



## Hospital Enrolment Form & Term Sheet – IMA NABH Pre- Accreditation Entry Level Certification Technical Support Program – Maharashtra [FOR IMA-HBI MEMBERS]

### Section I. Hospital Profile

Hospital Name			
Hospital Email		Phone	
Address			
Pin Code		Web Site	
<b>Information Regarding Key Personnel</b>			
Owner / Promoter's Name		Designation	
Owner / Promoter's Email		Phone	
Administration Head		Designation	
Email		Phone	
Accreditation In Charge		Designation	
Email		Phone	
Nursing Services Head		Designation	
Email		Phone	
<b>Bed Strength &amp; Service Utilization Details</b>			
Total Number Of Beds Sanctioned			



Total Number Of Beds Currently Operations –IP Room & Ward Only (Exclude ICU, Casualty, Daycare, OT, LR, Post Op, Recovery, Dialysis and Bystander Beds)					
Number of IP Beds in Single Occupancy (Rooms)					
Number of IP Beds in Shared Occupancy (Cubicles/Wards)					
Number Of Operation Theaters					
Number of Post-Operative Recovery Beds					
Number of Casualty Beds					
Number of Intensive Care Beds					
Total Number of OP Cases			Number of IP Admissions		
2013	2014	2015	201	2014	2015

### Broad Specialties (Tick As Applicable)

Casualty& ER	General Medicine	Pediatrics	OB&Gynecology
Orthopedics	ENT	Dermatology	Psychiatry
Psychology	Dentistry	Geriatrics	General Surgery
Pediatric Surgery	Ophthalmology	Orthosurgery	Ophthal Surgery
Respiratory Medicine	Sports Medicine	Anesthesiology	Burns Unit
Others (Provide Details)			

### Super specialties (Tick As Applicable)

Cardiology	Cardiothoracic Surgery	Interventional Cardiology	Pediatric Cardiology
Nurology	Nuro Surgery	Joint Replacement	Plastic Surgery
Nephrology	Dialysis	Microvascular Surgery	Maxillofacial Surgery
Medical Oncology	Surgical Oncology	Radiation Oncology	Gastroenterology
Gastro Surgery	Pulmonology	Urology	Urosurgery
Organ Transplants	Endocrinology	IVF	
Others (Provide Details)			

### Clinical Support Services (Tick As Applicable)

Ambulance	Blood Bank	Dietetics	Physiotherapy
Speech Therapy	Occupational		



	Therapy		
Others (Provide Details)			

### Diagnostic Services (Tick As Applicable)

Bone Densitometry	DSA Lab	CT	MRI
PET	Gamma Camera	Mammography	Ultrasound
X Ray	ECHO	TMT	Audiometry
EEG	EMG/EP	Holter	Spirometry/PFT
Urodynamic Studies	Biochemistry	Microbiology	Serology
Clinical Pathology	Cytopathology	Genetics	Haematology
Histopathology	Molecular Biology	Toxicology	Blood Transfusion Ser
Others (Provide Details)			

### Non Clinical Support Services (Tick As Applicable)

Biomedical Engineering	Catering & Kitchen	CSSD	General Administration
Housekeeping	Human Resources	IT	Laundry
Maintenance	Mortuary	Waste Management	Pharmacy
Security	Community Service	Materials Management	
Others (Provide Details)			

### Outsourced Services

Please list the services outsourced by your organization




## Section II. Terms and Conditions

### A. Scope of Services

On enrolment, an organization shall become eligible for the following services from our technical team.

#### Initial Assessment

An initial Assessment of your facility will be conducted covering statutory & regulatory compliance, current process gaps, level of documentation and man power capacity. Based on the assessment, an Initial Assessment & Gap Analysis report will be submitted to the hospital detailing the actions required to be taken by the hospital for increasing compliance to the accreditation standard requirement.

#### Trainings

Training program shall be conducted at common venue and selected team members from your organization shall be eligible for attending this program. The core areas covered in these trainings are;

- a. NABH Standards and their implementation
- b. Development of Policies & Procedures / Documentation Management
- c. Hospital Infection Control
- d. Patient Safety
- e. Quality / Key Performance Indicators – Development & Monitoring

All enrolled hospitals will be intimated of the scheduled training dates well in advance and the nominated team members from each hospital is required to attend the training at the designated venues. Since IMA NABH support program follows a coordinated cluster approach it is advised that all hospitals ensure proper attendance. Certificates of participation will be issued by IMA-Hospital Board of India.

