



# **DESKTOP SURVEILLANCE ASSESSMENT (PANCHKARMA CLINIC)**

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## **PREFACE**

For an accredited Panchkarma Clinic to maintain its accreditation status, it is mandatory that the Panchkarma clinic continues to comply with the requirements of their respective Panchkarma Clinic Accreditation Standards, for which NABH conducts mid cycle surveillance. The purpose of on-site surveillance is to verify the continued compliance to the respective Panchkarma accreditation standards.

Due to pandemic COVID-19 crises and complete lock down announced by Government of India, the on-site assessments of NABH have also come to a halt. In view of the situation, NABH has decided to develop a methodology to verify the continued compliance of the accredited Panchkarma Clinic to the applicable standards and the first step towards it is “Desktop Surveillance” wherein the Panchkarma Clinic will be required to submit documents as required by NABH.

For the purpose of Desktop Surveillance, the Panchkarma Clinic shall provide the information as per this document and the same shall be considered for verifying the continued compliance. The information provided by the Panchkarma Clinic shall be evaluated at NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

The Panchkarma Clinic are therefore advised to provide the essential information accurately as per the format. Incorrect information provided may lead to adverse decision by National Accreditation Board for Hospitals & Healthcare Providers (NABH).

Note: The format provided for Desktop surveillance is in accordance with 1<sup>st</sup> Edition of Panchkarma Clinic Standards. Panchkarma Clinics are advised to visit NABH website [www.nabh.co](http://www.nabh.co) regularly for updates on implementation plan.

**List of abbreviations:**

BMW- Bio-Medical Waste  
CAPA-Corrective action preventive action  
CQI-Continuous quality improvement  
DS- Desktop Surveillance  
EQAS- External Quality Assessment Scheme  
FA-Final assessment  
FMEA- Failure Mode and Effects Analysis  
HCO- Healthcare organization  
HIC-Hospital infection control  
IMS-Information management system  
IT-Information technology  
KPI- Key performance indicators  
KRA- Key Result Area  
LASA-Look alike sound alike  
MoU- Memorandum of understanding  
MRD-Medical record department  
NC -Non-Conformities  
OPD-Outpatient department  
PCB-Pollution control board  
PPE- Personal Protective Equipment  
QA-Quality assurance  
QIPs- Quality improvement program/ project  
RA-Renewal assessment  
RCA- Root cause analysis  
RO-Reverse Osmosis

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## Instruction to fill the Format for Desktop surveillance

### 1. General Information:

Provide relevant information only.

### 2. Status of Non-Conformities (NC's) of previous on-site assessment:

Mention non-conformities raised in previous on-site assessment along with relevant standard, summary of CAPA and attach evidence of continued compliance in PDF as Annexure. Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 2.NC.1, DS-2020-Annexure 2.NC.2) DS stands for Desktop Surveillance-2020(year)-Annexure 2 is the number of the title and NC.1 and NC.2 represent Sl. No. of Non-compliance raised during the last onsite assessment.

### 3. Multidisciplinary Committee Meeting Review:

Attach composition of committee & evidence of improvement action according to minutes of the last meeting in PDF file as Annexure. Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 3.1.name of the committee) DS stands for Desktop Surveillance-2020(year)-Annexure 3 is the number of the title and 3.1 represent committee's number & name.

### 4. Incident/ Sentinel Events Review:

Provide the details as per the given table format. PDF file as Annexure to be attached. Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 4.1, DS-2020-Annexure 4.2 ) DS stands for Desktop Surveillance-2020(year)-Annexure 4 is the number of the title and .1 and .2 will represent Incident number.

Note: There is no need of revealing patient's identity, only unique hospital ID will suffice.

### 5. Mock Drills:

Provide details as asked in the given table.

PDF file as Annexure to be attached as per the given example (e.g. DS-2020-Annexure 5.1.name of the mock drill) DS stands for Desktop Surveillance-2020(year)-Annexure 5 is the number of the title and 1 represent mock drill number & name.

### 6. Details of Internal Audits:

a. PDF file as Annexure to be attached of internal audit, & facility inspection rounds as per the given example (e.g. DS-2020-Annexure 6.1.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.1 represents audit number & name. Provide the details as per the given table format.

b. PDF file as Annexure to be attached of clinical & Nursing (Paricharika) audit as per the given example (e.g. DS-2020-Annexure 6.b.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.b is the number of the title & table number followed by audit name. Provide the details as per the given table format.

