



NABH National Accreditation Board for Hospitals & Healthcare Providers



## Quality Standards & Disaster Mitigation



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## Quality Standards

**Quality standards defines the structures and processes that must be substantially in place in an organization to enhance the quality of care.**

**It focuses on learning, self development, improved performance and reducing risk.**

**It is based on optimum standards, professional accountability and encourages healthcare organization to pursue continual excellence**



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## Benefits of Quality Standards

- 1. Provides opportunity to assess your program against established standards.**
- 2. Demonstrates discipline and accountability in regularly reviewing, maintaining and documenting compliance with standards and best practices.**
- 3. Offers evidence of best efforts to comply with the standards.**
- 4. Provides opportunity for Measuring the improvement; and Raising the standards**



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## Quality Standards in Disaster Mitigation

**Disaster Mitigation requires that the program create and implement a strategy to lessen the impacts of disasters that takes into account hazard identification and risk assessments**

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### Quality Standards in Disaster Mitigation

**NABH standards and guidelines centres on managing consequences to; provide safe and effective patient care during an emergency, clearly defining staff roles, training those roles and responsibilities; and sustaining staff competencies over time.**

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### Quality Standards in Disaster Mitigation

**Outcome**  
Indicators  
Drills  
Post disaster phase  
Disaster Mitigation

**Process**  
Operations and Procedures requires standard operating procedures, checklists, and other instructions to execute the emergency operations plan and other plans and ties procedures to identified hazards

**Structure**  
Logistics and Facilities capable of supporting response and recovery process.

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### Structure

- Disaster / Safety Committee
- Disaster Manual
- Disaster Codes
- Governance Structure during Disaster
- Compliances with Statues & Acts
- Logistics
- Manpower
- Command Station

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### Disaster / Safety Committee

**The hospital committee responsible for developing, coordinating, and implementing emergency disaster plans that would enable the hospital to meet the community's emergency medical needs in the context of a disaster within the limits of its resource**

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## Disaster / Safety Committee

**The disaster planning committee...should include representatives from the following:**

- Medical staff (ER physician or trauma surgeon)
- Administration (includes risk manager)
- Nursing staff
- Emergency department
- Security
- Communications
- Public relations
- Medical records and admissions
- Engineering/maintenance
- Laboratory
- Radiology

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## Disaster Manual

**A Disaster Manual is the document which establishes the policies and objectives of an organization in disaster mitigation.**

**Disaster Manual is meant to be a basic guide to help your organization develop a disaster plan that is unique and specific to fit your particular organizational needs.**

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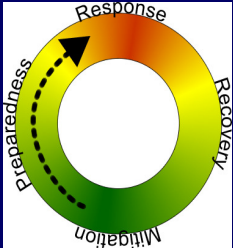
## Content of Disaster Manual

1. Definition For Disaster/risk /risk assessment etc
2. Disaster/safety committee
3. Role of Hospitals in Disasters/ Mass Casualty Incident (MCI)
4. Organization of Health Delivery System in Disaster/ Emergency situations
5. Emergency plan for hospital
6. Job cards
7. Phases of Disaster

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## The Disaster Management Process

**Preparedness  
Response  
Recovery  
Prevention**





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## Process


### Disaster Codes

- Code Red (Fire)
- Code Blue (Collapsed Patients)
- Code Yellow (Mass Casualties)
- Code Pink (Abducted Neonates)
- Code Violet (Uncontrollable patients / bystanders)
- Code Orange (Hazardous Spills)

Initial Response & Final Response for each codes



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## Process (contd...)

### Roles & Responsibilities

Job Cards  
Training  
Mock Drills  
Internal Audits  
Signage's  
Documentation  
Press Briefings




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## Other Quality Standards

Communication  
Resources and Assets  
Safety and Security  
Staff Responsibilities  
Utilities Management  
Patient and Clinical Support Activities  
Regular Testing and Plan Evaluation



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## Outcomes

Key Indicators  
Feedback for stake holders  
Drill reports  
Safety Inspection rounds and reports  
Audits



**NABH Standards**



**Chapter 8 Facility Management system focus areas for hospitals to demonstrate they have proper plans and response mechanisms to a disaster**



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<b>FMS 1</b>	<b>The organization has a system in place to provide a safe and secure environment.</b>
a	Safety committee coordinates development, implementation and monitoring of the safety plan and policies.
b	Patient safety devices are installed across the organization and inspected periodically.
c	The organization is a non-smoking area.
d	Facility inspection rounds to ensure safety are conducted at least twice in a year in patient care areas and at least once in a year in non-patient care areas.
e	Inspection reports are documented and corrective and preventive measures are undertaken.
f	There is a safety education programme for all staff.



