

# PRE-ACCREDITATION ENTRY LEVEL STANDARDS FOR HCO & SHCO SESSION #2

## BASIC PROGRAM TO TRAIN CPQIH

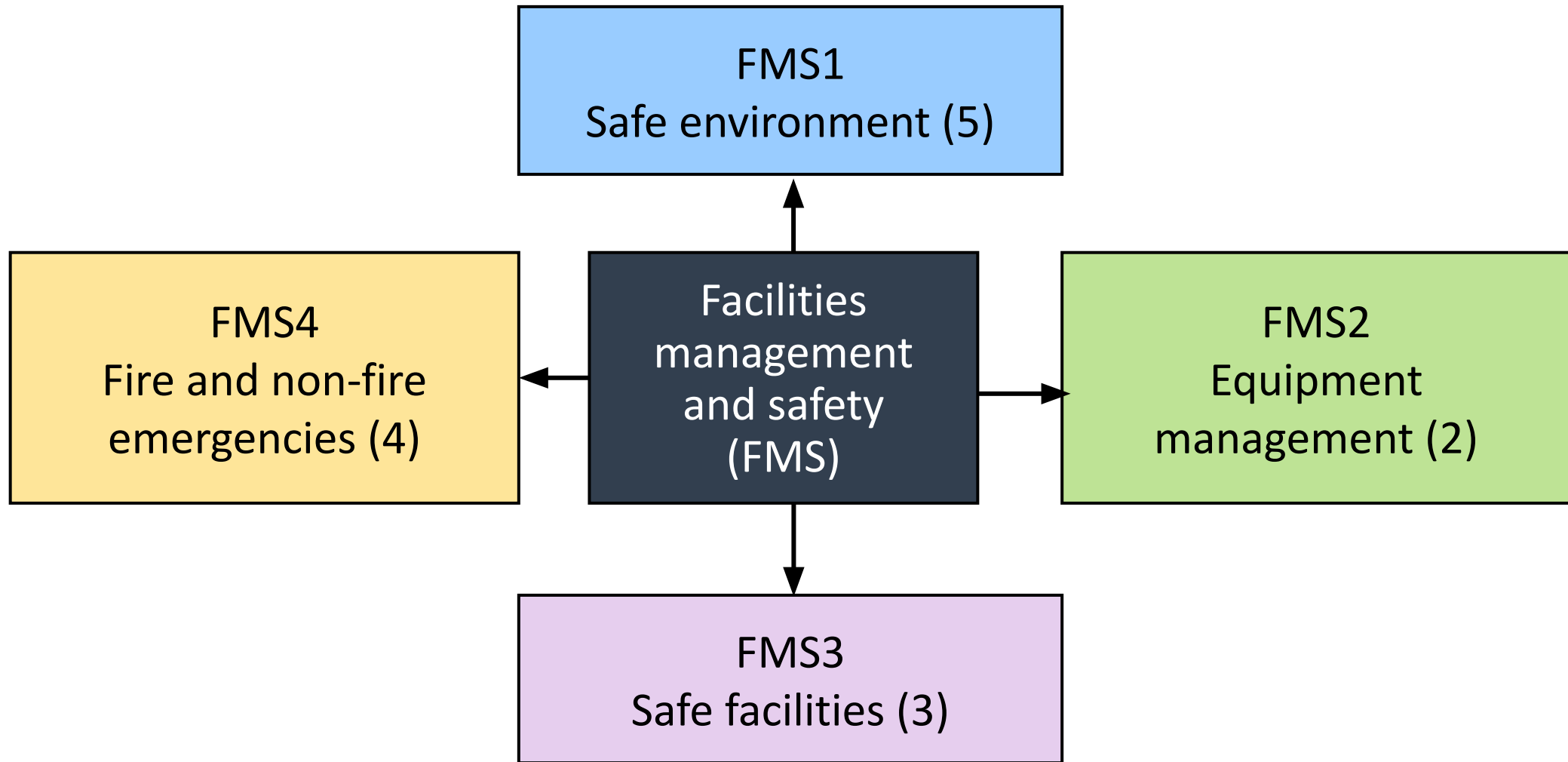
VERSION 2.1 BASIC TRAINING



CONSORTIUM OF ACCREDITED HEALTHCARE ORGANIZATIONS

# FACILITIES MANAGEMENT AND SAFETY (FMS)

# Summary of Standards



# Intent of FMS

The NABH **Facilities Management and Safety (FMS)** chapter aims at:

- Provision of a safe and secure environment for patients.
- Plans for emergencies within the facilities and the community.
- Program for clinical and support service equipment and management.