- c. PDF file as Annexure to be attached of prescription audit as per the given example (e.g. DS-2020-Annexure 6.c.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.c is the number of the title & table number followed by audit name. Provide the details as per the given table format.
- d. PDF file as Annexure to be attached of hand hygiene audit as per the given example (e.g. DS-2020-Annexure 6.d.1 name of the doc) DS stands for Desktop Surveillance-2020(year)-Annexure 6.d. is the number of the title and table number. 1 represents serial number followed by the document name. Provide the details as per the given table format.
- e. PDF file as Annexure to be attached of medical record audit as per the given example (e.g. DS-2020-Annexure 6.e.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.e is the number of the title & table number followed by audit name. Provide the details as per the given table format.
- f. PDF file as Annexure to be attached of risk management per the given example (e.g. DS-2020-Annexure 6.f.name of the doc) DS stands for Desktop Surveillance-2020(year)-Annexure 6.f. is the number of the title & table number followed by document name.

**7. Details of Manpower:**

Table: 7.1

Attach the list of manpower in excel format.

Excel file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 7.1.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 7.1 is the number serial number of the table followed by document name.

Only attach one excel sheet document. Re-name the sheet 1 as Doctors/ Consultants, sheet 2 as RMO/Duty doctors, sheet 3 as Nursing (Paricharika) staff & sheet 3 as Paramedical staff.

Please do not attach multiple excel sheets. Only one excel sheet to have all the details of manpower.

Format for Doctors/ Consultants is as given below:

SI	Name	Qualification (Graduation/ Post Graduation/ -sub specialization)	Full time consultant (s)	Central Council/Stat e AYUSH Council Registration Number	Date of joining	Department
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Format for nursing (Paricharika) staff is as given below:

Sl.	Name	Qualification	Nursing Council Registration Number (if any)	Date of recent registration renewal	Date of joining	Department

Format for paramedical staff including pharmacist is as given below:

Sl.	Name	Qualification	Council of Registration (If any)	Department	Date of joining	Registration Number (if any)/ Date of Registration

Table: 7.2: PDF file as annexure to be attached as per the given example (e.g. DS-2020-Annexure 7.2.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 7.2 is the number of the table followed by document name.

One personal file of following: (preferably for the new

joiner) Personal File Format is given at the end of the

document

- 1 Panchakarma Vaidya
- 1 Nursing Staff (Paricharika)
- Panchakarma Therapist

## 8. Details of Training provided to Panchkarma Clinic personnel since last assessment:

Provide the details in Yes/ No or write remarks wherever necessary.

For point 8.7: Training record must include name of training imparted, effectiveness of training & feedback obtained. PDF scanned copies of common training sheets also can be submitted after highlighting the name of the aforementioned employees.

PDF file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 8.7.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 8.7 is the number serial number of the table followed by document name.

Last one-year training records of the following:

- 1 Panchakarma Vaidya
- 1 Nursing Staff (Paricharika)
- 1 Paramedical staff
- 1 Non Clinical staff

## 9. Indicator Data (clinical & managerial)

Attach annexure as PDF of six monthly Quality Indicator trend and use of tools with example on proactive risk assessment, data since the last assessment and preferably over 2 years to assess the trend (power point presentation to be attach as PDF)  
Write methodology of capturing of indicators against each tabulated indicator in the given table.

The indicator should be compared against the benchmark accepted by the Panchkarma Clinic or the target set by the Panchkarma Clinic. Any spikes or dips, unacceptable upwards/downwards trends should be explained with root cause analysis & corrective preventive actions. Evidence of data validation to be attached.

Checklist for quality indicator information:

- Definitions for numerators and denominators
- Formula used in capturing indicator
- Brief of methodology of capturing numerators and denominators
- Raw data sheets for at least last one quarter
- Data verification and or validation methodology
- Statistical principles applied
- Benchmarks/targets used and details thereof
- Flagging of changing trends (preferably last two years) – spikes and dips etc. and explanations thereof
- Root cause analysis
- Corrective and preventive actions
- Future plans, if any

PDF file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 9.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 9 is the number of the table followed by document name.