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<b>FMS 2</b>	<b>The organization's environment and facilities operate to ensure safety of patients, their families, staff and visitors.</b>
a.	Facilities are appropriate to the scope of services of the organization
b.	Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes.
c.	There is an internal and external sign posting in the organization in a language understood by patient, families and community
d.	The provision of space shall be in accordance with the available literature on good practices (Indian or International standards) and directives from government agencies
e.	Potable water and electricity are available round the clock
f.	Alternate sources are provided for electricity and water are provided as back up for any failure/shortage.
g.	The organization regularly tests the alternate sources.
h.	There are designated individuals responsible for the maintenance of all the facilities.
i.	There is a documented operational and maintenance (preventive and breakdown) plan.
j.	Maintenance staff is contactable round the clock for emergency repairs.
k.	Response times are monitored from reporting to inspection and implementation of corrective actions.



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<b>FMS 6</b>	<b>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
e.	There is a maintenance plan for fire related equipment.
f.	The policy has provisions for granting exceptions for patients and families to smoke.

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<b>FMS 7</b>	<b>The organization plans for handling community emergencies, epidemics and other disasters.</b>
a.	The hospital identifies potential emergencies.
b.	The organization has a documented disaster management plan.
c.	Provision is made for availability of medical supplies, equipment and materials during such emergencies.
d.	Staff is trained in the hospital's disaster management plan.
e.	The plan is tested at least twice in a year.

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<b>FMS 8</b>	<b>The organization has a plan for management of hazardous materials.</b>
a.	Hazardous materials are identified within the organization.
b.	The organization implements processes for sorting, labelling, handling storage, transporting and disposal of hazardous material.
c.	Requisite regulatory requirements are met in respect of radioactive materials.
d.	There is a plan for managing spills of hazardous materials.
e.	Staff are educated and trained for handling such materials.

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<b>What Standards &amp; Accreditation Can do for You</b>	
<b><u>Disaster/safety Committee</u></b>	
<ol style="list-style-type: none"> <li>1. Has a disaster planning committee been formed?</li> <li>2. Has this committee been charged with overseeing the development of the disaster manual?</li> <li>3. Does this committee review and carryout disaster drills and evaluate whether changes need to be made to the disaster manual?</li> </ol>	



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<b>What Standards &amp; Accreditation Can do for You</b>	
<b><u>Type of disaster</u></b>	
<ol style="list-style-type: none"> <li>4. Is the area in which your hospital is located susceptible to: Earthquakes? Nuclear accidents? Flooding? Chemical spills? Fire? Physical attacks?</li> <li>5. How each disaster will affect the facility, staff.</li> <li>6. Types of staff, supplies and medication needed for each type of disaster</li> </ol>	

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## What Standards & Accreditation Can do for You

### Facility



7. Is there a call-back roster and is it updated frequently?
8. Have personnel responsibilities been defined and a checklist developed for each key position?
9. Have communication links been developed within the hospital when normal communication services are disrupted?
10. Has a security plan been developed?

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## What Standards & Accreditation Can do for You

### Treatment of emergency patient



11. Will there be too many patients for the space in the emergency department?
12. Where will triage take place?
13. Will patients have to be evacuated? Where to? How will they get there?
14. Will decontamination from a chemical or radioactive material exposure be required? Where and with what equipment?

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## What Standards & Accreditation Can do for You

### Logistics



15. Are there emergency "disaster kits" (flashlights, batteries, etc.) located on patient care floors, treatment areas or other designated areas that are immediately accessible if a disaster were to occur, and are they inspected at least annually?

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## What Standards & Accreditation Can do for You

### Patient care



16. Are there plans to care for community special needs patients, e.g., dialysis patients, oxygen dependent patients, etc.?
17. Are there agreements with other facilities to transfer patients that require a higher level of care?
18. Have arrangements been made for transportation of those patients being transferred?
19. Have transportation routes been determined for the transfer of patients?

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## What Standards & Accreditation Can do for You

### Evacuation

20. Who authorizes evacuation of the hospital?  
 21. For partial evacuation, are areas identified within the hospital where patients will be evacuated?  
 22. For full evacuation, has coordination been arranged with receiving facilities and has transportation been arranged to move the patients?

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## What Standards & Accreditation Can do for You

### Drill

23. When you conduct disaster drills, are all types of disasters eventually addressed?  
 24. Are all aspects of a supposed disaster tested or only mass casualties?  
 25. Do staff members understand their functions during a drill?  
 26. Are new employees educated in what is expected of them during a disaster?

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## What Standards & Accreditation Can do for You

### Damage to Hospital Phase

27. Have you made a damage assessment?  
 28. Are your buildings structurally sound?

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## Thankyou

**Dr Zainab Zaidi**  
 Assistant Director  
 National Accreditation Board for Hospitals & Healthcare Providers  
 Quality Council of India  
 2nd Floor, IMA Bhawan  
 Indraprastha Marg  
 New Delhi-110002  
 Phone no: 011-23370567, 23378837, 23378838  
 Telefax: 011-23379621  
 Website: [www.nabh.co](http://www.nabh.co)  
 Email: [zainab@nabh.co](mailto:zainab@nabh.co)