 6: CONTINUOUS QUALITY IMPROVEMENT (CQI)</b>				
<b>CQI.1: There is a structured quality improvement and continuous monitoring programme in the organization.</b>				
	a	The organization develops, implements, maintains and document quality improvement programme.		
	b	There is a designated individual for coordinating and implementing the quality improvement programme.		
	c	The quality improvement programme is comprehensive and covers all the major elements related to quality improvement and risk management.		
	d	The designated programme is communicated and coordinated amongst all the employees of the organization through proper training mechanism.		
	e	The quality improvement programme is reviewed at predefined intervals and opportunities for improvement are identified.		
	f	The quality improvement programme is a continuous process and updated at least once in a year.		

<b>CQI.2: The organization identifies key indicators to monitor the structures, processes and outcomes which are used as tools for continual improvement.</b>			
	a	Organization shall identify the appropriate key performance indicators in both clinical and managerial areas.	
	b	Indicators shall be related to structures, processes and outcomes.	
	c	These indicators shall be monitored.	
	d	Monitoring includes performance of quality improvement activities in diagnostics, ICUs and operation theatres.	
	e	Monitoring includes patient satisfaction which also incorporates waiting time for services.	
	f	Monitoring includes employee satisfaction.	
	g	Monitoring includes safety aspects including adverse events.	
	h	Data collected are used as tools for further improvements	
	i	Monitoring includes data collection to support evaluation of these improvements.	
<b>CQI.3: The quality improvement programme is supported by the management.</b>			
	a	Hospital Management makes available adequate resources required for quality improvement programme.	
	b	Appropriate statistical and management tools are applied whenever required.	
<b>CQI.4: There is an established system for clinical audits.</b>			
	a	Medical staff participates in this system.	
	b	The parameters to be audited are defined by the organisation.	
	c	Patient and staff anonymity is maintained.	
	d	All audits are documented.	
	e	Remedial measures are implemented.	
<b>CQI5: Sentinel events are intensively analyzed</b>			
	a	The organization has identified the appropriate sentinel events.	
	b	The organisation has established processes for intense analysis of such events when they occur.	

	c	Corrective and Preventive Actions are taken based on the findings of such analysis.		
<b>Chapter 7: RESPONSIBILITIES OF MANAGEMENT (ROM)</b>				
<b>ROM.1: The responsibilities of the management are defined.</b>				
	a	The organization has a documented organogram.		
	b	Those responsible for management support quality improvement plans.		
	c	The management defines the rights and responsibilities of employees.		
	d	The organization is registered with appropriate authorities as applicable.		
	e	Those responsible for management address the organization's social responsibility.		
<b>ROM.2: The organization is managed by the leaders in an ethical manner.</b>				
	a	The management makes public the mission statement of the organization.		
	b	The leaders establish the organization's ethical management.		
	c	The organization discloses its ownership.		
	d	The organization honestly portrays the services which it can provide.		
	e	The organization honestly portrays its affiliations and accreditations.		
	f	The organization accurately bills for its services based upon a billing tariff.		
<b>ROM.3: Leaders ensure that patient safety aspects and risk management issues are an integral part of patient care and hospital management.</b>				
	a	The organization has a designated individual(s) to oversee the hospital wide safety programme.		
	b	The scope of the programme is defined to include adverse events ranging from 'no harm' to 'sentinel events'.		
	c	Management ensures internal and external reporting of system and process failures.		
<b>Chapter 8: FACILITY MANAGEMENT AND SAFETY (FMS)</b>				

<b>FMS.1: The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.</b>			
	a	There is a documented operational and maintenance (preventive and breakdown) plan.	
	b	Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes.	
	c	The provision of space shall be in accordance with the available literature on good practices.	
	d	Maintenance staff is contactable round the clock for emergency repairs.	
	e	The hospital has a system to identify the potential safety and security risks including hazardous materials.	
	f	Facility inspection rounds to ensure safety are conducted periodically.	
	g	There is a safety education programme for all staff.	
<b>FMS.2: The organization has a program for clinical and support service equipment management.</b>			
	a	The organization plans for equipment in accordance with its services.	
	b	All equipment is inventoried and proper logs are maintained as required.	
	c	Qualified and trained personnel operate and maintain the equipment.	
	d	Equipment are periodically inspected and calibrated for their proper functioning.	
	e	There is a documented operational and maintenance (preventive and breakdown) plan.	
<b>FMS.3: The organization has provisions for safe water, electricity, medical gas and vacuum systems.</b>			
	a	Potable water and electricity are available round the clock.	
	b	Alternate sources are provided for in case of failure and tested regularly.	
	c	There is a maintenance plan for medical gas and vacuum systems.	
<b>FMS.4: The organization has plans for fire and non-fire emergencies within the facilities.</b>			
	a	The organization has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.	