## 10. Has there been a change in the following aspects of the Panchkarma Clinic operations since last assessment?

Mention the change in Yes/No as per the given table format, in case the answer is 'Yes' give the details of the changes and PDF file as annexure to be attached for example (e.g. DS-2020-Annexure 10.1.doc) DS stands for Desktop Surveillance-2020(year) - Annexure 10 is the number of the title and 1 represents serial number followed by the document name.

## 11. Statutory Compliances

Mention the details as per the given table format and PDF as annexure to be attached against each license for example (e.g. DS-2020-Annexure 11.1. license name, DS-2020-Annexure 11.2. License name) DS stands for Desktop Surveillance-2020(year)-Annexure 11 is the Number of the title and 1 and 2 represent legal document number followed by the name of the license.

## 12. Geotagged photographs with timestamp

Panchkarma Clinic is required to attach the geotagged and time stamp photos of various areas as per the given table against each row. For example, (e.g. DS-2020-Annexure 12.1. photo name) DS stands for Desktop Surveillance-2020(year)-Annexure 12.1 is the serial number followed by the name of the photograph.

- Photographs to be less than 3 MB in jpg format with good resolution
- For geotagged & timestamp:

Open 'Camera' App-Head to the 'Settings' of the camera App-Look for the 'time stamp on photos'/'Location tag'/'Save location' option and enable it depending on your OS version.

- 'GPS Map Ca' App can be used for Geotagging (Can be downloaded and installed from android play store app)

## 13. New Equipment (if any):

Provide the information as per the given table.

## 14. Details of patient complaints

Provide the information as per the given table.

PDF file as annexure to be attached of Complaint redressal, as per the given tabular column, in the last 6 months (to a maximum of 3) for example (e.g. DS-2020-Annexure 14. doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 14 is the number of the title followed by document name.

## 15. Quality Assurance Programme

PDF as annexure to be attached against each given department for example (e.g. DS-2020-Annexure 15.1. doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 15.1 is the number of the title & serial number of the table followed by document name.

## 16. Infection Control

PDF file as annexure to be attached against each row, for example, (e.g. DS-2020- Annexure 18. doc name) DS stands for Desktop Surveillance-2020(year)- Annexure 18. is the number of the title followed by document name.

## 17. Documents/Manuals:

**Please do not attach complete manuals, only evidence of their review and revision (if any) by Panchkarma Clinic to be attached**

For Table 19.1: PDF file as annexure to be attached against each row of evidence of periodic review of manuals and any amendments since last onsite assessment for example, (e.g. DS-2020- Annexure 19.1 doc name) DS stands for Desktop Surveillance-2020(year)- Annexure 19.1 is the number of the title followed by document name.



For Table 19.2: PDF file as annexure to be attached against each row of documents for example, (e.g. DS-2020- Annexure 19.2 doc name) DS stands for Desktop Surveillance-2020(year)- Annexure 19.2 is the number of the title followed by document name.

#### 19. Outsourced Services

Outsourced services declaration to be signed by the Head of the organization with name, designation, date & place on the letter head of Panchkarma Clinic in PDF as DS-2020-Annexure 20. Declaration for outsourced services. DS stands for Desktop Surveillance-2020(year) - Annexure 20 title number followed by document name.

3 sample MOUs to be attached as PDF files as DS-2020-Annexure 20. Sample 1 MOU, DS-2020-Annexure 20. Sample 2 MOU, DS-2020-Annexure 20. Sample 3 MOU where DS stands for Desktop Surveillance-2020(year)- Annexure 20 followed Sample number of MOU.

#### 20. Litigation

Provide information on litigation if any.

#### 21. Self-Declarations

Self - declaration to be signed by the Head of the organisation with name, designation, date & place on the letter head of Panchkarma Clinic in PDF as DS-2020-Annexure 22 Self Declaration. DS stands for Desktop Surveillance-2020(year)- Annexure 22 tile number followed by document name.

**22 & 23. Details of payment of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year Annual accreditation fee and Processing fee for Desktop surveillance assessment** are mandatory to be provided by Panchkarma Clinic without which the desktop surveillance documents will not be processed.