#### Documentation Review and Guidance:

Standard manuals and documents shall be made available to enrolled organization through a portal and/or emails. A documentation support officer located at the central office of the IMA NABH technical team shall guide the hospital teams through phone and email in reviewing and finalizing the documentation.

The technical team will organize a documentation finalization workshop to review and finalise documents of the enrolled hospitals on a group work basis consisting of 8-10 hospitals each session; where the facilitators from technical support team will work with the hospital documentation team for finalizing the documents.



## Implementation Support

Consultants from the technical support team shall visit the enrolled hospital to in a pre-determined interval to assess the progress of implementation of various processes and action plans based on initial assessment report findings. These visits also in parallel gather insight on the speed of the hospital progress to various stages of accreditation like application and assessment. The number of such visits will be dependent on the size of the hospital

## Mock Assessment:

Prior to submission of application, the technical support team will conduct a mock assessment to ascertain the readiness and compliance levels to accreditation standards of the hospital. The mock assessment report also will form a final checklist of issues to be resolved and actions to be ensured prior to visits from NABH assessment team.

## Continuous Support & Guidance

Each enrolled facility with in the various regions / districts will have an identified facilitator who can be contacted for hand holding and guidance. Apart from the same, a centralized helpline with dedicated phone number (active on all working day 10 AM to 5 PM) and email id will be provided, where the enrolled hospitals may call or mail in any queries regarding accreditation process.

## Summary of Visits and Services Offered

Facility Type	Cat 1 1-25 Beds	Cat 2 26- 50 Beds	Cat 3 51-100 Beds	Cat 4 Above 100 Bed	Cat 5 Above 200 Bed
Person-Days for onsite Initial Assessment	1	1	1	2	2
Number of Staff eligible for training	3	3	4	5	5
Person-Days for monitoring / implementation visits – onsite	1	2	3	4	5
Person-Days for final onsite Mock Assessment	1	1	1	2	2



## **B. Additional Consultancy Visits**

In case an enrolled hospital requires enhanced on-site support, over and above the number of person-days specified in this terms sheet, the same shall be provided on payment of an additional fee per visit depending on the seniority and experience of the consultant designated by IMA Technical Support team. These payments are to be made directly to IMA prior to allotment of additional consultancy visits..

## **C. Responsibilities of Enrolling Hospital**

- Management shall announce the NABH initiative to all the staff, and clearly communicate the importance of accreditation, thereby assuring support and commitment from all personnel.
- Shall select and depute competent personnel for the project.
- Shall ensure that the selected personnel attend the centralized training program without failure.
- Shall ensure that the personnel assigned and trained are not changed during the course of the project as far as possible.
- Shall ensure that all key hospital staff are present during the days of IMA Technical Support team visits to your hospital
- Shall facilitate all onsite visits and assessments from the IMA Technical Team as well as the NABH Team.
- Ensure that the Accreditation Coordinator designated by your hospital maintains constant contact and responds to various communications sent to the enrolled hospitals by IMA technical support team and its team members / consultants.
- Ensure that the various tasks and deadlines assigned to the hospital by the IMA technical Support team through their assessment reports, visit reports and other communication for quality improvement and accreditation readiness of your hospital are completed in time specified to ensure time bound preparation for your NABH Pre-Accreditation Entry Level certification.
- Ensure that you provide the correct information regarding the number of beds and details of services through this term sheet. It is necessary to ensure fair and equitable pricing of our services to every hospital. Our team will verify these details during their initial assessment visits and in case of discrepancies in these information you will be required to enroll for the appropriate category and pay the additional fees as applicable for the category.

## **D. Complaints on Technical Support Program**

Any complaints or grievances regarding services regarding this program may be sent addressed to the Chairman ,IMA Hospital Board of India, Maharashtra Chapter and will be examined and redressed by a panel constituted by him. The decisions made by this panel after due consideration by this panel will be binding on all enrolling hospitals.



### Section III - Details of Payment [Cheque in favour of 'IMA HOSPITAL BOARD OF INDIA']

Hospital Category (Tick Appropriate)	Category I / Category II / Category III / Category IV
Amount in Figures	
Cheque / DD No	
Date	
Bank Drawn At	

### IV. Declaration

I,

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Designation) of

\_\_\_\_\_ (Hospital Name)

\_\_\_\_\_ (Location)

Declare that I have read, understood, and agrees to the terms put for in this document. I also declare that I am authorized to enroll the hospital in this program and to accept the terms specified on behalf of the hospital

Sign :

Name :

Date :

Designation :

Place :

(Hospital Seal)