# FMS 1: The organisation's environment and facilities operate to ensure safety of patients, their families, staff and visitors.

- **FMS 1a:** Internal and external signage shall be displayed in a language understood by the patients and families.
- **FMS 1b:** Maintenance staff is contactable round the clock for emergency repairs.
- **FMS 1c:** The hospital has the system to identify the potential safety and security risks including hazardous material.
- **FMS 1d:** Facility inspection rounds to ensure safety are conducted periodically.
- **FMS 1e:** There is a safety education programme for relevant staff.

# Signage

- It is a design or use of signs and symbols for communication.
- It should be bilingual and pictorial.



**Note:** Top management should take the responsibility of signage and guide persons responsible for implementing it.

# Types of Signage

- **Statutory signage:** To give statutory information.

BHARAL AMIN GENERAL HOSPITAL		SCOPE OF SERVICES	ઉપલબ્ધ સેવાઓ
<b>ANAESTHESIA SERVICES</b>	એનેસ્થેસિયા સર્વિસીસ		
<b>CARDIOLOGY</b>	કાર્ડિયોલોજી		
<b>CARDIOTHORACIC SURGERY</b>	કાર્ડિયોથોરાસિક સર્જરી		
<b>CRITICAL CARE</b>	ક્રિટિકલ કેર		
<b>DERMATOLOGY</b>	દર્મટોલોજી		
<b>EAR, NOSE &amp; THROAT</b>	સાંઠ, નાક અને ગણું		
<b>ENDOCRINOLOGY</b>	એન્ડોક્રાઇનોલોજી		
<b>GASTROENTEROLOGY</b>	ગેસ્ટ્રોએન્ટરોલોજી		
<b>GENERAL SURGERY</b>	જનરલ સર્જરી		
<b>GI SURGERY</b>	જી.આઇ. સર્જરી		
<b>INTERNAL MEDICINE</b>	ઇન્ટરનલ મેડિસીન		
<b>NEPHROLOGY &amp; RENAL TRANSPLANT</b>	નેફ્રોલોજી અને રીનલ ટ્રાન્સપ્લાન્ટ		
<b>NEUROLOGY</b>	ન્યુરોલોજી		
<b>NEUROSURGERY</b>	ન્યુરોસર્જરી		
<b>OBSTETRICS &amp; GYNAECOLOGY (High Risk Obstetrics Care)</b>	ઓબસ્ટેટ્રીસ અને ગાયનેકોલોજી (હાઇ રીસ્ક ઓબસ્ટેટ્રીકલ કેર)		
<b>OCCUPATIONAL HEALTH</b>	ઓક્યુપેશનલ હેલ્થ		
<b>ONCOLOGY</b>	ઓન્કોલોજી		
<b>OPHTHALMOLOGY</b>	ઓફ્થલ્મોલોજી		
<b>ORTHOPAEDICS</b>	ઓર્થોપેડિક્સ		
<b>PAEDIATRICS &amp; PAEDIATRICS SURGERY</b>	પેડિયાટ્રીકલ એન્ડ પેડિયાટ્રીકલ સર્જરી		
<b>PLASTIC &amp; RECONSTRUCTIVE SURGERY</b>	પ્લાસ્ટિક અને રિકન્સ્ટ્રક્ટીવ સર્જરી		
<b>PULMONOLOGY</b>	પલ્મોલોજી		
<b>PSYCHIATRY</b>	પ્સાયકિયાટ્રી		
<b>RHEUMATOLOGY</b>	રુમેટોલોજી		
<b>UROLOGY</b>	યુરોલોજી		
<b>AUXILIARY SERVICES</b>	સાપ્લાયિંગ સર્વિસીસ	<b>SPECIAL CLINICS</b>	સ્પેશિયલ ક્લિનિક્સ