- \* **Kindly attach annexure and photograph only where asked for.**
- \* **Annexure documents to be in portable document format i.e.PDF except manpower details where Excel format has to be used**
- \* **Size of the document to be uploaded should be less than 3 MB & size of the photographs should be less than 3MB in jpg format and with good resolution.**

**Information to be Furnished by Panchkarma Clinic for Desktop Surveillance Assessment**

**1. General Information**

Information	Details
Panchkarma Clinic Reference Number	
Panchkarma Clinic name	
Panchkarma Clinic address	
Number of Panchkarma procedure tables	
Accreditation Cycle –Accredited since (mention the year)	
Accreditation Validity Period:	
Previous assessment type: FA/ RA/ Verification/ Focus	
Date of Previous assessment	
Name of Owner/ CEO or equivalent	
Email of Owner/ CEO or equivalent	
Name of Accreditation Coordinator	
Email of Accreditation Coordinator	

**2. Status of Non-Conformities (NCs) of previous on-site assessment:**

Status of implementation and monitoring the effectiveness of corrective actions(s) taken on non-conformities raised during previous on-site assessment: *(please provide details in tabular format)*

Sl.	Non-conformities raised during previous on-site assessment	Relevant Standard and corresponding OE	Brief Summary of root cause analysis & corrective actions taken	Evidence of continued compliance of corrective actions to be attached (as on date)
1.				
2.				
3.				
4.				

**3. Multidisciplinary Committee Meeting Review:**

*(Please provide details in tabular format & attach evidence in PDF)*

S. No	Name of Committee	Composition of committee  (Annexure to be attached)	No. of meetings since last assessment	Date of last meeting of the committee	Whether all the agenda points as required by the relevant standard were discussed  (Yes/No)	Whether minutes of the meeting and actions points thereon were recorded  (Yes/No)	Whether the action plan is implemented as targeted  If Not, attach Proposed plan  (Yes/No)	Evidence of main improvement or action taken or the minutes of the last three meeting  (Annexure to be attached)
3.1.	Quality Improvement							
3.2.	Infection Control							
3.3.	Safety, Disaster & Drill							
3.4.	Pharmaceutical and Therapeutic							
3.5.	CPR							
3.6.	Internal Complaint (formed according to the provisions of the The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.)							
3.7.	Others, if any							

**4. Incident/ Sentinel Events Review:**

Summary of Incidents/ sentinel events reported and status of their resolutions  
(Please provide details in tabular format & attach evidence in PDF)

Note: It is desirable that the patient's name does not appear in any of the report / document submitted to NABH, only Clinic unique ID will suffice.

List all incidents in last 6 months or last such 10 incidents whichever is lower.

Sl.	Incidents/ sentinel events date	Incidents/ sentinel events details	Category of incident	Investigation findings with root cause analysis & corrective Action	Preventive action plan/ Improvement Plan	Status closed/ or CAPA ongoing
4.1.						
4.2.						
4.3.						
4.4.						
4.5.						

**5. Mock Drills:**

(Please provide details in tabular format & attach evidence in PDF)

Sl.	Mock drills	No. of drill conducted since last assessment	Findings and deviations observed	Root cause analysis & Corrective action taken (Yes/No)	Annexure to be attach (raw data, observations & reports)
5.1.	Fire				
5.2.	Cardiac/ medical Emergency (CPR)				
5.3.	Disaster management drill				
5.4.	Child abduction				
5.5.	Violent patient /relatives				
5.6.	Any other				

**6. Details of Audits:**

*(Number of NCs not closed, number of NCs continuing from the previous internal audit and assessment/ OEs with the same NCs as the previous internal audit/assessment)*

*Please provide details in tabular format & attach evidence in PDF)*

**a. Internal Audits:**

Sl.	Audits	Dates	Root cause analysis & Corrective action taken (Yes/No)	Annexure to be attach (raw data, observations & reports/CAPA)
6.1.	Internal Audit (6 monthly)			
6.2.	Facility inspection rounds done by the hospital leadership team (6 monthly)			

**b. Clinical & Nursing (Paricharika) Audit:**

The following requirements need to be met - Title, Aim, Objectives, Standards, References of the standards, sample size, duration (time frame), methodology, data collection tools, summary of findings, quality improvement and re-audit planned from the findings of at least 4 audits

*Please provide details in tabular format & attach evidence in PDF*

Title	Carried out by clinical/nursing team	Date started	Date completion of first cycle	Improvement proposed	Status of second/next cycle