	b	The organization has a documented safe exit plan in case of fire and non-fire emergencies.		
	c	Staff is trained for their role in case of such emergencies.		
	d	Mock drills are held at least twice in a year.		
<b>Chapter 9: HUMAN RESOURCE MANAGEMENT (HRM)</b>				
<b>HRM.1: The organization has a documented system of human resource planning.</b>				
	a	The organization plans and maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.		
	b	The organization verifies the antecedents of the potential employee.		
<b>HRM.2: The staff joining the organization is socialized and oriented to the hospital environment.</b>				
	a	Each staff member is appropriately oriented to the organization's mission, policies and procedures.		
	b	Each staff member is made aware of his/her rights and responsibilities.		
	c	All employees are educated with regard to patients' rights and responsibilities.		
<b>HRM.3: There is an ongoing programme for professional training and development of the staff.</b>				
	a	A documented training and development policy exists for the staff.		
	b	All staff is trained on the risks within the hospital environment.		
	c	Staff members can demonstrate and take actions to report, eliminate/ minimize risks.		
	d	Training also occurs when job responsibilities change/ new equipment is introduced.		
	e	Feedback mechanisms for assessment of training and development programme exist.		
<b>HRM.4: An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.</b>				
	a	The appraisal system is documented.		
	b	All employees are aware of the system of appraisal.		
	c	Performance is evaluated based on pre-defined criteria which the employee is aware of.		

	d	Performance appraisal is carried out at pre defined intervals and is documented		
<b>HRM.5: The organization has a well-documented disciplinary and grievance handling procedure.</b>				
	a	A documented procedure with regard to these is in place.		
	b	The documented procedure is known to all categories of employees in the organization.		
	c	The disciplinary procedure is in consonance with the prevailing laws.		
	d	The redress procedure addresses the grievance.		
	e	Actions are taken to redress the grievance.		
<b>HRM.6: The organization addresses the health needs of the employees.</b>				
	a	Health problems of the employees are taken care of in accordance with the organization's policy.		
	b	Occupational health hazards are adequately addressed.		
<b>HRM.7: There is a documented personal record for each staff member.</b>				
	a	Personal files are maintained in respect of all employees.		
	b	The personal files contain personal information regarding the employees qualification, disciplinary background and health status.		
	c	All records of in-service training and education are contained in the personal files.		
	d	Personal files contain results of all evaluations.		
<b>HRM.8: There is a process for authorising all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications.</b>				
	a	Medical professionals permitted by law, regulation and the hospital to provide patient care without supervision are appointed.		
	b	Medical professionals admit and care for patients as per the laid down policies and authorisation procedures of the organization.		
	c	The services provided by the medical professionals are in consonance with their qualification, training and registration.		
<b>HRM.9: 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.</b>				
	a	The clinical work assigned to nursing staff is in consonance with their qualification, training and registration.		

	b	The services provided by nursing staff are in accordance with the prevailing laws and regulations.		
<b>Chapter 10: INFORMATION MANAGEMENT SYSTEM (IMS)</b>				
<b>IMS.1: Documented procedures exist for effective information management to meet the information needs of the care providers, management of the organization as well as external agencies that require data and information from the organization.</b>				
	a	A documented procedure exists to meet the information needs.		
	b	Formats for data collection are standardized.		
	c	Necessary resources are available for analyzing data.		
	d	Documented procedures are laid down for timely and accurate dissemination of data.		
	e	Documented procedures exist for storing and retrieving data.		
	f	The organization contributes to external databases in accordance with the law and regulations.		
<b>IMS.2: The organization has a complete and accurate medical record for every patient.</b>				
	a	Every medical record has a unique identifier.		
	b	Organisation identifies those authorized to make entries in medical record.		
	c	Every medical record entry is dated and timed.		
	d	The author of the entry can be identified.		
	e	The contents of medical record are identified and documented.		
<b>IMS.3: The medical record reflects continuity of care</b>				
	a	The record provides an up-to-date and chronological account of patient care.		
	b	The medical record contains information regarding reasons for admission, diagnosis and plan of care.		
	c	Operative and other procedures performed are incorporated in the medical record.		
	d	When patient is transferred to another hospital, the medical record contains the date of transfer, the reason for the transfer and the name of the receiving hospital.		
	e	The medical record contains a copy of the discharge note duly signed by appropriate and qualified personnel.		
	f	In case of death, the medical record contains a copy of the death certificate indicating the cause, date and time of death.		
	g	Whenever a clinical autopsy is carried out, the medical record contains a copy of the report of the same.		
	h	Care providers have access to current and past medical record.		
<b>IMS.4: Documented procedures are in place for maintaining confidentiality, integrity and security of information.</b>				

	a	Documented procedures exist for maintaining confidentiality, security and integrity of information.		
	b	Documented procedures are in consonance with the applicable laws.		
	c	Documented procedures incorporate safeguarding of data/ record against loss, destruction and tampering.		
	d	Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient's authorization.		
	e	A documented procedure exists on how to respond to patients/ physicians and other public agencies requests for access to information in the medical record in accordance with the local and national law.		
<b>IMS.5: Documented procedures exist for retention time of records, data and information.</b>				
	a	Documented procedures are in place on retaining the patient's clinical records, data and information.		
	b	The procedures are in consonance with the local and national laws and regulations.		
	c	The retention process provides expected confidentiality and security.		
	d	The destruction of medical records, data and information is in accordance with the laid down procedure.		
<b>IMS.6: The organization regularly carries out review of medical records audit.</b>				
	a	The medical records are reviewed periodically.		
	b	The review uses a representative sample based on statistical principles.		
	c	The review is conducted by identified care providers.		
	d	The review focuses on the timeliness, legibility and completeness of the medical records		
	e	The review process includes records of both active and discharged patients.		
	f	The review points out and documents any deficiencies in records.		
	g	Appropriate corrective and preventive measures undertaken are documented.		