<ul style="list-style-type: none"> <li>Central Sterile &amp; Supply Dept.</li> <li>Store - General &amp; Medical</li> <li>Medical Goods (Pest &amp; Control)</li> <li>Medical Records Department</li> <li>Biomedical Engineering</li> <li>Laundry</li> </ul>	<ul style="list-style-type: none"> <li>સ્ટેરિલ સાપ્લાઇ ડિપ્ટ.</li> <li>સ્ટોર - જનરલ &amp; મેડિકલ</li> <li>મેડિકલ ગુડ્સ (પેસ્ટ &amp; કન્ટ્રોલ)</li> <li>મેડિકલ રેકોર્ડ ડિપ્ટ.</li> <li>બાયોમેડિકલ એન્જીનિયરિંગ</li> <li>લાન્ડ્રી</li> </ul>	<ul style="list-style-type: none"> <li>Venous Clinic</li> <li>Physiotherapy Clinic</li> <li>Post Baby Clinic</li> <li>Out Clinic</li> </ul>	<ul style="list-style-type: none"> <li>વેનસ ક્લિનિક</li> <li>ફિઝિયોથેરાપી ક્લિનિક</li> <li>પોસ્ટ બેબી ક્લિનિક</li> <li>આઉ ક્લિનિક</li> </ul>
<b>OTHER SERVICES</b>	અન્ય સેવાઓ	<b>24 X 7 SERVICES</b>	૨૪ x ૭ સર્વિસીસ
<ul style="list-style-type: none"> <li>Health Checkup Packages</li> <li>Cafeteria</li> <li>Hospital Management Services</li> <li>Medication Dept.</li> <li>Security</li> </ul>	<ul style="list-style-type: none"> <li>હેલ્થ ચેકઅપ પેકેજીસ</li> <li>કેફેટીરિયા</li> <li>હોસ્પિટલ મેનેજમેન્ટ સર્વિસીસ</li> <li>મેડિકેશન ડિપ્ટ.</li> <li>સેફ્ટી</li> </ul>	<ul style="list-style-type: none"> <li>Accident &amp; Emergency</li> <li>Pathology Laboratory</li> <li>Radiology</li> <li>Pharmacy</li> <li>Ambulance Service</li> <li>Bank (MHO)</li> <li>Book Bank</li> </ul>	<ul style="list-style-type: none"> <li>એક્સિડન્ટ &amp; એમરજન્સી</li> <li>પાથોલોજી લેબોરેટરી</li> <li>રેડિયોલોજી</li> <li>ફાર્માસી</li> <li>એમ્બ્યુલન્સ સર્વિસીસ</li> <li>(એમ્બ્યુલન્સ સ્ટેન્ડિંગ બીસી)</li> <li>બુક બેંક</li> </ul>
		<b>NOT IN SCOPE AT PRESENT</b>	હાલમાં સ્કોપમાં નથી
		<ul style="list-style-type: none"> <li>Pathology - PET Scan, MRI</li> <li>Neurosurgery - MRG Guided Surgery</li> <li>Urology - Lithotripsy</li> <li>Pulmonology - Hyper Oxygen Therapy</li> <li>Cardiothoracic Surgery - Congenital Complex Cardiac Anomolies</li> <li>Cardiology - Thromb Scan</li> </ul>	<ul style="list-style-type: none"> <li>પેથોલોજી - પી.ઇ.ટી. સ્કેન, એમ.આઇ.સી.</li> <li>ન્યુરોસર્જરી - એમ.આઇ.સી. થી માર્ગદર્શિત</li> <li>યુરોલોજી - લિથોટ્રીપ્સી</li> <li>પલ્મોલોજી - હાઇપર ઓક્સિજન થેરાપી</li> <li>કાર્ડિયોથોરાસિક સર્જરી - કોન્જેનિટલ કોમ્પ્લેક્સ હાર્ટના અનોમલીસ</li> <li>કાર્ડિયોલોજી - થ્રોમ્બોસીસ સ્કેન</li> </ul>