**c. Prescription Audits**

Raw data sheets & summary of CAPA of three prescription audits from IP & OP of last three months

Date of audit	Audited by	Summary of findings	Root cause analysis & Corrective action taken	Minutes of meeting of Pharmacy Committee where such audits were discussed (Yes/No)



**d. Hand Hygiene Audit**

<b>Audits</b>	<b>Dates</b>	<b>Attach Annexure</b>
Hand hygiene compliance trends from previous assessment		
Hand hygiene audit sheets of last one month		
Any promotional / reinforcement activities for promotion of hand hygiene		

**e. Medical Record Audits:**

<b>MRD Audits (active cases)</b>	<b>Dates</b>	<b>Root cause analysis &amp; corrective actions taken and improvement in past one year</b>	<b>Attach audit sheets of last 30 days as annexure</b>

**f. Risk Management:**

<b>S. No.</b>		<b>Attach Annexure</b>
1.	Evidence of risk assessment with use of a relevant tools (e.g., FMEA etc.) and score leading to risk prioritization (e.g. HIRA, Risk priority number and risk heat mapping etc.)	
2.	Risk reduction/mitigation activities with corrective and preventive action	
3.	Evidence of top management involvement	

**7. Details of Manpower:**

*(Please provide details in tabular format & attach evidence in excel format as given in Instruction to fill in the Format point no. 7)*

**Table 7.1**

Sl.	Manpower	Total number	Attach evidences as per S.No.7 under “Instruction to fill the Format for Desktop Surveillance”
7.1.	Panchakarma Vaidya		
7.2.	Nurses (Paricarika)/Therapist		
7.3.	Paramedical Staff (If any)		

**Table 7.2**

*(Please attach evidence in PDF format as per the given format at the end of the document)*

Sl.	Personal files details	Attach evidences
	Scanned copies of personal files preferably for the new joinee from the last assessment: (as per given format) 1 Panchakarma Vaidya 1 Nursing Staff(Paricharika) 1 HIC Nurse(Paricharika) (if any)	

**8. Details of Training provided to Panchkarma Clinic staff since last assessment:**

*(Please provide details in tabular format)*

S. No		Yes/No	Remarks if any & attach evidence
8.1.	Does the Panchkarma Clinic identify training needs of its employees and prepare an annual training plan?		Panchkarma Clinic is required to enlist the methodology of identifying Training needs of the Employees & preparation of Annual Training Plan & same to be attach as annexure
8.2.	Whether the training plan Implemented		
8.3.	Please provide clarifications of lapses in implementation (if any)		
8.4.	Whether the effectiveness of training is evaluated and records are maintained		
8.5.	Has Panchkarma Clinic maintained the Induction training records for employees engaged by the Panchkarma Clinic in past 1 year?		
8.6.	<p>Training record for training imparted in past 1 year:</p> <p>Training record must include name of training imparted, training effectiveness &amp; feedback obtained.</p> <p>Scanned copies of common training sheets also can be submitted after highlighting the name of the aforementioned employees.</p> <ul style="list-style-type: none"> <li>- Records pertaining to All categories of employees e.g. Panchakrma consultants, Nursing Staff/Paricharika, Panchakrama Therapists, Paramedical staff, Non Clinical staff etc. may be included in annex.</li> </ul>		
8.7.	Training modules and records for BMW management training		



**9. Indicator Data (clinical & managerial)**

**All indicators as per the Standards like medication errors, near miss, sentinel events, patient satisfaction, employee satisfaction, etc. with discussion and root cause analysis.**

Department-wise QIPs to be submitted with targets and performance in the past year.

Evidence of validation of data methodology

**List of Indicators (as applicable)**

Sl.	Indicators	Methodology & sample size
9.1.	Time for initial assessment of in-patient and emergency patients	
9.2.	Percentage of cases (in- patients) wherein the treatment plan is documented.	
9.3.	Percentage of adherence to safety precautions by employees working in therapy section.	
9.4.	Incidence of medication errors.	
9.5.	Incidence Prescription error	
9.6.	Incidence Dispensing error	
9.7.	Percentage of patients receiving high-risk medications developing adverse drug event.	
9.8.	Percentage of medication charts with error prone abbreviations	
9.9.	Basti infection rate	
9.10.	Percentage of cases where the panchakrama procedure to prevent adverse events like wrong site, wrong patient and wrong procedure have been adhered to.	
9.11.	Incidence of Communication errors including handovers	
9.12.	Percentage of re-scheduling of Panchakarma therapies/ Treatment procedure	
9.13.	Compliance to Hand hygiene practice	
9.14.	Percentage of stock outs including emergency drugs.	
9.15.	Incidence of falls.	
9.16.	Panchakarma theatre, treatment procedure room utilisation rate	
9.17.	Bed occupancy rate and average length of stay.	

