



PRE-ASSESSMENT GUIDELINES AND FORMS



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GUIDE TO USE PRE-ASSESSMENT FORMS & CHECKLIST

1. Introduction

It is presumed that the Assessor, who has been nominated by NABH Secretariat, is fully aware of the NABH Accreditation process, its objectives and the on-site Assessment procedure. The Assessor shall have the overall responsibility of conducting the pre-assessment and for conducting the on-site final assessment of the concerned Panchakarma Clinic. Towards the task of on-site assessment, he shall be assisted by a team of assessors commensurate with the scope of accreditation.

This document contains Pre-assessment form and Checklist, which will form a part of the Pre-assessment Report. The document shall guide the Assessor in completing various forms & checklists and compiling the report.

2. Pre-Assessment

After the Panchakarma Clinic has taken the corrective action on the concerns expressed in the content of the application and has submitted a report to the satisfaction of the NABH, NABH Secretariat shall fix up a date for Pre-assessment in consultation with the Panchakarma Clinic and the Assessor.

While the assessment team proceeds to the Panchakarma Clinic for Pre-assessment, it should be in possession of the Panchakarma Clinic's Applications Form, NABH Standards for Panchakarma Clinic, fee structure and any other information supplied by NABH Secretariat.

The Assessor, during Pre-assessment shall:

- i. Check the implementation of NABH Standards for Panchakarma Clinic, whichever is applicable.
- ii. Study the scope of accreditation so that the time frame, number of assessors required in various fields and visits to various departments and services, if applicable, for the assessment can be determined. The Assessor shall also assess whether the Assessment is required to be split, based on the location of the Panchakarma Clinic or the number of fields/ departments.
- iii. Check whether the Panchakarma Clinic has conducted a comprehensive Internal Audit in accordance with NABH Standards, whichever is applicable.
- iv. Assess the degree of preparedness of the Panchakarma Clinic for the Assessment in terms of compliance to PANCHAKARMA CLINIC -PAF 1.
- v. Obtain signatures on NABH document – Terms and Conditions for Maintaining Accreditation, from the Panchakarma Clinic,, if not submitted by Panchakarma Clinic earlier
- vi. Explain to the Panchakarma Clinic regarding the methodology to be adopted for Assessment and the obligations of the Panchakarma Clinic.
- vii. Submit a report to NABH Secretariat.

3. Compilation of Pre-Assessment Forms & Checklist

The Assessor must review the Panchakarma Clinic,'s documented Quality System to verify compliance with the requirements of NABH. He should complete the Checklist PANCHAKARMA CLINIC - PAF 1 by recording his observation – 'Yes' or 'No' (by marking a in the appropriate box), related to the requirements of respective clause number of the checklist and offering brief comments. If the Assessor has a doubt in other area(s), not listed in the checklist, he is free to assess or go into details where he feels and annex his findings, to the report.



All deficiencies must be identified and reported, separately in Panchakarma Clinic - PAF 2. Additional sheets may be added, if required. The Assessor should finally summarise the conduct of Pre-Assessment and record the recommendations in Panchakarma Clinic -PAF 3. The Assessor must carefully fill the forms and check list and sign all pages of the Pre-Assessment Report. He should also obtain signature of the authorised person of the Panchakarma Clinic on Panchakarma Clinic -PAF 2 & 3. The report should be compiled in the order Panchakarma Clinic -PAF 3, 2 & 1 and any other additional pages or annexure thereafter.

The Assessor shall submit the Pre-Assessment Report to NABH Secretariat within 10 days of completion of Pre-Assessment.



CHECKLIST FOR REVIEW AND VERIFICATION

Panchakarma Clinic:		Date(s) of Visit:	
Sl.	Requirement	Observation*	
		Yes	No
Assessment Standard: <i>NABH Standards for Panchakarma Clinic</i>			
1.	Review of Application Form		
	▪ for correctness of contents.		
	▪ for licenses/ registration/other legal requirements		
	▪ Organogram		
<i>Comments on Application Form:</i>			
2.	Documentation of Quality Assurance Program		
	▪ Adequacy of Quality Assurance program		
	▪ Availability of all required cross-referenced Procedures (list enclosed)		
	▪ Availability of other documents like Safety Manual, Infection Control Manual, Standards, Codes, Policy and procedures etc. (list enclosed)		
	▪ Availability of NABH documents (list enclosed)		
<i>Comments:</i>			
3.	Implementation of Quality Assurance Program/ Documentation (sample audit)		
	▪ Availability of relevant documents at place of work		
	▪ Are policy & procedures being followed		
	▪ Awareness of NABH requirements		
<i>Comments on Implementation and effectiveness of Quality System:</i>			

* Mark in the appropriate box



Sl.	Requirement	Observation*		
		Yes	No	
4.	Medical Audit			
	▪ Availability of Medical audit committee and procedures			
	▪ All requirements of NABH Standards for Panchakarma Clinic (which ever is applicable), covering all activities of Panchakarma Clinic audited at least once in the last one year			
	▪ Timely corrective action on deficiencies			
	▪ Audit conducted by Independent and competent personnel			
	<i>Comments on effectiveness of Internal Audit:</i>			
5.	Personnel			
	▪ Training programme organised for its personnel			
	▪ Plan/ Schedule for imparting training to its personnel for the current year			
	▪ Suitability of persons authorised for specific tasks with reference to the field(s) applied			
	<i>Comments on Personnel and Training:</i>			
6.	House keeping and Environmental conditions			
	▪ Does the Panchakarma Clinic demonstrate adequate house keeping			
	▪ Maintenance of necessary environmental conditions (sample audit)			
	<i>Comments on General House keeping:</i>			
7.	Discussions with the Panchakarma Clinic on Final Assessment			
	▪ Overview of the methodology to be adopted			
	▪ Task/ role of Assessor, Technical Assessor(s) and Observers			
	▪ Obligations of the Panchakarma Clinic			
	<i>Record any special discussion:</i>			

* Mark in the appropriate box



PANCHAKARMA CLINIC -PAF 2

DEFICIENCIES OBSERVED DURING PRE-ASSESSMENT

Panchakarma Clinic		Date(s) of Visit:
Assessment Standard: <i>NABH Standards for Panchakarma Clinic</i>		
Sl.	Deficiency	Remarks
Signature/ Name of Authorised Personnel of Panchakarma clinic & Date		Signature/ Name of Assessor & Date

Note: Use additional sheets of this form, if required



PRE-ASSESSMENT REPORT

Panchakarma Clinic name & address:	
Accreditation Coordinator:	Date(s) of Visit:
Persons Contacted:	
Pre-Assessment Team:	
Summary of Pre-Assessment:	
Recommendations of Time Estimation and Readiness of Panchakarma Clinic:	
<ul style="list-style-type: none"> ▪ Number of Assessors required, as per Scope of Accreditation 	
<ul style="list-style-type: none"> ▪ Number of audit days required 	
<ul style="list-style-type: none"> ▪ Whether the Assessment is required to be split based on locations of Panchakarma Clinic or number of fields/ departments. If yes, elaborate 	Yes / No
<ul style="list-style-type: none"> ▪ Is the Panchakarma Clinic ready for Assessment. If no, specify estimated time for taking corrective actions 	Yes / No
<ul style="list-style-type: none"> ▪ <i>Any specific recommendations:</i> 	
Signature/ Name of Authorised Personnel of Panchakarma Clinic & Date	Signature/ Name of Assessor & Date

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS
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