- **Identification signage:** To identify facilities provided.



# Types of Signage

- **Information signage:** To provide information.
- **Direction signage:** To give direction for movement.





# Facility Inspection Rounds

During the facility inspection rounds, the members of the multi-disciplinary committee should inspect:

- HIC.
- Maintenance.
- Patient safety.
- Grab bars.
- Fire extinguishers.
- Wheelchair with seat belts.
- Stretchers with safety belt.
- Patient beds with side rails.
- Nurse call system.
- Electrical rooms with mats.
- Smoke detectors and alarms.

# HIRA- Hazard Identification and Risk Assessment

## Identify risks

- Define protocols.
- Identify environmental risks.
- Identify security and safety risks.
- Prepare checklist of risks identified.

## Report the incident

- Provide mechanisms to report incident.
- Display contact numbers in appropriate areas.
- Report incident to respective personnel/committee.

# HIRA

## Take corrective actions

- Analyse incident report.
- Ensure availability of maintenance staff or hire outsourced personnel.

## Staff training

- Familiarise staff with risks/hazards.
- Develop training matrix.
- Prepare training schedule and training modules.
- Provide appropriate training.

# What should be documented?

## Apex manual

- Policies for managing risks.

## Complaints register

- Complaint log.

## MOM of quality and safety committee

- Incident report.
- Details of the maintenance staff.
- Timelines for completion.



# FMS 2: The organisation has a programme for clinical and support service equipment management.

- **FMS 2a:** The organisation plans for equipment in accordance with its services.
- **FMS 2b:** There is a documented operational and maintenance (preventive and breakdown) plan.



# Preventive Maintenance

The maintenance carried out at predetermined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item. (British Standard 3811:1993)



# Breakdown Maintenance

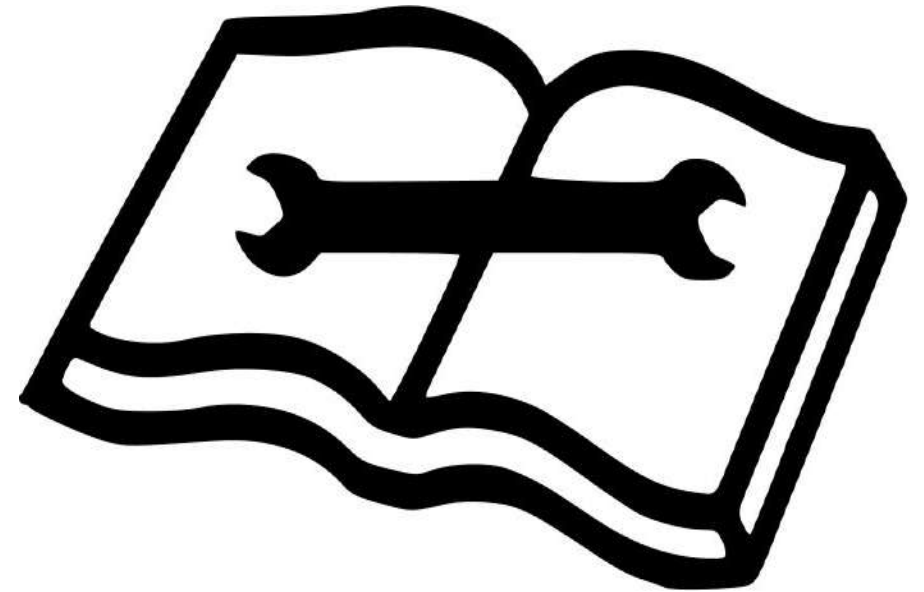
Activities which are associated with the repair and servicing of site infrastructure, buildings, plant or equipment within the site's agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.



# Operational Plan

It is to ensure that the equipment is used or operated by the technician as per the instructions of the manufacturer.

Each model of equipment will have different operating instructions.





# How to implement FMS2?

## Equipment availability

- Ensure availability of patient care equipment.
- Plan for purchasing equipment that would be needed in future.
- Maintain an inventory of equipment.
- Document list of equipment in apex manual.

## Handling/Operation

- Handle/operate equipment according to manufacturer's instruction.
- Train staff on safe handling/operation of equipment.
- Provide operator with list of operating instructions and place on or near the machine.
- Maintain records of daily checks.

# How to implement FMS2?

## Preventive maintenance

- Perform planned preventive maintenance (PPM).
- Maintain records of PPM.
- Maintain list of critical equipment that require calibration.
- Calibrate critical equipment.
- Document critical equipment maintenance details.

## Breakdown maintenance

- Address repairs (quick fixes).
- Address RCA.
- Monitor turn around time for complaint resolution.

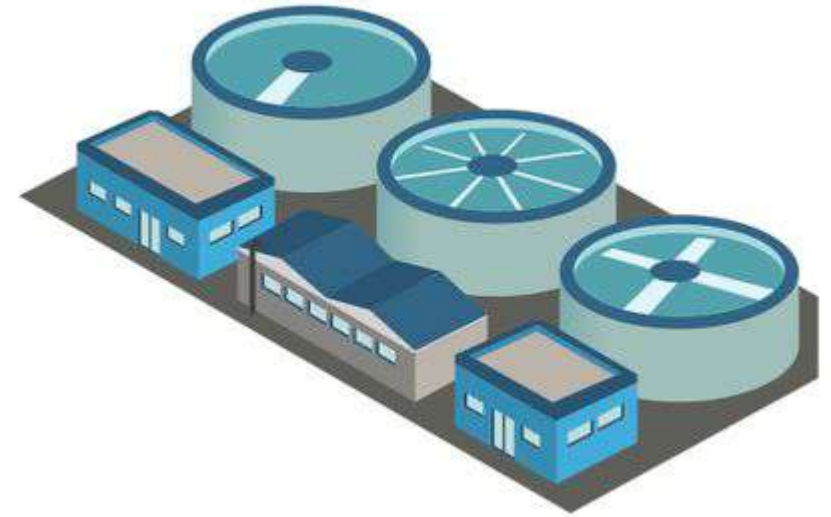
# FMS 3: The organisation has provisions for safe water, electricity, medical gas and vacuum systems.