9.18.	Critical equipment down time.	
9.19.	Out-patient satisfaction index.	
9.20.	Percentage of sentinel events reported, collected and analysed within the defined time frame.	
9.22.	Percentage of near misses.	
9.23.	Percentage of missing records.	

**10. Has there been a change in the following aspects of the Panchkarma Clinic operations since last assessment?**

*(Please provide details in tabular format & attach evidence in PDF if any)*

Sl.		Yes/No	(If yes, give details thereof)
10.1.	Panchkarma Clinic Premises		
10.2.	Key Panchkarma Clinic Personnel		
10.3.	Legal Status		
10.4.	Ownership		
10.5.	Policies		
10.6.	Scope of services		
10.7.	Top Management		

**11. Statutory Compliances**

*(Furnish details of applicable Statutory/ Regulatory requirements the organisation is governed by law of land)*

*(Please provide details in tabular format & attach evidence in PDF format)*

Sl.	Name of legal document	Certifying Authority	Authorization / Invoice No	Valid from	Valid upto	Attach (Yes/ No/ Not applicable)	Remarks Lapsed / applied for
	<b>General:</b>						
11.1.	Registration from State Health Authority/Clinical Establishment Act						

11.2.	Registration under Shops and Commercial Establishment Act						
11.3.	PCB Consent to generate BMW						
11.4.	MoU with the BMW collecting agency						
11.5.	PCB License for Air Pollution						
11.6.	PCB License for Water Pollution						
	<b>Facility management:</b>						
11.7.	Fire NOC						
	<b>Miscellaneous:</b>						
11.8.	Canteen/ F & B License						
11.9.	Others If any... 1. 2. 3. 4. 5. 6.						

12. Panchkarma Clinic is required to enclose geotagged photographs with timestamp of the following:

SI.	Areas	Photographs
12.1.	Entrance of the Panchkarma Clinic showing name of the Panchkarma Clinic.	
12.2.	Display of Scope of services	
12.3.	Display of patient rights & responsibilities	
12.4.	Panchkarma Procedure Room/Therapy Room	
12.5.	Pharmacy with special emphasis on storage of LASA and High risk medication	
12.6.	Lifts and Lift room (if applicable)	
12.7	Medicine preparation area	



12.8.	Water tanks & RO water Plant	
12.9.	Storage area for BMW	
12.10.	BMW transport from patient area to storage area	
12.11.	COVID waste segregation	
12.12.	Recall register of last one week	
12.13.	Fire-panel	
12.14.	No smoking signage	
12.15.	Firefighting equipment availability, fire signage's, exit Plans	
12.16.	Under CCTV Surveillance	

**13. New Equipment (if any):** It should also include Equipment breakdown information and its turnaround time / maintenance details.

*(Please provide details in tabular format)*

Sl.	Name of	Department	Date of	Calibration	Maintenance

**14. Details of patient complaints and their redressal, as given below in the tabular column, in the last 6 months (to a maximum of 3)**

Sl.	Complaint	Date	Root cause analysis & corrective action taken (Yes/No)	Status settled/ Unsettled (Yes/No) If yes, date on which it was resolved	Remarks (in case of unsettled complaints)

**15. Quality Assurance Programme**

Sl.	Department	QA	Attach evidence
1.	Laboratory	Latest EQAS participation report along with root cause analysis & corrective action on deviation (if any)	
2.	Diagnostics	Latest QA participation report along with root cause analysis & corrective action on deviation (if any)	
3.	Para Surgical services	At least last 3 months' report along with root cause analysis & corrective action on focusing on post-operative complications, e.g. post Ksharasutra procedure	

