

Application form for NHB Accreditation for Hospitals/ Nursing Home

IMA TAMILNADU STATE BRANCH NURSING HOME BOARD
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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			
Lacnac			
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	Polices 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	YES/NO

	drugs.	
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	YES/NO

	job duties or responsibilities related to safety.	
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 ACCOUNT” Rs. 1,000/- payable at **COIMBATORE****

Please send the filled up application along with DD to:

IMA NHB SECRETARY
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Mowthi Nursing Home (P) Ltd.
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