- **FMS 3a:** Potable water and electricity are available round the clock.
- **FMS 3b:** Alternate sources are provided for in case of failure and tested regularly.
- **FMS 3c:** There is a maintenance plan for medical gas and vacuum systems.



# Water Management

- Cover tanks and sumps.
- Mark type of water stored, volume, last cleaning date and duty date.
- Fit water level indicators.
- Colour code plumbing lines.
- Drinking water tanks: Clean at least once in three months.
- Chemical analysis: Perform at least once in six months.
- Biological testing of random source: Test every month.



# Electricity Maintenance

- Keep electrical rooms clean.
- Place rubber mats below electrical panels.
- Inspect panels and equipment.
- Maintain earth pit.
- Measure earth resistance.
- Maintain UPS batteries.
- Dry run generators (for 10 minutes).
- Maintain lift room as per Lift Act.
- Stick appropriate information in the lift car.
- Diesel stock should be maintained (for 2 days requirement).



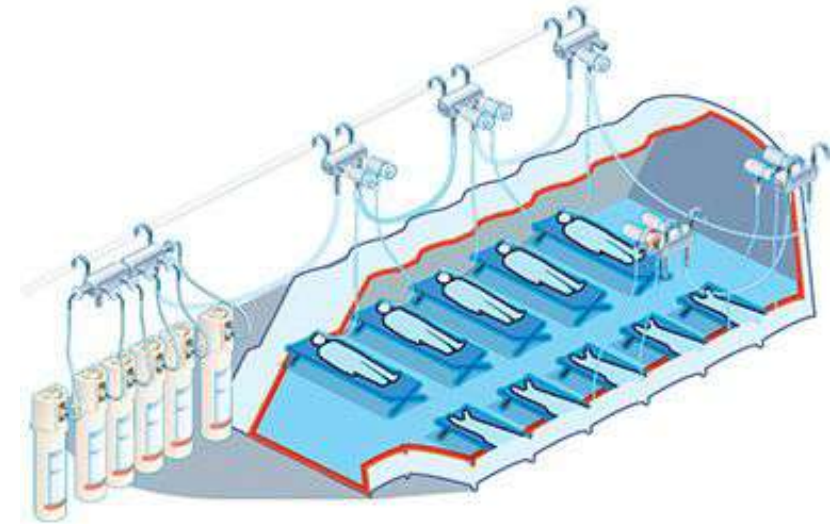
# Manifold Area

It is an area used for storing medical gas cylinders. A pipeline is used to deliver medical gas from the cylinders to different areas of the hospital.



# Medical Gas Management

- Construct medical gas installations as per norms.
- Obtain license for LMO.
- Maintain manifold areas.
- Segregate empty and full cylinders.
- Keep cylinders chained or enclose within restraint bars.
- Check cylinder for leaks.
- Colour code medical gas pipelines.
- Ensure availability of shut off valves and leak detectors/alarms.



**Note:** At the end of a shift, quantity of medical gas used and the current level in the manifold should be assessed and documented.

# How to implement FMS3?

## Primary source

- Store water that would last at least 2 days.
- Undertaken preventive maintenance of electrical equipment.
- Ensure uninterrupted supply of medical gas.

## Back up

- Ensure availability of alternate water source.
- Connect critical equipment to UPS.
- Ensure that generator can bear load of critical areas.
- Ensure LMO/supply from manifold area is ready to use, if required.

**Note:** Trained plumbers, electricians and medical gas operators/technician should be available round the clock.



# FMS 4: The organisation has plans for fire and non-fire emergencies within the facilities.

- **FMS 4a:** The organisation has plans and provisions for detection, abatement and containment of fire and non-fire emergencies.
- **FMS 4b:** The organisation has a documented safe exit plan in case of fire and non-fire emergencies.
- **FMS 4c:** There is a maintenance plan for medical gas and vacuum systems.
- **FMS 4d:** Mock drills are held at least twice in a year.