**16. Infection Control**

Sl.	Topics	Attach evidence
1.	Name & designation of Infection Control Officer	
2.	Name & designation of Infection Control Nurse/Paricharika	
3.	ICN daily round sheet	
4.	Communications between ICO and ICN of last one week	
5.	Any reports of disinfection exposure and CAPA	
6.	Kitchen worker healthcare screening schedule	
7.	Kitchen worker health screening records	
8.	Charts for guidance for use of chemicals/disinfectants by housekeeping staff	
9.	Housekeeping audits and CAPA records	
10.	Stock records & monthly consumption data for various PPE components and hand rubs	
11.	All Panchakarma Consultants & Nurses/Paricharika in last six months pre and post exposure prophylaxis records	
12.	Any outbreaks identified during last one year and the audit report of the same	
13.	BMW Pre-Treatment Record	
14.	BMW weight records and records of handover of BMW to BMW handling agency	
15.	Copy of periodic reports submitted to regulatory agencies as per BMW management rules 2016 and modifications thereof	

17. Documents/Manuals:

Table 17.1

Sl.	Evidence of periodic review of Manuals	Attach evidences
1	HIC-Infection Control	
2	Quality Improvement manual Nursing quality improvement included in CQI Manual	
3	Safety and/ or patient safety	
4	IMS Manual	

Table 17.2

Sl.	Documents	Attach evidences
1.	Evidence of clinical intervention in response to a critical value alert	
2.	Updated and the reviewed formulary since last assessment	
3.	Quality improvement program and evidence of review in the form of quarterly CQI meeting.	
4.	updating of patient safety program once a year evidence	
5.	Evidence of patient satisfaction level to stakeholders of last month	
6.	Strategic and operational goals (evidence as minutes of meeting etc.)	
7.	Annual budget with allocation for patient safety, quality and infection control	
8.	Document on review of effectiveness of committees by top management	
9.	Policy/procedure on access to different areas of Clinic	
10.	Quarterly water testing reports of last 2 months (chemical, biological & endotoxin)	
11.	Alternate sources of water and electricity and capacity (DG, UPS, bore well, tanker water etc)	
12.	STP output monitoring as per PCB of last 2 months(if applicable)	
13.	Latest maintenance plan for all utilities & Biomedical	
14.	Evidence of defining needs for software and hardware solutions as per the information requirements and future necessities Licenses for Software's	
15.	Policy on Use of Telemedicine Evidence of adherence to Policy, in form of record of Consultations & Prescriptions	

16.	Records of Patient authorization-IMS Manual	
17.	Medical Records	
18.	Records of Pest and Rodent Control, protection against Virus	
19.	Back-up system of data	
20.	Fire safety in IT and MRD	

**20. Outsourced Services**

20.1. Provide the list of all outsourced services

20.2. Declaration on letter head, duly signed by authorised person of Panchkarma Clinic to be submitted

I, Panchkarma Clinic authorized person's name & designation hereby state that Name of Panchkarma Clinic has formal valid (as on date) documented agreement (specifying the service parameters & incorporating quality assurance by frequent monitoring) for all the outsourced services listed.

20.3. **Sample** of three MOUs including MOUs (if any) for Clinical & Diagnostic Services, Emergency services (including ambulance and advance care) – the purpose is to assess if quality parameters are enlisted in the MOUs.

**21. Litigation**

1. Has Panchkarma Clinic faced any litigations from the last onsite Yes/No
2. If yes, provide list and present status of the same.

**22. Self-Declarations (to be submitted on the letter head of Panchkarma Clinic , duly signed by Head of Panchkarma Clinic )**

1. I hereby declare that the Panchkarma Clinic (name) is in continued compliance of Panchkarma Clinic NABH standards for Hospitals since last on-site assessment.
2. I also declare that each statement and/or contents and /or documents, certificates submitted as Desktop Surveillance documents are true, correct and authentic. I am aware that any wrong information / declaration given therein may lead to adverse actions by NABH.

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**23. Details of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year Annual Accreditation Fee payment by Panchkarma Clinic : Amount of Fee paid:**

**Date of payment;**

**Mode of payment along with complete details.**

Signature of Head/ Director/ CEO of

Panchkarma Clinic

Name & Designation

Date & Place



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**Panchkarma Clinic is required to ensure the following enclosures before submitting the checklist**

**List of Enclosures:**

1. Current updated contact details of: owner /consultant/ coordinator  
Updated number of beds sanction/operational
2. Status of Non-Conformities (NC's) of previous on-site assessment
3. Multidisciplinary Committee meeting review
4. Incident/ Sentinel Events status
5. Mock Drills status
6. Internal Audits status
7. Updated list of consultants with credentials (Fulltime / part time/visiting/ On call)  
Updated list of Nurses/Paricharikas with credentials
8. Training Data
9. Indicator Data
10. Change in scope of services, Panchkarma Clinic Premises, Key Personnel, Legal Status, Ownership, Top Management with evidence
11. List of statutory compliances lapsed  
List of statutory compliances applied for
12. Photographs:  
Entrance of the Panchkarma Clinic showing name, Display of Scope of services, Display of patient rights & responsibilities, Panchakatma Therapy Area, Storage area of MRD & IT, Pharmacy with special emphasis on storage of LASA and High risk medication, Lifts and Lift room (if applicable), Water tanks & RO water Plant, Storage area for BMW, BMW transport from patient area to storage area, segregation, COVID waste segregation, Autoclave for Waste Pre-treatment, Bio safety cabinet Isolation rooms, Fire-panel, No smoking signage, Firefighting equipment availability, fire signage's, exit plans, Under CCTV Surveillance
13. Filled declaration for outsourced services
14. Litigations if any
15. Filled self-Declarations

**Personal File Format (Suggestive only)**

Employee Name \_\_\_\_\_ Emp. Code \_\_\_\_\_

Date of Joining \_\_\_\_\_ Designation \_\_\_\_\_ Department \_\_\_\_\_

	SR.NO	Checklist For Document	Frequency	Yes/no/NA	
<b>Pre-Joining</b>	1.	Application For Employment	Once		
	2.	Resume	Once		
	3.	Candidate Assessment Form	Once		
	4.	Offer Letter	Once		
	5.	Pre Employment health check-up Performa/Report	Once		
	6.	Photographs (3nos.)	Once		
<b>Joining Formalities</b>	7.	Self attested Copy Of Mark Sheet/Certificate Of HSC/10 <sup>th</sup> Standard	Once		
	8.	Self attested Copy Of Mark Sheet/Certificate Of SSC/12 <sup>th</sup> Standard	Once		
	9.	Self attested Copy Of Mark Sheet/ Graduation Certificate	Once		
	10.	Self attested Copy Of Mark Sheet/ Post Graduation Certificate	Once		
	11.	Self attested Copy Of Mark Sheet/Certificate Of Other Degrees	Once		
	12.	Self attested Copy Of Registration Certificate - For Doctors & Nurses/Paricharika	Once		
	13.	Experience & Relieving Letter From Previous Employers	Once		
	14.	ID Proof (ID) & Address Proof	Once		
	15.	Copy Of PAN Card & Aadhar card & Voter ID	Once		
	16.	Bank account number( ICICI/HDFC/Axis)	Once		
	17.	Credential Proforma	Once		
	18.	Doctor Privilege Proforma	Updatable		
	19.	Nursing Privilege Proforma	Updatable		
	20.	Job Description	Updatable		
	21.	Appointment Letter	Once		
	22.	Joining Report Proforma	Once		
	23.	ESI/Mediclaim Form	Once		
	24.	PF Nomination Form (Form-2)	Once		
	25.	Gratuity Nomination Form (Form-F)	Once		
	26.	Departmental Induction / Skill Training	Once		
	27.	Vaccination Record	All 3/Booster dose		
	<b>Annual Mandatory Events</b>	28.	Review of Probation Period	After Twelve Months	
		29.	Confirmation Letter	After Twelve Months	
		30.	Training Record & assessment Card	Yearly	
		31.	BLS/ALS/PALS/NALS Training	Yearly	
		32.	Performance Appraisal Forms	Yearly	
		33.	Annual Health Check-Up(Hepatitis-B vaccination)	Yearly	



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	34.	Any disciplinary record		
	35.	Any grievance record		
<b>Exit</b>	36.	No Dues Form	Once	
	37.	Exit Interview Performa	Once	

Checked By (HRD) \_\_\_\_\_ Signature by Head HRD \_\_\_\_\_ Date \_\_\_\_\_

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS  
& HEALTHCARE PROVIDERS (NABH)  
Quality Council of India**

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