# Potential Emergency

Potential emergency situations are fire emergencies and non-fire emergencies.

Earthquakes, floods, stray animals, violence in hospital (antisocial behaviour by patient's relatives and staff), structural collapse, bursting of pipelines and terrorist are potential safety and security hazards.



# How to implement FMS4?

## Emergency

- Ensure availability of smoke detectors, alarms and other mechanisms.
- Use emergency codes to alert others.
- Perform mock drill.
- Assess staff response with a checklist.

## Safe evacuation

- Display emergency floor plan and emergency exit signage.
- Ensure availability of emergency lights.
- Mark assembly areas.
- Use established evacuation methods.
- Keep emergency exits clear and open.
- Identify alternate areas for partial evacuation.

**Note:** The activation codes should be displayed in all areas of the hospital.

# Points to Remember

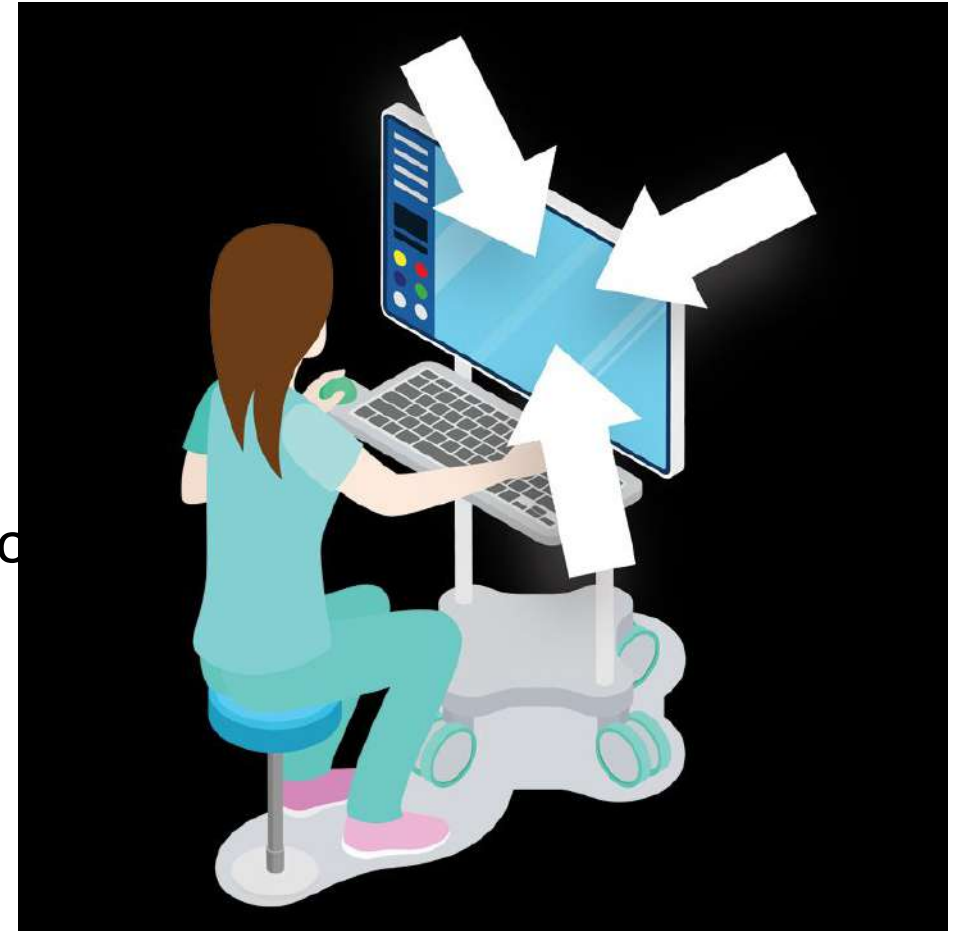
- Fire systems should be maintained and tested.
- Staff should be trained to handle, abate and contain emergencies.
- Multi-disciplinary team should be identified to handle fire emergencies.



**Note:** The hospital should liaison with police and fire brigade.

# What should be documented in the apex manual?

- Protocols for handling emergencies.
- Corrective and preventive actions taken.
- Analysis of variations during mock drill.
- Implementation based on recommendations post mock drill.
- Evacuation plans.



# Any Questions





**Thank You!**